

REVOCAION OF HEALTH CARE PROXY

I, _____, Declarant,
having executed a Health Care Proxy on the _____ day of _____,
20____.

New York Consolidated Laws, Public Health, § 2985 (a) provides that, "A competent adult may revoke a health care proxy by notifying the agent or a health care provider orally or in writing or by any other act evidencing a specific intent to revoke the proxy."

This is my written revocation of my Health Care Proxy and is provided to all persons to whom I have provided a copy of my Health Care Proxy.

DATED this the _____ day of _____, 20____.

Signature of Declarant:

Printed Name of Declarant:

Address of Declarant:
