

**REVOCATION OF
ADVANCE HEALTH CARE DIRECTIVE**

I, _____ of _____,
_____, (State) _____, hereby revoke my Advance Health
Care Directive dated _____. The power and authority granted to my
physician or any health care provider and health care agent is revoked and withdrawn and
this document provides notice of such revocation.

Dated this _____ day of _____, _____, at _____,
(State)_____.

Witness Signature: _____

Witness Name: _____

Witness Address: _____

Witness Signature: _____

Witness Name: _____

Witness Address: _____

Names of institutions/individuals that have been provided a copy of this revocation:

Final Checklist for Advance Health Care Directive Revocation

For: _____

DATE _____

Make It Legal

_____ You should sign and date the Revocation.

_____ Even though witnesses may not be technically required, the use of a witness formalizes the document and provides added assurance that the Revocation will be recognized.

_____ Make sure that your Revocation accurately identifies the document(s) that you wish to revoke. The full title of each document you are revoking, as stated on the document, should be identified on the Revocation. For example, if your document includes both a Living Will and Health Care Power of Attorney, you need to identify both documents by title.

_____ Because the attending physician or health care provider must receive notice of the Revocation, it is recommended that the Revocation be mailed by certified mail to the provider's last known address. Alternatively, a copy of the Revocation may be hand-delivered to the provider, in which case the provider should sign the document acknowledging receipt of the Revocation.

_____ If _____ is a patient in a health care institution, a copy of the Revocation should be placed in _____'s medical record.

Copies

_____ The Revocation is generally not enforceable until your attending physician has been notified of the Revocation. A copy of the Revocation must be provided to your attending physician or to someone who will deliver it to your health care provider.

_____ You should retain the original or a copy of the Revocation for your records.

Other Information

- * Although an Advance Health Care Directive may be effectively revoked under a variety of methods, it is recommended that this formal, written revocation be used.
- * The Revocation will no longer be relevant if another Advance Directive is executed and dated subsequent to the date of the Revocation. The new Advance Directive

automatically supersedes any prior one and also supersedes any revocations of prior Advance Directives.

Reasons to Update

- * Rather than updating, you should create a new Revocation or a new Advance Health Care Directive.