

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY
STATE & ZIP

REVOCATION OF POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the _____ Power of Attorney executed by _____ on the _____ day of _____, 19____ and recorded in Book _____, at Page _____ of _____ 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.

Dated _____

STATE OF CALIFORNIA
COUNTY OF _____ } SS.

On _____, _____, a notary public, before _____ personally appeared _____

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. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

Title Order No. _____ Escrow No. _____ APN No. _____