

**REVOCATION OF**  
**LIVING WILL DECLARATION**

(South Dakota Codified Laws § 34-12D-3)

I, \_\_\_\_\_, Declarant,  
executed a Living Will Declaration on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, regarding my decisions and choice in the event that I were in a terminal condition and  
not able to participate in decisions about my health care

South Dakota Codified Laws § 34-12D-8 provides that I can revoke this declaration at any time  
and in any manner without regard to my mental or physical condition.

This is my written revocation of my Living Will Declaration and is provided to all persons to  
whom I have provided a copy of my Declaration.

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

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

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

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