

REVOCATION OF
POWER OF ATTORNEY FOR HEALTH CARE

(Wisconsin Statutes 155.40)

I, _____, Declarant,
executed a Power of Attorney For Health Care on the _____ day of
_____, 20____, appointing an agent to make health care decisions for me
if I were to be incapable of making those decisions.

Wisconsin Statutes 155.40 provides that a Power of Attorney For Health Care can be revoked by
me at any time by any of the following methods:

155.40(1)(a)

(a) Canceling, defacing, obliterating, burning, tearing or otherwise destroying the
power of attorney for health care instrument or directing another in the presence
of the principal to so destroy the power of attorney for health care instrument.

155.40(1)(b)

(b) Executing a statement, in writing, that is signed and dated by the principal,
expressing the principal's intent to revoke the power of attorney for health care.

155.40(1)(c)

(c) Verbally expressing the principal's intent to revoke the power of attorney for
health care, in the presence of 2 witnesses.

155.40(1)(d)

(d) Executing a subsequent power of attorney for health care instrument.

This is my written revocation of my Power of Attorney For Health Care and is provided to all
persons to whom I have provided a copy of my Power of Attorney For Health Care.

DATED this the _____ day of _____, 20_____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____