

**REVOCATION OF POWER OF ATTORNEY FOR HEALTHCARE**

REVOCATION OF POWER OF ATTORNEY FOR HEALTHCARE made this

\_\_\_\_\_ (month, day and year).

I, \_\_\_\_\_ (name of principal revoking prior document), of

\_\_\_\_\_ (address), hereby revoke any Power of Attorney

for Healthcare, having been executed prior to the date above stated.

*Signed:* \_\_\_\_\_

Principal

The Principal has had an opportunity to read the above form and has signed the form or acknowledged their signature or mark on the form in my presence.

\_\_\_\_\_  
*Signature of witness*

*Residing at:* \_\_\_\_\_ (address)

**Form Prepared By:**

**Equal Justice Works Fellow at Equip for Equality**

**300 E. Main, Ste. 18, Carbondale, IL 62901**

**General Intake: (800) 758-0559**

**Downstate Elder Rights Helpline: (866) 488-0167**