

**REVOCATION OF**  
**DURABLE POWER OF ATTORNEY**  
**FOR HEALTH CARE**

(South Dakota Codified Laws Chapter 59-7)

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.

Pursuant to its explicit terms, I reserved the right to revoke this power of attorney at any time.

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: \_\_\_\_\_