

REVOCATION OF
VERMONT ADVANCE DIRECTIVE

I, _____, Declarant, having executed an Advance Directive for Health Care on the ____ day of _____, 20____.

18-9704 VSA provides that I can revoke this document by executing a new advance directive, by signing a revocation statement, by personally informing my physician or other health care provider, by burning, tearing or obliterating the document, or by causing the document to be destroyed by some other person at my direction and in my presence.

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

DATED this the _____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____