

**REVOCATION OF POWER OF ATTORNEY**  
**Minnesota Statutes, § 523.11**

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**TO WHOM IT MAY CONCERN:**

I \_\_\_\_\_, **revoke and declare null and void** the POWER OF ATTORNEY I granted to  
*(Principal Name)*  
\_\_\_\_\_ which is dated \_\_\_\_\_.

**Please be advised that the above-named person no longer has power to act as my attorney-in-fact in any way.**

Date: \_\_\_\_\_  
\_\_\_\_\_  
*(Principal)*

STATE OF \_\_\_\_\_.

County of \_\_\_\_\_.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public