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How to Revoke a Nevada Power of Attorney

Revocation of Power of Attorney — Recordable Format (NRS 162A.270 and 162A.480)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR NEVADA REVOCATION OF POWER OF ATTORNEY.

About this form. Use this form to cancel a Nevada power of attorney for financial matters while you are still competent. It is formatted to meet Nevada's recording rules, because if your power of attorney was **recorded** (usually because it was used for real estate), the revocation **must be recorded in the same County Recorder's office** to be effective as to that recording (NRS 162A.480).

1. **Identify the power of attorney you are revoking**
   Enter the date it was signed, its type, and the names of the agent and any alternates.
2. **Add recording details if it was recorded**
   Copy the county, recording date, and document number from the recorded power of attorney.
3. **Fill in the recording box at the top**
   Add the parcel number (if real property is involved) and the "When Recorded Mail To" address.
4. **Sign in front of a Nevada notary**
   Do **not** sign ahead of time. Bring a current government-issued photo ID. Our Nevada-commissioned notaries come to you.
5. **Record it if needed**
   If the power of attorney was recorded, record this revocation with the same County Recorder.
6. **Notify your former agent and others**
   Give written notice to your former agent(s) and to any bank or institution that has a copy. Ask for your original back.

Good to Know

- Signing a new Nevada Statutory Form Power of Attorney also revokes earlier financial powers of attorney.
- This form does not revoke a health care directive. Use the Nevada Revocation of Advance Health-Care Directive for that.
- Keep the notarized original and proof that you notified your former agent.

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SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in Nevada, California, and other states. Phone and video consultations are available. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

APN: _____

Recording Requested By:

_____

When Recorded Mail To:

Name: _____

Address: _____

City/State/ZIP: _____

REVOCATION OF POWER OF ATTORNEY

(Nevada Revised Statutes Sections 162A.270 and 162A.480)

1. Principal. I,

_____ _____

(full legal name of principal) (address)

2. Power of attorney revoked. I hereby revoke in its entirety the power of attorney signed by me on

_____ _____

(date signed) (type, e.g., "Statutory Form Power of Attorney")

in which I appointed the following person(s) as my agent(s) and alternate agent(s):

_____

(name(s) of agent(s) and any alternate agents)

3. Recording information (complete if the power of attorney was recorded). The power of attorney was recorded in the Office of the County Recorder of

_____ _____ _____

(county) (recording date) (document / instrument number)

4. Effect. All authority granted under that power of attorney is revoked and terminated, effective immediately upon my signing of this revocation, except that, as provided by NRS 162A.270, the revocation is not effective as to a person who, without actual knowledge of it, acts in good faith under the power of attorney. If the power of attorney was recorded, I understand this revocation must be recorded in the same office in which the power of attorney was recorded (NRS 162A.480). I will notify my former agent(s) and anyone known to have relied on the power of attorney.

Dated: _____

_____

(signature of principal)

_____

(printed name)

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons. (NRS 239B.030)

Sign in front of the notary public, who will complete the acknowledgment that follows.

CERTIFICATE OF ACKNOWLEDGMENT

(Nevada Revised Statutes Section 240.166)

State of Nevada)

County of _____)

This instrument was acknowledged before me on _____ by
(date)

_____ .
(name(s) of person(s))

_____
(Signature of notarial officer)

_____
(Title and rank (optional))

(Seal, if any)