COLORADO REVOCATION OF POWER OF ATTORNEY FORM

STATE OF _____
COUNTY OF _____

I, _____ , resident in _____, hereby revoke the power of attorney that I executed on [**mm/dd/yyyy**] by me in which I name _____ as my Attorney-in-Fact.

Therefore, the person named above will no longer have authority to act on my behalf as my Agent for this specific Power of Attorney.

IN WITNESS WHEREOF, I have closed and sealed this statement on [**mm/dd/yyyy**].

_____
Signature

_____
Date

WITNESSES OR NOTARY ACKNOWLEDGMENT

I attest that the Principal signed or acknowledged this Revocation of Power of Attorney in my presence, that the Principal appears to be of sound mind and is not subject to duress, fraud, or undue influence. Furthermore, I attest that I am not a designated agent herein, and I am an adult not related to the Principal by blood, marriage, or adoption.

Witness: _____ Address: _____
Witness: _____ Address: _____

NOTARY ACKNOWLEDGMENT

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this [**mm/dd/yyyy**], by _____

_____

Notary Public/Justice of the Peace

My Commission Expires: