

**REVOCATION OF**  
**HEALTH CARE DECLARATION**

I, \_\_\_\_\_, Declarant, having executed a Health Care Declaration regarding the use of life sustaining procedures on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

The Arkansas Code §20-17-204 provides that a declaration may be revoked at any time and in any manner by me, without regard to my mental or physical condition.

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

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

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

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

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