

REVOCATION OF LIVING WILL

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

WHEREAS, on \_\_\_\_\_, I, \_\_\_\_\_, executed a "living will" (or a similar document styled as a "declaration" or "directive to physicians") which provided that upon a terminal diagnosis, and my inability to communicate decisions regarding the course of my treatment to my physicians, that no extraordinary means be used to simply prolong my life.

At this time, and after mature reflection, I have determined that I do not desire for this instrument to have further effect, and I therefore revoke the same.

Dated: \_\_\_\_\_

\_\_\_\_\_

Declarant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

I/We, the undersigned witnessed the Declarant sign this instrument and believe him or her to be of sound mind.

\_\_\_\_\_

Witness:

Address:

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Witness:

Address:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned Notary Public personally appeared \_\_\_\_\_, and the witnesses above, who all acknowledged that they executed this instrument freely and willingly for the purposes therein stated.

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Notary Public

My commission expires: