Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{{ 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{% if health\_agent\_date != “” %} in the document dated {{ health\_agent\_date}}{% endif %}. Please see the attached notarized document, titled “Notice of Revocation of Durable Power of Attorney” for details. {% if revocable\_poa == True %}{% if delayed\_revocation == True %}This revocation shall take effect 30 days after I have communicated my intention to revoke.{% endif %}{% endif %}

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

{{ user.name.full(middle=’full’) }}

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

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

This Notice has also been sent to the following people:

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

{% for person in health\_successors %}

{{ person.name.full(middle=’full’) }}

{{ person.address.on\_one\_line(bare=”True”)}}

{% endfor %}{% endif %}{% if health\_successors.number\_gathered() < 4 %}

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

{% endif %}{% if health\_successors.number\_gathered() < 3 %}

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

{% endif %}{% if health\_successors.number\_gathered() < 2 %}

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

{% endif %}{% if health\_successors.number\_gathered() == 0 %}

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{% endif %}