

REVOCATION OF
MEDICAL DURABLE POWER OF ATTORNEY

(Colorado Revised Statutes 15-14-506)

I, _____, Declarant,
having executed a Medical Durable Power of Attorney on the _____ day of
_____, 20____.

Colorado Revised Statutes 15-14-506 provides that I have the right to revoke the authority granted to my agent by informing him or her or my health care provider orally or in writing.

This is my written revocation of the above referenced Power of Attorney and I am providing a copy of this revocation to all parties to whom I provided a copy of the original instrument.

DATED this the _____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____