Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{{ property\_agent.name.full(middle=’full’) }}

{{ property\_agent.address.line\_one(bare="True") }}

{{ property\_agent.address.line\_two() }}

Dear {{ property\_agent.name.full(middle=’full’) }},

This letter is to let you know that you are no longer my Agent for Power of Attorney for Property. I now take away any power that I gave you over my money or property{% if property\_agent\_date != “” %} in the document dated {{ property\_agent\_date}}{% endif %}. Please see the attached notarized document, titled “Notice of Revocation of Durable Power of Attorney” for details.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{{ user.name.full(middle=’full’) }}

{{ user.address.line\_one(bare="True") }}

{{ user.address.line\_two() }}

This Notice has also been sent to the following people:

{% if any\_property\_successors == True and property\_successors.number\_gathered() != 0 %}

{% for person in property\_successors %}

{{ person.name.full(middle=’full’) }}

{{ person.address.on\_one\_line(bare=”True”)}}

{% endfor %}{% endif %}{% if property\_successors.number\_gathered() < 4 %}

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{% endif %}{% if property\_successors.number\_gathered() < 3 %}

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{% endif %}{% if property\_successors.number\_gathered() < 2 %}

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{% endif %}{% if property\_successors.number\_gathered() == 0 %}

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{% endif %}