

REVOCAION OF POWER OF ATTORNEY
Minnesota Statutes, § 523.11

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