**ARKANSAS REVOCATION OF POWER OF ATTORNEY**

Use of this form is for the power of attorney of:

* - Health Care Powers
* - Financial Powers
* - Other:

I, [name of principal], hereby immediately revoke those portions covering decisions of the document titled

 [add title of document] that I previously executed on [date], which had appointed

 [name of agent] as my agent and

 [name of alternate agent, if any] as my alternate successor agent. I hereby notify said agent(s) and any other interested persons that all portions of said document are revoked.

This revocation takes effect immediately. A photocopy has the same effect as an original. Signed this day of , 20

 Print name of principal

 Signature of principal

NOTE: Provide copies to anyone who may have copies of the Power of Attorney that is being revoked. Retain the original of this form in your personal papers.

**NOTARY ACKNOWLEDGMENT**

State of Arkansas )

County of )

On this day of , in the year 20 , before me

 , a notary public, personally appeared

 , proved on the basis of satisfactory evidence to

be the person(s) whose name(s) (is/are) subscribed to this instrument, and acknowledged (he/she/they) executed the same.

Witness my hand and official seal.

Pursuant to Ark. Code Ann. 28-68-101