

撤销授权委托书

如果您希望取消（撤销）授权委托书，请使用本表格。我们建议您
在公证人面前签署本表，但是不要求公证。

我的姓名是_____。

我在此撤销本授权委托书（勾选所有适用项）：

- ☐ 财务
- ☐ 医疗保健
- ☐ 心理保健
- ☐ 家长权力
- ☐ 其他（请说明）：

我曾授权（代理人姓名）_____

和（其他代理人姓名，如果有）_____



我的签名

日期：_____

Notarization (Optional) / (公证--可选)

State of Washington (华盛顿州)

County of (县名) _____

Signed or attested before me on (date) _____

于此(日期)在我的面前签名或证明，

by (name) / 签名人(姓名)_____。



Signature of Notary (公证人签名)

Notary Public for the State of Washington.

(华盛顿州公证人)

My commission expires (我的任期到期日为)

Revocation of Power of Attorney

Use this form if you want to **cancel** (revoke) a Power of Attorney. We recommend you sign this form in front of a notary, but notarization is not required.

My name is_____.

I hereby revoke the Power of Attorney for (check all that apply):

Finances

Health Care

Mental Health Care

Parental Powers

Other (describe):

that I gave to (agent name) _____

and (alternate agent name, if any) _____

← My signature

← Date