

When recorded, return to:

REVOCATION
OF
MEDICAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, of Maricopa County, Arizona, being of sound mind and under no undue constraint or influence, hereby revoke, in whole, without limitation or exception, any and all prior Medical Powers of Attorney which I may have executed prior to the date of this document.

Being first duly sworn, I sign my name to this Revocation of Medical Power of Attorney, do declare to the undersigned authority that I sign and execute this instrument as my Revocation of Medical Power of Attorney and that I sign it willingly, that I execute it a my free and voluntary act for the purposes expressed herein and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Arizona law governs this Revocation of Medical Power of Attorney in all respects. I have signed and acknowledged this document this _____ day of _____, 20____, in _____, Arizona.

_____, Principal

I, the undersigned witness, sign my name to the foregoing revocation being first duly sworn to and declare to the undersigned authority that the Principal signs and executes this instrument as a Revocation of Medical Power of Attorney and that she signs it willingly, and that I, in her presence and hearing, sign this document as witness to the Principal's signing and that to the best of my knowledge the Principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Witness

STATE OF ARIZONA)
) ss.
County of Maricopa)

Before me, the undersigned officer, on the ____ day of _____, 20____, personally appeared _____, the Principal, and _____, the Witness, known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:

NOTARY PUBLIC