

**REVOCATION OF POWER OF ATTORNEY**  
**FOR HEALTH CARE**

I, \_\_\_\_\_, Declarant, executed a Power of Attorney for Health Care on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, appointing \_\_\_\_\_ as my attorney in fact to make health care decisions for me.

Revised Statutes of Nebraska 30-3420 provides that a power of attorney for health care or a health care decision made by an attorney in fact may be revoked at any time by a principal who is competent and in any manner by which the principal is able to communicate his or her intent to revoke.

This is my written revocation of my Power of Attorney for Health Care and is provided to all persons to whom I have provided a copy of my Power of Attorney, including the person I appointed as my attorney in fact.

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

Signature of Declarant:

\_\_\_\_\_

Printed Name of Declarant:

\_\_\_\_\_

Address of Declarant:

\_\_\_\_\_