

**RECORDING REQUESTED BY**

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY  
STATE & ZIP

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**REVOCATION OF POWER OF ATTORNEY**

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KNOW ALL MEN BY THESE PRESENTS: That the \_\_\_\_\_ Power of Attorney  
executed by \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_  
and recorded in Book \_\_\_\_\_, at Page \_\_\_\_\_ of \_\_\_\_\_  
of \_\_\_\_\_ County, State of \_\_\_\_\_  
by \_\_\_\_\_ which \_\_\_\_\_ constituted  
\_\_\_\_\_ Attorney for the purpose in said Power of Attorney set forth, is  
hereby wholly revoked, canceled and annulled.

*Dated* \_\_\_\_\_

STATE OF CALIFORNIA  
COUNTY OF \_\_\_\_\_ } SS.

On \_\_\_\_\_ before me, \_\_\_\_\_,  
personally appeared \_\_\_\_\_  
personally known to me (or proved to me on the basis of satisfactory evidence) to 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 \_\_\_\_\_

Title Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_ APN No. \_\_\_\_\_