

REVOCATION OF
DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, _____, Declarant, having executed a Durable Power of Attorney for Healthcare on the ____ day of _____, 20____, naming _____ my attorney-in-fact/agent, do hereby revoke that Durable Power of Attorney for Healthcare pursuant to its explicit provision that it may be revoked by me by written instrument signed by me and delivered to my attorney-in-fact/Agent.

This is my written revocation of the above referenced Durable Power of Attorney for Healthcare and I am providing a copy of it to my attorney-in-fact/Agent.

DATED this the ____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____