

REVOCATION OF
DURABLE POWER OF ATTORNEY
FOR HEALTH CARE

(South Dakota Codified Laws Chapter 59-7)

I, _____,
Declarant, executed a Durable Power of Attorney for Health Care on the _____ day of
_____, 20____, stating my desires and wishes regarding various aspects
of my health care and treatment.

Pursuant to its explicit terms, I reserved the right to revoke this power of attorney at any time.

I hereby revoke that Durable Power of Attorney for Health Care.

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

DATED this the _____ day of _____, 20_____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____

