

REVOCATION OF HEALTH CARE POWER OF ATTORNEY

I, _____, Declarant,
 having executed a Health Care Power of Attorney on the _____ day of
 _____, 20_____.

Arizona Statutes §36-3202 provides that any health care directive may be revoked by doing any of the following:

1. Making a written revocation of a health care directive or a written statement to disqualify a surrogate.
2. Orally notifying the surrogate or a health care provider.
3. Making a new health care directive.
4. Any other act that demonstrates a specific intent to revoke or to disqualify a surrogate.

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_____.

 Witness

 Principal

Witness

Witness Name and Address	Principal Name and Address
Name:	Name:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Phone:	Phone:
Witness Name and address	
Name	
Address:	
State: Zip	
Phone:	