

**REVOCATION OF DONATION PURSUANT TO THE
REVISED UNIFORM ANATOMICAL GIFT ACT**

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 Idaho Iowa Code Chapter 142C, which provides that an anatomical gift may be revoked by:

- a. A signed statement, executed by the donor.
- b. An oral statement made by the donor in the presence of two individuals.
- c. Any form of communication during a terminal illness or injury addressed to a health care professional, licensed or certified pursuant to chapter 148, 148C, 150A, or 152.
- d. The delivery of a written statement, signed by the donor, to a specified donee to whom a document of gift has been delivered.

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 the ____ day of _____, 20____,

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____

If the donor or other person is physically unable to sign a record, the record may be signed by another individual at the direction of the donor or other person and must:

(1) be witnessed by at least two adults, at least one of whom is a disinterested witness, who have signed at the request of the donor or the other person; and

(2) state that it has been signed and witnessed as provided in paragraph (1).

WITNESS FORM

The witnesses below declare that they are signing at the direction of the declarant after having witnessed the signature of the declarant, have no interest in the estate of the declarant under the laws of intestate succession or any will or the declarant or codicil thereto, and are not financially responsible for the declarant's care.

Witness Signature: _____

Witness Name: _____

Address: _____

Witness Signature: _____

Witness Name: _____

Address: _____

State of _____

Judicial District _____

ACKNOWLEDGEMENT FORM

The foregoing instrument was acknowledged before me this _____
(date) by _____ (name of person who acknowledged).

Signature of Person Taking Acknowledgement:

Title or Rank: _____

Serial Number, if any: _____