

FLORIDA POWER OF ATTORNEY REVOCATION

This form is for the power of attorney of: Health Care Powers
 Financial Powers
 Other: _____

I, Jayne Schroeder, hereby immediately revoke those portions covering decisions of the document titled Health Care Power of Attorney, that I previously executed on the Xth of December, 20XX which appointed James Schroeder as my agent and Joseph Schroeder as my alternate successor agent. I hereby notify said agent(s) and any other interested persons and institutions that all portions of said document are revoked.

This revocation takes effect immediately. A photocopy has the same effect as an original. This revocation was signed this Xth of December, 20XX.

Signature of Principal _____

Printed Name _____

We, the witnesses, each do hereby declare in the presence of the principal that the principal signed and executed this instrument in the presence of each of us, that the principal signed it willingly, that each of us hereby signs this power of attorney revocation as a witness at the request of the principal and in the principal's presence, and that, to the best of our knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

Witness Signature

Witness Signature

Address

Address

State of _____

County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, _____, by _____ (name of person acknowledging). Who is Personally Known or Produced _____ for identification.

Signature of Notary Public

Printed name of Notary Public

(Seal)

Mock Role-Play Documents

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