

REVOCAION OF HEALTH CARE POWER OF ATTORNEY

I, _____, Declarant, having executed a Health Care Power of Attorney on the ____ day of _____, 20____, naming _____ my attorney-in-fact/agent to make serious and far reaching health care decisions for me. I hereby revoke that Health Care Power of Attorney pursuant to North Carolina General Statutes § 32A-20 which provides that "[a] health care power of attorney may be revoked by the principal at any time, so long as the principal is capable of making and communicating health care decisions. The principal may exercise this right of revocation by executing and acknowledging an instrument of revocation, by executing and acknowledging a subsequent health care power of attorney, or in any other manner by which the principal is able to communicate an intent to revoke."

This is my written revocation of the above referenced Health Care Power of Attorney 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: _____

STATE OF NORTH CAROLINA

COUNTY OF _____

On this ____ day of _____, 20____, personally appeared before me, the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

(Signature of Notary Public)

My Commission Expires: _____

Notary Public (Official Seal)