

REVOCATION OF DURABLE POWER F ATTORNEY

By this Revocation of Durable Power of Attorney, I, _____
of _____ hereby
terminate _____ who resides at: _____
_____. This revocation is to
begin immediately, all parties holding said Power of Attorney will cease and
desist.

DC# _____

STATE OF FLORIDA
SS
COUNTY OF _____

The foregoing Revocation of Durable Power of Attorney was sworn to and
executed before me, the undersigned Notary Public, by _____,
who produced ID with photo, as issued by the Florida Department of Corrections,
this ____ day of _____ 20__.

/s/ _____
Notary

My Comm. Expires: