{{ 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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