

REVOCATION OF DIRECTIVE TO PHYSICIANS AND PROVIDERS OF MEDICAL SERVICES

(Pursuant to Section 75-2-1105, et seq.UCA)

I, _____, Declarant, having executed a Directive to Physicians and Providers of Medical Services on the ____ day of _____, 20____, on behalf of _____.

The Utah Code 75-2-1111 provides that this Directive may be revoked at any time by me by:

- (a) being obliterated, burned, torn, or otherwise destroyed or defaced in any manner indicating an intention to effect revocation;
- (b) a written revocation of the directive signed and dated by the declarant or by a person signing on behalf of the declarant or acting at the direction of the declarant;
- (c) oral expression of an intent to revoke the directive in the presence of a witness 18 years of age or older who signs and dates a written instrument confirming that the expression of intent was made.

This is my written revocation of the above referenced Directive and I am providing a copy of it to all concerned parties.

DATED this the ____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____