
Author

Northwest Justice Project

Last Review Date

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Form attached:

(NJP Planning 502 ZH)

Adult Protective Services APS

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<https://assets.washingtonlawhelp.org/zh->

[hant/quxiaochexiaoshouquanshu](https://assets.washingtonlawhelp.org/zh-hant/quxiaochexiaoshouquanshu)

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 any alternate
agents (name/s, if any): _____.



Sign here

_____ Date

Notarization (optional)

State of Washington

County of _____

Signed or attested before me on (date) _____

by (name) _____.



Signature of Notary

Notary Public for the State of Washington.

My commission expires _____.