

**REVOCATION OF STATUTORY FORM**  
**HEALTH CARE DIRECTIVE**

(North Dakota Century Code 23-06.5-07)

I, \_\_\_\_\_, Declarant, having executed a Health Care Directive on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, naming \_\_\_\_\_ as my health care attorney-in-fact/agent.

North Dakota Century Code 23-06.5-07 provides that I can revoke this power of attorney by:

- a. by notification to the agent or a health care or long-term care services provider orally, or in writing, or by any other act evidencing a specific intent to revoke the directive;
- or
- b. if I execute a subsequent health care directive.

This is my written revocation of the above referenced Power of Attorney 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: \_\_\_\_\_