

REVOCATION OF HEALTH CARE PROXY

I, _____, Declarant, having executed a Health Care Proxy
on the ____ day of _____, 20_____.

New York Consolidated Laws, Public Health, § 2985 (a) provides that, "A competent adult may
revoke a health care proxy by notifying the agent or a health care provider orally or in writing
or by any other act evidencing a specific intent to revoke the proxy."

This is my written revocation of my Health Care Proxy and is provided to all persons to whom I
have provided a copy of my Health Care Proxy.

DATED this the ____ day of _____, 20_____.

Signature of Declarant:

Printed Name of Declarant: _____

Address of Declarant: _____
