

## **REVOCATION OF DECLARATION**

I, \_\_\_\_\_,  
Declarant, having executed a Declaration on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_, regarding the medical treatment I wished to  
receive if I should have an incurable injury, disease, or illness certified to be a terminal  
condition

KSA 65-28,104 provides that a declaration may be revoked at any time by the declarant  
by any of the following methods:

- (1) By being obliterated, burnt, torn, or otherwise destroyed or defaced in a  
manner indicating intention to cancel;
- (2) by a written revocation of the declaration signed and dated by the declarant  
or person acting at the direction of the declarant; or
- (3) by a verbal expression of the intent to revoke the declaration, in the presence  
of a witness eighteen (18) years of age or older who signs and dates a writing  
confirming that such expression of intent was made.

This is my written revocation as indicated above of my Declaration and is provided to all  
persons to whom I have provided a copy of my that Declaration.

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

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

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

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