Michigan Power of Attorney Revocation

Use of this form is for the Power of Attorney of:

☐ Health Care Powers

☐ Financial Powers

☐ Other:

_____

I, _____, hereby immediately revoke those portions covering decisions of the document titled _____, that I previously executed on the ____ of _____, 20_____ which appointed _____ as my agent and _____ 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.

NOTE: Provide copies to anyone who may have copies of the Power of Attorney that is being revoked. Retain the original of this form in your personal papers.

(Note: This Michigan Power of Attorney Revocation must be signed before a Notary before it may be filed. The notary must be present to witness your signature.)

This revocation was signed the _____ of _____, 20_____.

Signature of Principal _____

Print Name _____

Subscribed and sworn to before me on this ____ day of ____, in the year _____ before me_____, a Notary Public in and for the County of _____, State of _____, personally appeared _____, who proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged he / she executed same.

Notary Public _____
In and For County_____ State of _____
Acting in County of_____
My Commission Expires on _____ (seal)