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| STATE OF NORTH CAROLINACOUNTY OF [COUNTY] |  |

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| In the Matter of[NAME OF PRINCIPAL]REVOCATION OF DURABLE POWER OF ATTORNEY | )))))) | Affidavit of ServiceBy 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 methis \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notary PublicMy Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[attorney name]Bar number [bar number]Attorney for PrincipalDuke Legal ProjectDuke Law SchoolBox 90360Durham, NC 27708-0360 |