

**REVOCATION OF  
ADVANCE DIRECTIVE FOR HEALTH CARE**

I, \_\_\_\_\_,  
Declarant, executed an Advance Directive for Health Care on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_, stating my desires and wishes regarding various aspects  
of my health care.

Oregon Revised Statutes 127.545 provides that an advance directive or health care decision, if it involves the decision to withhold or withdraw life-sustaining procedures or artificially administered nutrition and hydration, may be revoked by a health care representative at any time and in any manner by which the principal is able to communicate the intent to revoke and may be revoked at any time and in any manner by a capable principal.

I hereby revoke that Advance Directive.

This is my written revocation of my Advance Directive and is provided to all persons to whom I have provided a copy of my Advance Directive, including my physician.

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Declarant: \_\_\_\_\_

Printed Name of Declarant: \_\_\_\_\_

Address of Declarant: \_\_\_\_\_