

REVOCATION OF ADVANCE HEALTH-CARE DIRECTIVE

I, _____, Declarant, having executed an Advance Health-Care Directive on the _____ day of _____, 20____, regarding my decisions and choices concerning my health care. Pursuant to Delaware Code, 16-2504, which provides that an Advance Health-Care Directive may be revoked at any time by (1) a signed writing; or (2) in any manner that communicates an intent to revoke done in the presence of two competent persons, one of whom is a health care provider, I hereby revoke all or those parts of that Advance Health-Care Directive as indicated below:

- All of the Advanced Health Care Directive.
- Part 1: Power of Attorney for Health Care.
- Part 2: Instructions for Health Care.
- Part 3: Anatomical Gifts at Death.
- Part 4: Primary Physician

This is my written revocation as indicated above of my Advance Health-Care Directive and is provided to all persons to whom I have provided a copy of my Advance Directive.

DATED this the _____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____