Part I. Durable Power of Attorney for Health Care

- **If you do *NOT* wish to name an agent to make health care decisions for you, write your initials in the box to the right and got to Part II.**

_____ Initials

This form has been prepared to comply with the "Durable Power of Attorney for Health Care Act" of Missouri.

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1. Selection of Agent. I appoint:

Name: _____

Address: _____

_____

Telephone: _____

as my Agent.

It is suggested that only one Agent be named. However, if more than one Agent is named, any one may act individually unless you specify otherwise.

2. Alternate Agents. Only an Agent named by me may act under this Durable Power of Attorney. If my Agent resigns or is not able or available to make health care decisions for me, of if an Agent named by me is divorced from me or is my spouse and legally separated from me, I appoint the person(s) named below (in the order named if more than one):

First Alternate Agent

Name: _____

Address: _____

_____

Telephone: _____

Second Alternate Agent

Name: _____

Address: _____

_____

Telephone: _____

THIS IS A DURABLE POWER OF ATTORNEY, AND THE AUTHORITY OF MY AGENT, WHEN EFFECTIVE, SHALL NOT TERMINATE OR BE VOID OR VOIDABLE IF I AM OR BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.

Part I. Durable Power of Attorney for Health Care (Continued)

3. Effective Date and Durability. This Durable Power of Attorney is effective when **two** physicians decide and certify that I am incapacitated and unable to make and communicate a health care decision.

• If you want ONE physician, instead of TWO, to decide whether you are incapacitated, write your initials in the box to the right.

_____
Initials

4. Agent's Powers. I grant to my Agent full authority to:

A. Give consent to, prohibit or withdraw any type of health care, medical care, treatment or procedure, even if my death may result.

- **If you wish to AUTHORIZE your Agent to direct a health care provider to withhold or withdraw artificially supplied nutrition and hydration (including tube feeding of food and water), write your initials in the box to the right.**

_____
Initials

- **If you DO NOT WISH TO AUTHORIZE your Agent to direct a health care provider to withhold or withdraw artificially supplied nutrition and hydration, (including tube feeding of food and water), write your initials in the box to the right.**

_____
Initials

B. Make all necessary arrangements for health care services on my behalf, and to hire and fire medical personnel responsible for my care;

C. Move me into or out of any health care facility (even if against medical advice) to obtain compliance with the decisions of my Agent; and

D. Take any other action necessary to do what I authorize here, including (but not limited to) granting any waiver or release from liability required by any health care provider, and taking any legal action at the expense of my estate to enforce this Durable Power of Attorney.

5. Agent's Financial Liability and Compensation. My Agent acting under this Durable Power of Attorney will incur no personal financial liability. My Agent shall not be entitled to compensation for services performed under this Durable Power of Attorney, but my Agent shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provision hereof.

Part III. General Provisions included in the Directive and Durable Power of Attorney (Continued)

YOU MUST SIGN THIS DOCUMENT IN THE PRESENCE OF TWO WITNESSES.

IN WITNESS WHEREOF, I have executed this document this _____ day of _____(month), _____(year).

_____
Signature

Print Name _____
Address _____
_____

The person who signed this document is of sound mind and voluntarily signed this document in our presence. Each of the undersigned witnesses is at least eighteen years of age.

Signature _____
Print Name_____
Address _____
_____

Signature _____
Print Name _____
Address _____
_____

REQUIRED FOR MEDICAL POWER OF ATTORNEY

STATE OF MISSOURI)
) SS
COUNTY OF _____)

On this _____ day of _____ (month), _____ (year), before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County of _____, State of Missouri, the day and year first above written.

_____
Notary Public

My Commission Expires: