

**REVOCATION OF**  
**ADVANCE HEALTH CARE DIRECTIVE**

I, \_\_\_\_\_, Declarant,  
having executed a Advance Health Care Directive on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

California Probate Code Section 4695 provides that I may revoke this Directive regarding the appointment of an agent only in writing or by informing my supervising health care provider and that I may revoke all or part of the other provisions of that Directive at any time and in any manner that communicates an intent to revoke.

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

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

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

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

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