

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

KNOW ALL MEN BY THESE PRESENTS, that I, _____
residing at _____, _____ County, State of Utah, do
hereby declare this to be a durable power of attorney for health care decisions.

This durable power of attorney shall become effective:

- Immediately upon execution of this durable power of attorney.
- Only after certification by two licensed physicians that I lack the mental capacity to make health care and financial decisions for myself.

This power of attorney shall not be affected by subsequent incapacity of the principal.

I hereby revoke all prior powers of attorney regardless of the type and to whom they may have been given. I hereby nominate, constitute and appoint _____
whose address and telephone number is: _____

_____ as my true and lawful attorney in fact; if _____ is unable or unwilling to act as my attorney in fact as outlined herein, I hereby nominate and appoint _____ as my true and lawful attorney in fact, for me and in my name, place and stead, and for my use and benefit, to exercise the following powers:

To make health care decisions on my behalf. "Health care decisions" means decisions on my care, treatment and procedures to be used to maintain, diagnose and treat my physical condition. This durable power of attorney as it pertains to health care decisions does not carry the power to authorize any of the following acts:

- (a) Any commitment or placement in a mental health facility,
- (b) Any convulsive treatment, or
- (c) Any psychosurgery.

Furthermore, I hereby expressly authorize any physician, hospital, or other person or organization to release and disclose to my agent any information any of them may have concerning any treatment, diagnosis, recommendation or other fact, which they may have concerning my physical condition and any health care, counsel, treatment or assistance provided to me either before or after the execution of the power of attorney, any privilege

hereby being expressly waived as to such disclosures. This waiver shall extend to communications to my agent only and shall not be deemed a general waiver of the privilege. My agent may, however, authorize release of such information to such third persons as my agent deems to be reasonable or necessary in the exercise of the powers granted in this instrument. Subject to any limitations in this document, my agent has the power and authority to do all of the following:

- yes [] no [] (a) Authorize an autopsy.
- yes [] no [] (b) Make a disposition of a part or parts of my body under the Uniform Anatomical Gift Act.
- yes [] no [] (c) Direct disposition of my remains.

The attorney in fact under this durable power of attorney is specifically not given and does not have the authority or power to revoke, amend or alter any living will declaration or last will and testament that I have created or will create. The Attorney in Fact [] is [] is not granted reasonable compensation for services rendered under this Power of Attorney.

Dated this ____ day of _____, 2006.

_____ print name

STATE OF UTAH)
)ss.
COUNTY OF _____)

On this ____ day of _____, 2006, personally appeared before me, a notary public, the above named person, personally known (or proved) to me to be the person whose name is subscribed to the foregoing power of attorney for health care, who acknowledged to me that he/she executed the foregoing document.

NOTARY PUBLIC