

REVOCATION OF HEALTH CARE PROXY

I, _____, Declarant, executed a Health Care Proxy on the _____ day of _____, 20____, regarding my decisions and choices concerning my health care. Pursuant to the General Laws of Massachusetts, Chapter 201D: Section 7, which provides that a Health Care Proxy may be revoked at any time by a principal by the Principal's notifying the agent or a health care provider orally or in writing or by any other act evidencing a specific intent to revoke the proxy, I hereby revoke all or those parts of that Health Care Proxy as indicated below:

-] All of the Health Care Proxy.
-] Part 1: Designation of Agent for Health Care.
-] Part 2: Instructions for Health Care.
-] Part 3: Anatomical Gifts at Death.
-] Part 4: Primary Physician

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

DATED this the _____ day of _____, 20_____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____