

REVOCATION OF
DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, _____,
Declarant, executed a Durable Power of Attorney for Health Care on the _____ day
of _____, 20____.

Iowa Code, §144B.8 provides that a durable power of attorney for health care may be
revoked at any time and in any manner by which the principal is able to communicate the
intent to revoke, without regard to mental or physical condition.

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

DATED this the _____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____