

**REVOCATION OF DURABLE POWER OF ATTORNEY**  
**FOR HEALTH CARE DECISIONS**

I, \_\_\_\_\_, Declarant,  
having executed a Durable Power of Attorney For Health Care Decisions on the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_, naming \_\_\_\_\_  
\_\_\_\_\_ my attorney-in-fact/agent.

This is my written revocation of the above referenced Durable Power of Attorney For Health  
Care Decisions 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: \_\_\_\_\_