

REVOCATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE

(Tennessee Code Annotated 34-6-207)

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 my explicit right, as stated in said Power of Attorney, to revoke this power of attorney at any time, Tennessee Code Annotated 34-6-207 provides that I may revoke the appointment of the attorney in fact under the durable power of attorney for health care by notifying the attorney in fact orally or in writing or that I may revoke the authority granted to the attorney in fact to make health care decisions by notifying the health care provider orally or in writing.

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: _____