

Durable Power of Attorney for Health Care

I, _____ of _____
hereby appoint:

Name

Relationship

Address

City, State, Zip Code

Phone Number (including area code)

as my true and lawful attorney or agent ("attorney-in-fact"), to make health care decisions for me, including but not limited to the withholding or withdrawal of life-sustaining treatment, if and when I am unable to make my own health care decisions.

If the person named as my agent above is not available or is unable to act as my agent, then I appoint the following person to serve:

Name

Relationship

Address

City, State, Zip Code

Phone Number (including area code)

By this document, I intend to create a durable power of attorney for health care which shall take effect upon my incapacity to make my own health care decisions and shall continue during that incapacity. Should I be declared terminal, this gives my agent the power to insure that my desires expressed in my Living Will are carried out. This gives my agent the power to consent to giving, withholding or stopping any health care, treatment, service or diagnostic procedure. My agent also has the authority to talk with health care personnel, obtain information and sign forms necessary to carry out these decisions.

Signed this _____ day of _____, 20 ____.

Date of Birth

Social Security Number

Signature

Printed Name

Address

City, State, Zip Code

WITNESS:

I declare that the person whose name is signed to this document is personally known to me, that the person signed this durable power of attorney for health care in my presence, and that the person appears to be of sound mind and under no duress, fraud or undue influence.

I further declare that I am not related to the person who signed this durable power of attorney for health care by blood, marriage or adoption, and to the best of my knowledge, I am not entitled to any part of the person's estate under a will now existing or by operation of law.

WITNESS:

WITNESS:

Signature

Signature

Printed Name

Printed Name

Address

Address

City, State, Zip

City, State, Zip

State of Montana)

: ss.

County of _____)

On this _____ day of _____ 20____, before me, the undersigned, a Notary Public of the State of Montana, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged to be that _____ executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

Notary Public for the State of

Residing at:

My Commission expires:

SEAL