

REVOCATION OF DECLARATION

I, _____, Declarant,
having executed a Declaration regarding the use of life sustaining procedures on the _____
day of _____, 20____.

Rhode Island General Laws § 23-4.11-4 provides that a declaration may be revoked at any time and in any manner by which I am able to communicate an intent to revoke, without regard to my mental or physical condition.

This is my written revocation of the above referenced Declaration and I am providing a copy of it to all persons to whom I provided a copy of the Declaration.

DATED this the _____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____