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How to Complete a Pennsylvania Revocation of Power of Attorney

Revocation of Power of Attorney • 20 Pa.C.S. Chapter 56

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT RECORD THIS PAGE.

About this form. Use this form to cancel a financial power of attorney you signed earlier. It is formatted so it can be recorded if the original power of attorney was recorded with the Recorder of Deeds.

1. **Identify what you are revoking**
   One specific power of attorney, or all financial powers of attorney.
2. **Add recording details if it was recorded**
   County, instrument number or book and page, and date recorded.
3. **List who must be told**
   A revocation does not bind a bank until the bank actually knows about it.
4. **Sign before a notary**
   You must have capacity when you sign. Bring a current photo ID.
5. **Deliver and record**
   Give copies to your agent and institutions. Record it in the same county if the original was recorded.

Signing requirements: Signed by the principal before a notary.

After It's Signed

- Ask your bank to note the revocation on your accounts, and get the original power of attorney back if you can.
- If you want a new agent, sign a new power of attorney.

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

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UPI / Tax Parcel No.:

Prepared By:

Return To:

REVOCATION OF POWER OF ATTORNEY

Commonwealth of Pennsylvania • 20 Pa.C.S. Chapter 56

Principal name

Principal address

I, the principal named above, being of sound mind, revoke (check one):

☐ The power of attorney described below:

Date of power of attorney

Agent(s) named in it

If recorded:

County recorded

Instrument no. / book and page

Date recorded

☐ All financial powers of attorney I have previously signed, except health care and mental health care powers of attorney.

All authority granted under the revoked power(s) of attorney is terminated. I direct the agent(s) to stop acting for me immediately and to return to me all of my property, records and documents, together with an accounting of all transactions made on my behalf.

I understand that this revocation is effective as to a third party who relies in good faith on the power of attorney only when that person has actual knowledge of it (20 Pa.C.S. § 5608). I will deliver copies of this revocation to:

Agent(s), banks and other persons to be notified

X

Principal signature

Date

Principal printed name

ACKNOWLEDGMENT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

This record was acknowledged before me on _____ (date) by _____ (name(s) of individual(s)).

X _____
Signature of notarial officer

_____
Title of office (e.g., Notary Public)

_____ _____
My commission expires Commission number

(Notary seal)

PROOF OF DELIVERY TO AGENT (optional)

_____ _____ _____
Delivered to (agent name) Method (hand, certified mail, etc.) Date

X _____
Signature of person delivering