

STATE OF ARKANSAS

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**POWER OF ATTORNEY
FOR MINOR REVOCATION**

COUNTY OF _____

IN THE MATTER OF

A MINOR

I, _____, a resident of the State of Arkansas, being the natural parent and legal custodian of _____, hereinafter "the Child" do hereby revoke any and all Powers of Attorney for Minor for the Child signed by me before this date. This revocation is effective immediately and terminates all powers delegated by me to any agent and attorney-in-fact, performing and acting for me in a parental capacity for my Child.

DATED this _____ day of _____, 20____

Signature of Parent: _____

Full Name of Parent: _____

Parent's Address: _____

Parent's Phone Number: _____

