

# Revocation of Advance Health Care Directive

I, \_\_\_\_\_, am the maker and signatory of an Advance Health Care Directive which was dated \_\_\_\_\_, and which was executed by me for use in the State of \_\_\_\_\_.

By this written revocation, I hereby entirely revoke such Advance Health Care Directive, any Living Will, any Durable Power of Attorney for Health Care, any Organ Donation, or any other appointment or designation of a person to make any health care decisions on my behalf. I intend that all of the above mentioned documents have no force or effect whatsoever.

BY SIGNING HERE I INDICATE THAT I UNDERSTAND THE PURPOSE AND EFFECT OF THIS DOCUMENT.

Signature \_\_\_\_\_

Date \_\_\_\_\_