

REVOCATION OF ADVANCE HEALTH CARE DIRECTIVE

I, _____, Declarant, having executed an Advance Health Care Directive on the _____ day of _____, 20____, regarding my decisions and choices concerning my health care. Pursuant to New Mexico Statutes Annotated 24-7A-3, I hereby revoke all or those parts of that Advance Health-Care Directive as indicated below:

- All of the Advanced Health Care Directive.
- Part 1: Power of Attorney for Health Care.
- Part 2: Instructions for Health Care.
- Part 3: Primary Physician

This is my written revocation as indicated above of my Advance Health Care Directive and is provided to all persons to whom I have provided a copy of my Advance Directive.

DATED this the _____ day of _____, 20____.

Signature of Declarant:

Printed Name of Declarant:

Address of Declarant:
