

**REVOCATION OF POWER OF ATTORNEY**  
**Minnesota Statutes, § 523.11**

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TO WHOM IT MAY CONCERN:

I \_\_\_\_\_ revoke and declare null and void the

POWER OF ATTORNEY I granted to \_\_\_\_\_

which is dated \_\_\_\_\_ 20 \_\_\_\_\_

Please be advised that the above-named person no longer has power to act as my attorney-in-fact in any way.

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

\_\_\_\_\_  
(Principal)

STATE OF MINNESOTA

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

The foregoing instrument was acknowledged before me  
this \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

by \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Notary Public