

STATE OF OHIO :
 : ss
_____ COUNTY :

REVOCATION OF POWER OF ATTORNEY

I, _____, whose permanent address is _____,
_____ hereby **revoke** and **render void** the power of attorney I previously gave to _____ of _____ (city of residence), signed in _____.(year)

I further attest that a photostatic copy of this Revocation of Power of Attorney constitutes a "duplicate original" of said Revocation of Power of Attorney and thus is as effective as the original revocation itself.

Signed by me as an act of my free will under no legal or other duress this ____ day of _____, 20____.

This revocation of Power of Attorney was sworn to and subscribed before me by _____ on _____, 20____.

Notary Public