

Witness Affidavit of Oral Revocation of Durable Health Care Power of Attorney

The following person _____, referred to as the Principal, was the maker and signatory of a Durable Health Care Power of Attorney 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 Durable Health Care Power of Attorney, 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 principal 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 _____