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How to Complete Your Ohio Revocation of Health Care Power of Attorney

Revocation of Health Care Power of Attorney and Living Will (Ohio)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Use this form to cancel an Ohio health care power of attorney, living will, or mental health declaration.

1. **Identify the documents (Page 1)**
   Check each document you are revoking.
2. **Sign before a notary (Page 2)**
   Ohio lets you revoke these at any time and in any manner. A notarized revocation gives clear proof of the date and your identity. Bring a current, government-issued photo ID.
3. **Tell your doctor (Page 2)**
   If your doctor knew about the document, the revocation takes effect only when your attending physician is told. Record each notice.

After It's Signed

- To give new instructions, sign a new Ohio Health Care Power of Attorney or Living Will Declaration. We have free forms.

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Have questions about this document? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**. Attorneys licensed in California, Nevada, and other states.

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REVOCATION OF HEALTH CARE POWER OF ATTORNEY AND LIVING WILL

(R.C. 1337.14 and 2133.04)

I,

Full legal name

Date of birth

Address

revoke the following document(s) that I previously signed (check each that applies):

Durable Power of Attorney for Health Care

Date signed

Attorney(s) in fact whose authority is revoked

Living Will Declaration

Date signed

Declaration for Mental Health Treatment

Date signed

I intend that the document(s) checked above have no further effect. I ask my attending physician and health care providers to note this revocation in my medical records. Under Ohio law, a revocation is effective when communicated to my attending physician if my physician was aware of the document.

Declarant's initials: _____

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Date

X

Signature

Printed name

NOTARY ACKNOWLEDGMENT

STATE OF OHIO)
) ss.
COUNTY OF)

This document was acknowledged before me on

(date)

by (name of signer)

X

Notary Public

(Notary seal)

Notary's printed name

My commission expires

RECORD OF NOTICE OF REVOCATION

A copy was delivered to my attending physician and the following:

Name of person or institution	Method	Date delivered
Name of person or institution	Method	Date delivered
Name of person or institution	Method	Date delivered
Name of person or institution	Method	Date delivered

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