

REVOCATION OF POWER OF ATTORNEY

I, _____-M00 _____, revoke

_____ as my Power of Attorney effective immediately.

Tribal Member's Signature

Date

Witnesses (must be two):

Signature

Signature

Printed Name

Printed Name

Notary:

STATE OF MICHIGAN
COUNTY OF _____

Subscribed and sworn before me a Notary Public this _____ day of
_____, 20_____.

Signature of Notary: _____

My Commission Expires: _____

Notary Stamp/Seal:

Federal Corrections Agent:

Subscribed and sworn before me, a Federal Corrections Agent authorized to administer oaths and take acknowledgments of inmates.

Corrections Agent authorized by the
Act of July 7, 1955, as amended, to
administer oaths (18 U.S.C. § 4004).

Date