REVOCATION OF LIVING WILL

I,		, Declarant,
having executed a Living Will on the	day of	, 20
Arizona Statutes §36-3202 provides that any	health care directive may be revok	xed by doing any
of the following:		
 Making a written revocation of a he disqualify a surrogate. 	alth care directive or a written state	ement to
2. Orally notifying the surrogate or a h	ealth care provider.	
3. Making a new health care directive.		
4. Any other act that demonstrates a sp	pecific intent to revoke or to disqua	lify a surrogate.
This is my written revocation of the above re this revocation to all parties to whom I provid		
DATED this the day of		_•
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:		