

UNDERSIGNED WHO, AT _____ REQUEST, IN _____ PRESENCE, AND IN THE PRESENCE OF EACH OTHER, HAVE HEREUNTO SIGNED OUR NAMES AND WITNESSES WITNESSED THIS _____ DAY OF _____ 19____, AND DECLARE: THE DECLARANT IS PERSONALLY KNOWN TO ME, AND I BELIEVE THE DECLARANT TO BE OF SOUND MIND. I DID NOT SIGN THE DECLARANT'S SIGNATURE TO THIS DECLARATION. BASED UPON INFORMATION AND BELIEF, I AM NOT RELATED TO THE DECLARANT BY BLOOD OR MARRIAGE, A CREDITOR OF THE DECLARANT, ENTITLED TO ANY PORTION OF THE ESTATE OF THE DECLARANT UNDER ANY EXISTING TESTAMENTARY INSTRUMENT OF THE DECLARANT, FINANCIALLY OR OTHERWISE RESPONSIBLE FOR THE DECLARANT'S MEDICAL CARE, OR AN EMPLOYEE OF ANY SUCH PERSON OR INSTITUTION.

_____ ADDRESS _____

_____ ADDRESS _____

"

(2) THE DECLARATION MAY INCLUDE ADDITIONAL PROVISIONS ON THIS OR OTHER SUBJECTS THAT ARE NOT INCONSISTENT WITH OTHER PROVISIONS OF THIS SUBTITLE. IF ANY ADDITIONAL PROVISIONS ARE DECLARED INVALID, THE INVALIDITY DOES NOT AFFECT THE VALIDITY OF THE DECLARATION OR OF OTHER PROVISIONS WHICH CAN BE GIVEN EFFECT WITHOUT THE INVALID PROVISION, AND TO THIS END THE PROVISIONS IN THE DECLARATION ARE SEVERABLE.

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A DECLARANT MAY REVOKE A DECLARATION AT ANY TIME BY:

(1) A WRITTEN STATEMENT TO THAT EFFECT:

(I) SIGNED AND DATED BY THE DECLARANT; OR

(II) IF THE STATEMENT SO INDICATES, SIGNED AND DATED BY A PERSON ACTING AT THE DIRECTION OF THE DECLARANT.

(2) A-VERBAL AN EXPRESSION TO THAT EFFECT, AFTER THE DECLARANT KNOWS OF THE DISEASE, ILLNESS, OR INJURY INVOLVED IN ANY QUESTION REGARDING THE EXISTENCE OF A TERMINAL CONDITION,--~~TO THE-ATTENDING-PHYSICIAN-AT-THAT-TIME;~~

(3) DESTROYING THE DECLARATION;

(4) MARKING, BURNING, TEARING, OR OTHERWISE ALTERING, DEFACING, OR DAMAGING THE DECLARATION IN A MANNER INDICATING THE INTENTION TO REVOKE IT.

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