

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

I, \_\_\_\_\_, Declarant,  
having executed a Durable Power of Attorney for Health Care Decisions on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_, naming \_\_\_\_\_  
\_\_\_\_\_ my attorney-in-fact/agent, do hereby revoke that  
Power of Attorney pursuant to its explicit provision that it may be revoked by me.

This is my written revocation of the above referenced Durable Power of Attorney for Health  
Care Decisions 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:

\_\_\_\_\_

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