

REVOCATION OF DECLARATION
OF LIVING WILL

I, _____ hereby revoke my Declaration (Living Will) regarding withholding or withdrawal of life-sustaining treatment in the event I am in a terminal condition which will result in my death in a short period of time.

This revocation is effective immediately and must be communicated to my attending physician and other health care providers as soon as possible.

Dated this _____ day of _____, 20_____.

(Signature)