

RECORDING REQUESTED BY:

When Recorded Mail Document To:

APN:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

REVOCATION OF POWER OF ATTORNEY

I/We, _____
hereby revoke the Power of Attorney executed by me/us, appointing _____
as my/our Attorney in Fact, which Power of Attorney was recorded in the office of the County Recorder of
_____ County, California, on _____, as instrument no.
_____, in book _____, page _____, of Official Records.

DATED: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California _____)
County of _____)

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 _____ (Seal)