

REVOCAION OF DECLARATION

(Revised Statutes of Nebraska §20-406)

I, _____, Declarant,
executed a Declaration relating to use of life-sustaining treatment on the _____ day of
_____, 20____.

Revised Statutes of Nebraska §20-406 provides that a declarant may revoke a declaration at any time and in any manner, without regard to the declarant's mental or physical condition, and that a revocation shall be effective upon its communication to the attending physician or other health care provider by the declarant or a witness to the revocation.

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: _____