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

{{ health\_agent.address.line\_one(bare=”True”) }}

{{ 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\_agent\_date}}. Please see the attached notarized document, titled “Notice of Revocation of Durable Power of Attorney” for details.

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

{{ user.name.full(middle=’full’) }}

{{ user.address.line\_one(bare=”True”) }}

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

{% if any\_health\_successors == True and health\_successors.number\_gathered() != 0 %}

This Notice has also been sent to the following people:

{% for person in health\_successors %}

{{ person.name.full(middle=’full’) }}

{{ person.address.address }}{% if person.address.unit != “” %}

{{person.address.unit}}{% endif %}

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

{% endfor %}{% endif %}