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How to Revoke Your Georgia Power of Attorney

Revocation of Power of Attorney • O.C.G.A. § 10-6B-10 • Formatted for recording

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Use this form to **cancel** a Georgia financial power of attorney, such as a statutory form, limited or real estate power of attorney. It is formatted so it can be recorded with the Clerk of Superior Court, which is important if the original power of attorney was recorded. To revoke a health care directive, use the Georgia Revocation of Advance Directive for Health Care instead.

1. **Recording information (top of first page)**
   Enter who prepared the document and the return address. Leave the box on the right blank for the Clerk.
2. **Identify the power of attorney**
   Enter its date, type and every agent and successor agent named. If it was recorded, copy the county, Deed Book and Page.
3. **Sign before a witness AND a notary**
   Signing with a witness and a notary matches the way the original was signed and makes the revocation recordable. Do **not** sign ahead of time. **Need a witness? Our notary can bring one for an additional fee.**
4. **Deliver to your agent**
   Give or mail a copy to each agent. The agent may sign the optional receipt at the end, which is useful evidence for filing.

Signing requirements: Signed by the principal in the presence of one unofficial witness and a notary public, so it can be recorded (O.C.G.A. § 44-2-15).

After It's Signed

- Send copies to every bank, title company or institution that has a copy of the original. A revocation is not effective against them until they know about it.
- If the original was recorded, record this revocation with the Clerk of Superior Court in the same county.
- Ask your agent to return the original power of attorney and all copies.

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Have questions about revoking your Power of Attorney? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**.

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After recording, return to:

This instrument prepared by:

Space above 3" reserved for Clerk's recording use

REVOCATION OF POWER OF ATTORNEY

Georgia Power of Attorney Act • O.C.G.A. § 10-6B-10

PRINCIPAL

Full legal name of principal

Telephone

Address of principal (street, city, state, ZIP) and county of domicile

POWER OF ATTORNEY BEING REVOKED

Date of power of attorney

Type (e.g., statutory form, limited, real estate)

Agent(s) named

Successor or coagent(s) named, if any

If the power of attorney was recorded, give the recording information:

County

Deed Book

Page

Date recorded

REVOCATION

I, the principal named above, being of sound mind, hereby **revoke** the power of attorney described above and all authority granted to every agent, coagent and successor agent named in it, effective immediately upon my signing. This revocation applies to the original and every copy. Any person who receives notice of this revocation may no longer rely on the power of attorney.

☐ I also revoke every other financial power of attorney I signed before this date, except a health care directive.

Under O.C.G.A. § 10-6B-10, I may file this revocation, with evidence of my agent's receipt of it, with the Clerk of Superior Court of the county of my domicile, and if the power of attorney was recorded, in the county where it was recorded.

Principal's initials: _____

SIGNATURE OF PRINCIPAL

Do not sign until you are in front of your witness and the notary.

X _____ _____

Signature of principal | Date

Printed name of principal

UNOFFICIAL WITNESS

This document was signed in my presence on _____ (date) by the principal named above.

X _____ _____

Signature of witness | Date

Witness's name printed | Witness's telephone number

Witness's address | Witness's email address

The witness must be a competent adult who is not named as an agent in this document and who is not the notary.

NOTARY PUBLIC (OFFICIAL WITNESS)

State of Georgia
County of _____

This document was signed in my presence on _____ (date) by _____ (name of principal).

_____ (Seal)

Signature of notary public

_____

Printed name of notary public

Notary seal

Notary Public, _____ County, Georgia
My commission expires: _____

AGENT'S ACKNOWLEDGMENT OF RECEIPT (OPTIONAL)

I, the agent named above, acknowledge that I received a copy of this revocation on the date below.

X _____ _____

Signature of agent | Date received

Printed name of agent