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How to Revoke a Nevada Advance Health-Care Directive

Cancel Your Health Care Power of Attorney or Living Will Declaration

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR NEVADA REVOCATION OF HEALTH CARE DIRECTIVE.

About this form. You may revoke your Nevada advance health-care directive (power of attorney for health care), an older living will declaration, or just one agent's authority, at any time while you are able to make your own decisions. A written, notarized revocation delivered to your agent and doctors is the clearest proof. Signing a new health care directive also automatically revokes the old one.

1. **Identify what you are revoking**
   Mark your directive, an older living will declaration, or a single agent, and enter the dates.
2. **Note any new directive**
   If you signed a new Advance Health-Care Directive, list its date so providers know which document controls.
3. **Sign before a Nevada notary**
   Do **not** sign ahead of time. Bring a current photo ID. **We come to your home, hospital, or care facility.**
4. **Deliver copies right away**
   Give copies to your former agent, your doctors, hospital, and care facility, and record each delivery in item 5.
5. **Update the registry**
   If your directive was registered with Nevada's advance directive registry, update or remove it there.
6. **Keep the original**
   Keep the signed original with your important papers.

Good to Know

- A revocation is effective as to a provider once the provider knows of it, so deliver copies promptly.
- This form does not revoke a financial power of attorney. Use the Nevada Revocation of Power of Attorney for that.
- Want a new agent instead? Sign a new Nevada Advance Health-Care Directive.

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SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in Nevada, California, and other states. Phone and video consultations are available. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

REVOCATION OF ADVANCE HEALTH-CARE DIRECTIVE

(Nevada Revised Statutes Section 162A.820 and Chapter 449A)

1. Principal. I,

_____ _____

(full legal name) (date of birth)

2. What I revoke (mark all that apply):

☐ My Advance Health-Care Directive / power of attorney for health care dated _____, naming as my agent:

_____

(name of agent and any alternate agent)

☐ My declaration governing the withholding or withdrawal of life-sustaining treatment ("living will") dated _____.

☐ Only my designation of the following agent (the rest of my directive remains in effect):

_____

(name of agent whose authority is revoked)

3. Revocation. I revoke the document(s) and authority marked above, effective immediately. I am of sound mind and make this revocation voluntarily. I ask every provider of health care who receives a copy of this revocation to make it part of my medical record.

4. New directive (mark if applicable): ☐ I have signed a new Advance Health-Care Directive dated _____, which replaces the revoked document(s).

5. Copies delivered to:

Name (agent, doctor, hospital, family)	How delivered	Date

Signed on _____ , at _____

(date) (city and state)

_____ _____

(signature of principal) (printed name)

Sign in front of the notary public, who will complete the acknowledgment on the next page.

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CERTIFICATE OF ACKNOWLEDGMENT

(Nevada Revised Statutes Section 240.166)

State of Nevada)

County of _____)

This instrument was acknowledged before me on _____ by

(date)

_____ .

(name(s) of person(s))

_____

(Signature of notarial officer)

_____

(Title and rank (optional))

(Seal, if any)

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