

# Revocation of Beneficiary Power of Attorney

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby revoke any and all powers of attorney granted to [Attorney-in-Fact's Name] regarding my healthcare and medical decisions, effective immediately.

This revocation supersedes any previous documents or statements made to healthcare providers regarding my healthcare powers of attorney.

Healthcare providers should consider this letter as formal notice that [Attorney-in-Fact's Name] is no longer authorized to make decisions on my behalf.

Should you have any questions regarding this revocation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]