

**REVOCATION OF DECLARATION CONCERNING
THE USE OF LIFE SUSTAINING TREATMENT**

I, _____, Declarant,
executed a Declaration Concerning the Use of Life Sustaining Treatment on the _____ day of
_____, 20____, regarding my decisions and choice that my life not be
prolonged by extraordinary means or by artificial nutrition or hydration if my condition were to
be determined to be terminal or if I were diagnosed as being in a permanent unconscious state.

Ohio Revised Code § 2133.04 provides that I may revoke my Declaration at any time and in any
manner.

This is my written revocation of my Declaration Concerning the Use of Life Sustaining
Treatment 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:
