

**REVOCATION OF
POWER OF ATTORNEY FOR HEALTH CARE**

I, _____, Declarant,
having executed a Power of Attorney for Health Care on the _____ day of
_____, 20____, naming _____
_____ my attorney-in-fact/agent, do hereby revoke that
Power of Attorney for Health Care pursuant to its explicit provision that it may be revoked by
written instrument signed by me.

This is my written revocation of the above referenced Power of Attorney for Health Care and I
am providing a copy of it to my attorney-in-fact/Agent.

DATED this the _____ day of _____, 20_____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____