

**REVOCATION OF LIVING WILL AND  
DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

I, \_\_\_\_\_, Declarant, having executed a Living Will and Durable Power of Attorney for Health Care on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Idaho Code, § 39-4511 provides that I may revoke this power of attorney at any time without regard to my mental state or competence by any of the following methods:

(a) By being cancelled, defaced, obliterated or burned, torn or otherwise destroyed by the maker thereof or by some person in his presence and by his direction.

(b) By a written, signed, revocation of the maker thereof expressing his intent to revoke.

(c) By a verbal expression by the maker thereof of his intent to revoke the directive.

This is my written revocation as indicated above of my Living Will and Durable Power of Attorney for Health Care and is provided to all persons to whom I have provided a copy of my that power of attorney.

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Declarant: \_\_\_\_\_

Printed Name of Declarant: \_\_\_\_\_

Address of Declarant: \_\_\_\_\_