

Revocation of Power of Attorney for Medical Proxies

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

Date: [Date]

To Whom It May Concern:

I, [Your Name], born on [Your Date of Birth], hereby revoke any and all powers of attorney that I have previously granted to [Agent's Name], including the medical proxy established on [Date of Original Proxy].

This revocation is effective immediately as of the date below. All medical decisions previously authorized under the aforementioned power of attorney are no longer valid.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]