

REVOCATION OF
DURABLE POWER OF ATTORNEY
FOR HEALTH CARE DECISIONS

I, _____, Declarant,
having executed a Durable Power of Attorney for Health Care Decisions 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.

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

DATED this the _____ day of _____, 20____.

Printed Name of Declarant:

Address of Declarant:

