

REVOCATION OF DURABLE POWER OF ATTORNEY
FOR HEALTH CARE

I, _____, Declarant,
having executed a Durable Power of Attorney for Health Care on the _____ day of
_____, 20____, naming _____
_____ my attorney-in-fact/agent, do hereby revoke that
Power of Attorney pursuant to its explicit provision that it may be revoked by me by written
instrument signed by me and delivered to my attorney-in-fact/Agent.

This is my written revocation of the above referenced General Durable Power of Attorney and I
am providing a copy of it to my attorney-in-fact/Agent.

DATED this the _____ day of _____, 20_____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____