



SEOLS
Southeastern Ohio Legal Services

How to Revoke a Durable Power of Attorney for Health Care and Living Will



Can I revoke my Durable Power of Attorney for Health Care and Living Will?

Because a Durable Power of Attorney for Health Care and Living Will was given voluntarily by you to another person, you have the right to revoke it at any time so long as you are legally competent.



How can I revoke my Durable Power of Attorney for Health Care and Living Will?

The best way to revoke a Durable Power of Attorney for Health Care and Living will is to make a written statement revoking the document. A fill-in-the-blank form is included on the next page.

Then, you should give it to everyone who has a copy of the revoked Durable Power of Attorney for Health Care and Living Will. This includes any health care provider.

Then, you should destroy any copy of the revoked Durable Power of Attorney for Health Care and Living Will.

**The information on this flyer is not legal advice.
If you are seeking representation or legal advice, please contact SEOLS.
An attorney-client relationship does not exist between you and SEOLS.**

How to contact SEOLS:

Athens Office **740.594.3558**
800.686.3669

Serving Gallia, Meigs, Morgan, Noble, Vinton, and Washington Counties

Chillicothe Office **740.773.0012**
800.686.3668

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800.837.2508

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800.837.4781

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**REVOCATION OF HEALTH CARE & LIVING WILL POWER OF
ATTORNEY**

I, _____, whose permanent address is
_____, hereby **revoke** and **render void** the
durable power of attorney for health care and living will power of attorney I previously gave to
_____ or any person, to act in my stead, including but not
limited to any power of attorney over my person or estate at any time in the past.

I further attest that a photostatic copy of this Revocation of Power of Attorney constitutes a
“duplicate original” of said Revocation of Power of Attorney and thus is as effective as the original
revocation itself.

Signature

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public, this _____ day
of _____, 20____. By my signature below, I attest that
_____ did sign and acknowledge this Revocation of Power of
Attorney before me on the date set forth above.

NOTARY PUBLIC