

**REVOCATION OF DURABLE POWER OF ATTORNEY**  
**FOR HEALTH CARE**

I, \_\_\_\_\_, Declarant,  
having executed a Durable Power of Attorney for Health Care on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_, naming \_\_\_\_\_  
\_\_\_\_\_ my attorney-in-fact/agent, do hereby revoke that  
Power of Attorney pursuant to its explicit provision that it may be revoked by me by written  
instrument signed by me and delivered to my attorney-in-fact/Agent.

This is my written revocation of the above referenced General Durable Power of Attorney and I  
am providing a copy of it to my attorney-in-fact/Agent.

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Declarant: \_\_\_\_\_

Printed Name of Declarant: \_\_\_\_\_

Address of Declarant: \_\_\_\_\_