

REVOCATION OF
STATUTORY FORM DURABLE POWER OF
ATTORNEY FOR HEALTH CARE

I, _____, Declarant, executed a Durable Power of Attorney for Health Care on the ____ day of _____, 20____, stating my desires and wishes regarding various aspects of my health care and treatment.

Rhode Island General Laws § 23-4.10-3 provides that a durable power of attorney may be revoked at any time and in any manner by which the declarant is able to communicate an intent to revoke, without regard to mental or physical condition.

I hereby revoke that Durable Power of Attorney for Health Care.

This is my written revocation of my Durable Power of Attorney for Health Care and is provided to all persons to whom I have provided a copy of my Durable Power of Attorney for Health Care.

DATED this the ____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____