

NOTICE OF REVOCATION OF HEALTH CARE PROXY

KNOW ALL MEN BY THESE PRESENTS, THAT I, _____
currently residing at _____, New York in
and by my written health care proxy, did make and appoint _____, currently
residing at _____ my true and
lawful health care agent for the purposes and with the powers therein set forth, as more fully appears
by reference thereto..

KNOW THAT NOTICE IS HEREBY GIVEN, THAT I, _____ by
these presents, have revoked said appointment as health care agent, and all power and authority
thereby given, or intended to be given, to _____.

IN WITNESS WHEREOF, I have signed this instrument this ____ day of _____ in the year,
Two Thousand and _____ .

STATE OF NEW YORK)
COUNTY OF ONONDAGA)

On this _____ day of _____, 20__, before me, the undersigned, a Notary Public in
and for the State of New York, personally appeared _____,
personally known to me on the basis of satisfactory evidence to be the individual whose name is
subscribed to the within instrument and acknowledged to me that s/he executed the same in her/his
capacity, and that by her/his signature on the instrument, the individual, or the person upon behalf of
which the individual acted, executed the instrument.

Notary Public