**RESIGNATION OF AGENT**

I, {{user.name.full(middle='full')}} of {{user.address.line\_one(bare = True)}}, {{user.address.line\_two()}}, resign as agent under the {% if poa\_type ==”Health care” %}Durable Power of Attorney for Health Care dated {{health\_start\_date}}, {% endif %}{% if poa\_type == “Property” %}Durable Power of Attorney for Property and dated {{property\_start\_date}}, {% endif %}{% if poa\_type == “Both” %}Durable Power of Attorney for Health Care dated {{health\_start\_date}}, and the Durable Power of Attorney for Property dated {{property\_start\_date}}, {% endif %}created by {{principal.name.full(middle=’full’)}}. My resignation is effective {% if poa\_type == “Health care” %}{{health\_end\_date}}.{% endif %}{%if poa\_type == “Property” %}{{property\_end\_date}}.{% endif %}{% if poa\_type == “Both” %}for the Durable Power of Attorney for Health care on {{health\_end\_date}}, and is effective for the Durable Power of Attorney for Property on {{property\_end\_date}}.{% endif %}

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Agent

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

) ss.

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

On this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_,

before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a notary public in said state, personally appeared

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument, and acknowledged to me that she/he executed the same in her/his authorized capacity, and that by her/his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public for the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_