

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

A.P.N.:

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

REVOCATION OF POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the _____ Power of Attorney executed by _____, on the _____ day of _____, and recorded on _____, as instrument No. _____, of Official Records of the County of _____, State of California, by which _____ constituted _____ as Attorney for the purpose in said power of Attorney set forth, is hereby wholly revoked, canceled and annulled.

WITNESS my hand this _____ day of _____, _____.

Dated: _____

STATE OF CALIFORNIA
COUNTY OF _____

} SS.

On _____ before me

Notary Public, personally appeared

_____ who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

Signature of Notary

(This area for official notarial seal)