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 IC 29-2-16.1-5, which provides:

> Sec. 5. (a) Subject to section 7 of this chapter, a donor or other person authorized to make an anatomical gift under section 3 of this chapter may amend or revoke an anatomical gift by:
> (1) a record signed by:
> (A) the donor;
> (B) the other person; or
> (C) subject to subsection (b), another individual acting at the direction of the donor or the other person authorized to make an anatomical gift if the donor or other person is physically unable to sign; or
> (2) a later executed document of gift that amends or revokes a previous anatomical gift or portion of an anatomical gift, either expressly or by inconsistency.
> (b) A record signed under subsection (a)(1)(C) must:
> (1) be witnessed by two (2) adults, at least one (1) of whom is a disinterested witness, who are witnesses at the request of the donor or the other person authorized to make an anatomical gift; and (2) state that the record has been signed and witnessed as described in subdivision (1).

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 _____ 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).

<u>WITNESS FORM</u>

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: _____