

Revocation of Living Will

I, _____, am the Declarant and maker of a Living Will and Directive to Physicians, dated _____, 20____.

By this written revocation, I hereby entirely revoke such Living Will and Directive to Physicians and intend that it no longer have any force or effect whatsoever.

Dated _____, 20____.

Declarant's Signature

Printed Name of Declarant

Signature of Witness

Printed name of Witness

Address of Witness

Signature of Witness

Printed name of Witness

Address of Witness