{{ health\_agent.name.full(middle=’full’) }}

{{ health\_agent.address.line\_one() }}

{{ health\_agent.address.line\_two() }}

Dear {{ health\_agent.name.full(middle=’full’) }},

This letter is to let you know that you are no longer my Agent for Power of Attorney for Health Care. I now take away any power that I gave you over my health care decisions in the document dated {{ health\_revoke\_date }}. Please see attached, notarized “Notice of Revocation of Durable Power of Attorney” for details.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{{ user.name.full(middle=’full’) }}

{{ user.address.line\_one() }}

{{ user.address.line\_two() }}

This Notice has also been sent to the following people:

{% if any\_health\_successors == True %}**Successor Agents**

{% for person in health\_successors %}

{{ person.name.full(middle=’full’) }}

{{ person.address.on\_one\_line() }}

{% endfor %}{% endif %}

**Other people who received Notice**

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**NOTICE OF REVOCATION OF DURABLE POWER OF ATTORNEY**

I, {{ user.name.full(middle=’full’) }} of {{ user.address.line\_one() }}, {{ user.address.city }}, {{ end\_in\_county(user.address.county) }}, {{ user.address.state }}, revoke the Durable Power of Attorney for Health Care dated {{ health\_agent\_date }}, empowering {{ health\_agent.name.full(middle= ‘full’) }} to act as my agent. {% if any\_health\_successors == True %}In this document, the following successor agent(s) were named: {{comma\_and\_list(health\_successors)}}.{% if health\_replace\_agent == True %} {{ new\_health\_agent.name.full(middle=’full’) }} shall now take the place of {{ health\_agent.name.full(middle=’full’) }} as my agent for Power of Attorney for Health Care.{% endif %}{% for person in health\_successors %}{% if person != health\_who\_is\_promoted %}{% if health\_replace\_agent == True and person.remain == True %} {{ person.name.full(middle = ‘full’) }} shall remain a successor agent for Power of Attorney for Health Care.{% endif %}{% if health\_replace\_agent == True and person.remain == False %} I hereby revoke and withdraw all power and authority granted to {{ person.name.full(middle=’full’) }}.{% endif %}{% endif %}{% endfor %}{% if health\_replace\_agent == False %} I hereby revoke and withdraw all power and authority granted under the aforementioned Durable Power of Attorney for Health Care. {% endif %}{% endif %}  
Dated: {{ health\_revoke\_date }}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal

|  |  |
| --- | --- |
| State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ) |
|  | ) ss. |
| County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ) |

On this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a notary public in said state, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she/he executed the same in her/his authorized capacity, and that by her/his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

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

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Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_