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| STATE OF NORTH CAROLINA  COUNTY OF [COUNTY] |  |

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| In the Matter of  [NAME OF PRINCIPAL]  REVOCATION OF DURABLE POWER OF ATTORNEY | )))))) | Affidavit of Service  By Certified Mail |

I, [name of attorney], after being duly sworn, depose and say:

1. That I am the attorney for the [name of principal].

2. That upon information and belief the attorney-in-fact, [attorney in fact name], receives mail at [address of attorney in fact].

3. That I deposited a copy of the Revocation of Durable Power of Attorney in the post office for mailing by certified mail to the attorney-in-fact at [address of attorney in fact], return receipt requested, dated [date mailed].

4. As evidenced by the attached return receipt, the Revocation of Durable Power of Attorney was in fact received by [attorney in fact] on [date on green return receipt].

Date:

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| Sworn to and subscribed before me  this \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public  My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [attorney name]  Bar number [bar number]  Attorney for Principal  Duke Legal Project  Duke Law School  Box 90360  Durham, NC 27708-0360 |