

**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)