{%p if poa\_type["Property"] == True %}

{{ user.name\_full() }}

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

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

{{ property\_agent.name\_full() }}

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

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

Dear {{ property\_agent.name\_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 in the document dated {{ property\_revoke\_date }}. Please see attached, notarized “Notice of Revocation of Durable Power of Attorney” for details.

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

{{ user.name\_full() }}

This Notice has also been sent to the following people:

{% if any\_property\_successors == True %}**Successor Agents**

{% for person in property\_successors %}

{{ person.name\_full() }}

{{ person.address.on\_one\_line() }}

{% endfor %}{% endif %}

**Other people who received Notice**

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

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

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

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

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

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

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

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

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

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

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

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

**NOTICE OF REVOCATION OF DURABLE POWER OF ATTORNEY**

I, {{ user.name\_full() }} of {{ user.address.line\_one() }}, {{ user.address.city }}, {{ user.address.county }} County, {{ user.address.state }}, revoke the Durable Power of Attorney for Property dated {{ property\_agent\_date }}, empowering {{ property\_agent.name.full(middle= ‘full’) }} to act as my agent. {% if any\_property\_successors == True %}In this document, the following successor agent(s) were named: {{property\_successors.full\_names())}}.{% if property\_replace\_agent == True %} {{ new\_property\_agent.name\_full() }} shall now take the place of {{ property\_agent.name\_full() }} as my agent for Power of Attorney for Property.{% endif %}{% for person in property\_successors %}{% if person != property\_who\_is\_promoted %}{% if property\_replace\_agent == True and person.remain == True %} {{ person.name.full(middle = ‘full’) }} shall remain a successor agent for Power of Attorney for Property.{% endif %}{% if property\_replace\_agent == True and person.remain == False %} I hereby revoke and withdraw all power and authority granted to {{ person.name\_full() }}.{% endif %}{% endif %}{% endfor %}{% if property\_replace\_agent == False %}I hereby revoke and withdraw all power and authority granted under the aforementioned Durable Power of Attorney for Property. {% endif %}{% endif %}  
Dated: {{ property\_revoke\_date }}

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

Signature of Principal

|  |  |
| --- | --- |
| 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 the within 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.

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

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

Notary Public

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

{%p endif %}

{%p if poa\_type["Health"] == True %}

{{ user.name\_full() }}

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

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

{{ health\_agent.name\_full() }}

{{ health\_agent.address.line\_one() }}

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

Dear {{ health\_agent.name\_full() }},

This letter is to let you know that you are no longer my Agent for Power of Attorney for Health Care. I now take away any power that I gave you over my health care decisions in the document dated {{ health\_revoke\_date }}. Please see attached, notarized “Notice of Revocation of Durable Power of Attorney” for details.

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

{{ user.name\_full() }}

This Notice has also been sent to the following people:

{% if any\_health\_successors == True %}**Successor Agents**

{% for person in health\_successors %}

{{ person.name\_full() }}

{{ person.address.on\_one\_line() }}

{% endfor %}{% endif %}

**Other people who received Notice**

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

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

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

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

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

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

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

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

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

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

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

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

**NOTICE OF REVOCATION OF DURABLE POWER OF ATTORNEY**

I, {{ user.name\_full() }} of {{ user.address.line\_one() }}, {{ user.address.city }}, {{ user.address.county }} County, {{ user.address.state }}, revoke the Durable Power of Attorney for Health Care dated {{ health\_agent\_date }}, empowering {{ health\_agent.name.full(middle= ‘full’) }} to act as my agent. {% if any\_health\_successors == True %}In this document, the following successor agent(s) were named: {{health\_successors.full\_names()}}.{% if health\_replace\_agent == True %} {{ new\_health\_agent.name\_full() }} shall now take the place of {{ health\_agent.name\_full() }} as my agent for Power of Attorney for Health Care.{% endif %}{% for person in health\_successors %}{% if person != health\_who\_is\_promoted %}{% if health\_replace\_agent == True and person.remain == True %} {{ person.name.full(middle = ‘full’) }} shall remain a successor agent for Power of Attorney for Health Care.{% endif %}{% if health\_replace\_agent == True and person.remain == False %} I hereby revoke and withdraw all power and authority granted to {{ person.name\_full() }}.{% endif %}{% endif %}{% endfor %}{% if health\_replace\_agent == False %} I hereby revoke and withdraw all power and authority granted under the aforementioned Durable Power of Attorney for Health Care. {% endif %}{% endif %}  
Dated: {{ health\_revoke\_date }}

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

Signature of Principal

|  |  |
| --- | --- |
| 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 the within 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.

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

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

Notary Public

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

**{% endif %}Instructions**

**You Will Need:**

* **Two unsigned copies** **of your “Notice of Revocation.”** {% if poa\_type.all\_true() %} If you are revoking power of attorney for both property and health care, you will need two copies of each “Notice of Revocation” or four total Notices.{% endif %}
* **A notary public.** A notary public, or notary, is a person licensed to witness people signing documents. You can usually find a notary at a currency exchange, a check-cashing office, a bank, a law office, or a court house.
* **Photo ID.** You must show the notary a driver’s license, passport, or state ID. The notary public must check that you are the person listed on the document.
* **A copier.** The notary public may make copies for a fee, or you can see if there is a cheaper copier at a library, courthouse, or a print shop like Kinkos.
* **Money to pay for:** 
  + The notary, who can charge no more than $1.00 per page notarized.
  + Copies of the Notice, expect to pay 25 cents to one dollar per page.
  + Postage, cost depends on how many you send and whether you choose certified mail.

**Get Your Notice Notarized:**

1. Bring your unsigned Notices to a notary public.
2. Tell the notary public that you want to have both Notices notarized.
3. With the notary watching, sign your name where it says “Signature of Principal.”
4. The notary will complete the bottom section of the Notice and sign and stamp the Notice.
5. You will need to pay the notary a fee of $1.00 per letter.

**Make copies:**

1. Make several copies of your Notice of Revocation. You will need to tell other people that your agent no longer has any right to{% if poa\_type.all\_true() %} make health decisions for you, or use or control your money and property. {% endif %}{% if poa\_type[“Property”] == True and poa\_type[“Health”] == False %} use or control your money and property.{% endif %}{% if poa\_type[“Health”] == True and poa\_type[“Property”] == False %} make health decisions for you.{% endif %} You need to send a copy to all the Successor Agents mentioned in the Notice. You may also want to send a copy of your Notice to:

* Your close friends and family members{% if poa\_type[“Property”] == True %}
* Your bank
* Social Security or Public Aid if your agent helped with your benefits
* Your retirement plan
* Your credit card companies{% endif %}{% if poa\_type[“Health”] == True %}
* Your doctors, nurses, and other care providers {% endif %}

1. On the Letter to Agent, list the names and addresses of the other people whom you will send copies of the Notice.

**Send Your Notice:**

1. Keep one of the Notices for your personal records.
2. Mail the other notarized Notice to your agent, along with the Letter to Agent.
3. Mail copies to any successor agents listed on your Power of Attorney.
4. It is a good idea to mail the letters to your agents by certified mail with return receipt requested. Certified Mail means that the Postal Service keeps track of when the letter was received. You can check the status on the internet of at the post office. If you pay extra for a “return receipt,” you will receive a green postcard showing the letter was signed for.
5. Mail copies to all of the other people on your list, or deliver them in person.