

REVOCATION OF ANATOMICAL GIFT

I, _____, Declarant, having made an anatomical gift by virtue of that document of gift dated the _____ day of _____, 20____, do hereby revoke such gift pursuant to the California Health and Safety Code §7150.25, which provides that an anatomical gift may be revoked by:

(1) A record signed by any of the following and recorded in a donor registry database:

(A) The donor.

(B) The other person.

(C) Subject to subdivision (b), another individual acting at the direction of the donor or of the other person, if the donor or other person is physically unable to sign.

(2) A later-executed document of gift that amends or revokes a previous anatomical gift or portion of an anatomical gift, either expressly or by inconsistency.

This is my written revocation of my anatomical gift and is provided to all persons to whom I have provided a copy of my document of anatomical gift.

DATED this the _____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____

If another person is to sign for the declarant at the declarant's direction, the person signing for the declarant must sign in the presence of two persons or a person who is qualified to take acknowledgments. The witness form below may be used for the two witnesses. The acknowledgement form below may be used for the person qualified to take acknowledgements.

WITNESS FORM

The following witnesses declare that the signatures below are made at the donor's request:

Witness Signature: _____

Witness Name: _____

Address: _____

Witness Signature: _____

Witness Name: _____

Address: _____

ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

Signature of Witness: _____

Signature of Witness: _____

A notary public or other office completing this certificate
Verifies only the identity of the individual who signed
the document to which this certificate is attached, and
not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____, 20____ before me, _____
(here insert name and title of the officer), personally appeared _____

,
who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)

Notary Public