

REVOCATION OF DECLARATION

I, Jane Doe, Declarant, having executed a Declaration on the 10th day of January, 2005, regarding the medical treatment I wished to receive if I should have an incurable or irreversible condition that would result either in death within a relatively short period of time or if I should be in a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there could be no recovery.

Iowa Code, §144A.4 provides that I may revoke this Declaration at any time and in any manner by which I am able to communicate my intent to revoke, without regard to my mental or physical condition.

This is my written revocation as indicated above of my Declaration and is provided to all persons to whom I have provided a copy of my Declaration.

DATED this the 1st day of August, 2007.

Signature of Declarant: _____

Printed Name of Declarant: Jane Doe_____

Address of Declarant: 123 Main Street, Anytown, IA12345