FLORIDA POWER OF ATTORNEY REVOCATION

Use of this form is for the power of attorney of:
- Health Care Powers
A Financial Powers A A A A A A A A A A A A A A A A A A A
On I was a solution of the contract of the con
I, HI to Commediately revoke those
portions covering decisions of the document titled POWR ATALONS, that
I previously executed on the of
which appointed TOMAR & AMMas my agent and
Joannate Sahm as my alternate successor agent. I hereby
notify said agent(s) and any other interested persons and institutions that all
portions of said document are revoked.
This revocation takes effect immediately. A photocopy has the same effect as an
original.
This revocation was signed this & of MARCH, 2023.
Signature of Principal Autrice Sahw
Print Name <u>Patricia A.</u> Sahm
NOTE: Provide copies to anyone who may have copies of the Power of Attorney
that is being revoked. Retain the original of this form in vour personal papers



We, the witnesses, each do hereby declare in the presence of the principal that the principal signed and executed this instrument in the presence of each of us, that the principal signed it willingly, that each of us hereby signs this power of attorney revocation as witness at the request of the principal and in the principal's presence, and that, to the best of our knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence. MARIE M. LAPLANTE

1600 NW 2 NO AND SUITE 20

BOCA RATON, FL 33432

NOTARY ACKNOWLEDGMENT [State of Florida County of PALM BLACH The foregoing instrument was acknowledged before me by means of physical presence or \square online notarization, this $\frac{\partial BH}{\partial t}$ (numeric date) day of M(month), 2023 (year), by Patnicia Salfo (name of person acknowledging). (Seal) Print, Type/Stamp Name of Notary Personally known: OR Produced Identification: Toniela DL



Type of Identification Produced: