**ILLINOIS POWER OF ATTORNEY REVOCATION FORM**

I, , of , City of , County of ,

State of , revoke the Durable/Statutory Short Form Power of Attorney for (Property) (HealthCare) dated , empowering to act

as my agent. I revoke and withdraw all power and authority granted under that Durable/Statutory Short Form Power of Attorney for Property) (Health Care).

Dated:

 (Signature of Principal)

State of Illinois )

) ss.

County of )

On this day of \_, , before me, \_, a notary public in said state, personally appeared , personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she/he executed the same in her/his authorized capacity, and that by her/his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public for the State of

[notarial seal] My commission expires: