APPOINTMENT OF HEALTH CARE AGENT

(Arkansas)

I, _____, give my agent named below permission to make health care decisions for me if I cannot make decisions for myself, including any health care decision that I could have made for myself if able. If my agent is unavailable or is unable or unwilling to serve, the alternate named below will take the agent's place.

Agent:

_____
Name

_____
Address

_____
City State Zip Code

(_____) _____
Area Code Home Phone Number

(_____) _____
Area Code Work Phone Number

(_____) _____
Area Code Mobile Phone Number

_____
Patient's name (please print or type) Date

Alternate:

_____
Name

_____
Address

_____
City State Zip Code

(_____) _____
Area Code Home Phone Number

(_____) _____
Area Code Work Phone Number

(_____) _____
Area Code Mobile Phone Number

_____
Signature of patient (must be at least 18 or emancipated minor)

To be legally valid, **either** block A **or** block B must be properly completed and signed.

Block A Witnesses (2 witnesses required)

1. I am a competent adult who is not named above. I witnessed the patient's signature on this form.

_____
Signature of witness number 1

2. I am a competent adult who is not named above. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.

_____
Signature of witness number 2

Block B Notarization

STATE OF ARKANSAS
COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is shown above as the "patient." The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: _____

_____
Signature of Notary Public