

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY

STATE&ZIP

Title Order No.

Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

REVOCATION OF POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Power of Attorney executed by
on:

and recorded in Book _____, Page _____, Instrument No. _____
of County, _____ State of _____ by _____
which _____ constituted _____

Attorney for the purpose in said Power of Attorney set forth, is hereby wholly revoked, canceled and annulled.

IN WITNESS WHEREOF, _____ has _____ hereunto set _____ hand _____ and seal
on:

Signed, Sealed and Delivered in Presence of _____ (SEAL)
_____ } _____ (SEAL)
_____ } _____ (SEAL)

STATE OF CALIFORNIA }
COUNTY OF _____ } SS

On _____ before me, the
undersigned, _____
a Notary Public in and for said County and State, personally
appeared _____

personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person(s) whose name(s)
is/are subscribed to the within instrument and acknowledged to
me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their signature(s)
on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

Signature _____

Title Order No. _____ Escrow or Loan No. _____