

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

[]

Title Order No.

Escrow No.

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 California, 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 _____ } S.S.

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

who proved 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 _____

Name _____

(typed or printed)

(NOTARY SEAL)