

REVOCATION OF DECLARATION

I, _____, Declarant,
having executed a Declaration on the _____ day of _____, 20____,
regarding my decisions and choices concerning my health care. NRS 449.620 provides that an
individual may revoke a Declaration at any time and in any manner.

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:
