

**REVOCATION OF LIVING WILL**

I, \_\_\_\_\_, Declarant, having executed a Living Will on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, regarding my decisions and choices concerning my health care, do hereby revoke Living Will pursuant to Maryland Code, Health-General 5-604, which provides that a Living Will may be revoked at any time by:

- (1) A witnessed written document, voluntarily executed by the declarant in accordance with the requirements of this subtitle; or
- (2) A witnessed oral statement, made by the declarant in accordance with the provisions of this subtitle.

This is my written revocation of my Living Will and is provided to all persons to whom I have provided a copy of my Living Will.

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

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

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

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