

**NOTICE OF DECLINATION
OF
[MEDICAL] POWER OF ATTORNEY**

I, [NAME OF NOMINATED POA], of Collin County, Texas, give notice that I have declined, and do decline, the [medical] power of attorney dated [DATE], given to myself by [NAME OF PRINCIPAL], empowering me to act as his true and lawful attorney-in-fact. All power and authority that I previously accepted under this power of attorney is now declined, and withdrawn by this instrument.

IN CONFIRMATION OF THIS DOCUMENT I sign my name on this the ____ day of _____, 2022.

[NAME OF NOMINATED POA]

STATE OF TEXAS §
 §
COUNTY OF COLLIN §

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared [NAME OF NOMINATED POA], who stated that she signed the above document for the purposes and considerations therein expressed.

SIGNED on this the ____ day of _____, 2022.

Notary Public, State of Texas