

**REVOCATION OF DECLARATION**

(MCA 50-9-104)

I, \_\_\_\_\_, Declarant, executed a Declaration on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, regarding certain decisions and choices concerning my health care. Pursuant to the Montana Code Annotated, Section 50-9-104, which provides that a Declaration may be revoked by me at any time and in any manner by which I am able to communicate an intent to revoke the Declaration, I hereby revoke all of that Declaration.

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

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

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

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

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