

RECORDING REQUESTED BY:

When Recorded Mail to:

Escrow No.  
Title Order No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

APN:

REVOCATION OF POWER OF ATTORNEY

I, \_\_\_\_\_

hereby revoke the Power of Attorney executed by me, appointing \_\_\_\_\_

\_\_\_\_\_ as my Attorney in Fact, which

Power of Attorney was recorded in the office of the County Recorder of \_\_\_\_\_

County, California, on \_\_\_\_\_, 19\_\_\_\_, as Instrument No. \_\_\_\_\_

in Book \_\_\_\_\_, Page \_\_\_\_\_, of Official Records.

DATED: \_\_\_\_\_

STATE OF CALIFORNIA

COUNTY OF \_\_\_\_\_

ON \_\_\_\_\_ before me,

\_\_\_\_\_ personally appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Signature \_\_\_\_\_