

Witness Affidavit of Oral Revocation of Advance Health Care Directive

The following person, _____, herein referred to as the declarant, was the maker and signatory of an Advance Health Care Directive which was dated _____, and which was executed by him or her for use in the State of _____.

By this written affidavit, I, _____, the witness, hereby affirm that on the date of _____, I personally witnessed the above-named declarant make known to me, through verbal and/or non-verbal methods, their clear and unmistakable intent to 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 his or her behalf. It is my belief that the above-named declarant fully intended that all of the above-mentioned documents no longer have any force or effect whatsoever.

Witness Acknowledgment

The declarant is personally known to me and I believe him or her to be of sound mind and under no duress, fraud, or undue influence.

Witness Signature _____ Date _____

Printed Name of Witness _____