

REVOCATION OF
REQUEST FOR MEDICATION TO END MY LIFE IN A
HUMANE AND DIGNIFIED MANNER

I, _____, Declarant,
executed a Request for Medication to End My Life in a Humane and Dignified Manner on the
_____ day of _____, 20____.

ORS 127.845 s.3.07 provides that I may rescind my Request at any time and in any manner.

This is my written revocation of that Request and is provided to all persons to whom I have
provided a copy of my Request.

DATED this the _____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____