

REVOCATION OF
ADVANCE HEALTH-CARE DIRECTIVE

I, _____, Declarant,
having executed An Advance Health Care Directive on the _____ day of
_____, 20_____.

Hawaii Revised Statutes §327E-4 provides that this Directive may be revoked by me at any time by the following means:

(a) An individual may revoke the designation of an agent only by a signed writing or by personally informing the supervising health-care provider.

(b) An individual may revoke all or part of an advance health-care directive, other than the designation of an agent, 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: _____