

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 _____

On _____ before me, (here insert name and title of the officer), 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)

Title Order No. _____ Escrow No. _____ APN No. _____