

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY

STATE & ZIP

**REVOCATION OF POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the \_\_\_\_\_ Power of Attorney executed by \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 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. \_\_\_\_\_