

ARKANSAS REVOCATION OF POWER OF ATTORNEY

Use of this form is for the power of attorney of:

- Health Care Powers
- Financial Powers
- Other: _____

I, _____ [name of principal], hereby immediately revoke those portions covering decisions of the document titled _____ [add title of document] that I previously executed on _____ [date], which had appointed _____ [name of agent] as my agent and _____ [name of alternate agent, if any] as my alternate successor agent. I hereby notify said agent(s) and any other interested persons that all portions of said document are revoked.

This revocation takes effect immediately. A photocopy has the same effect as an original.

Signed this _____ day of _____, 20____

_____ Print name of principal

_____ Signature of principal

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.

NOTARY ACKNOWLEDGMENT

State of Arkansas)

County of _____)

On this _____ day of _____, in the year 20____, before me

_____, a notary public, personally appeared

_____, 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/they) executed the same.

Witness my hand and official seal.

Pursuant to Ark. Code Ann. 28-68-101

