*REVOCATION OF ADVANCE DIRECTIVE*

I, , of , hereby revoke the Advance Directive dated , under which

was appointed to act on my behalf.

Dated at .

(name)

(signature)

STATE OF , COUNTY OF

On before me, , personally

appeared ,

and , who 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 he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Notary Seal)

Signature of Notary Public

Copy delivered to:

Agent: Address: