

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE
OF**

**STATE OF TEXAS §
 § **KNOW ALL MEN BY THESE PRESENTS:**
COUNTY OF KERR §**

**I.
INFORMATION CONCERNING THE
DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

THIS IS AN IMPORTANT LEGAL DOCUMENT.

BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself. Because "health care" means any treatment, service or procedure to maintain, diagnose, or treat your physical and mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psycho-surgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority begins when your doctor certifies that you lack the capacity to make health care decisions.

Your agent is obligated to follow your instructions when making a decision on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health as you would have had.

Initials

It is important that you discuss this document with your physician or other health care provider before you sign it to make sure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk to someone else who is knowledgeable about these issues and can answer your questions. If there is anything in this document that you do not understand, you should ask your lawyer to explain it to you.

The person you appoint as your agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider. The law does not permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing, or by your execution of a subsequent durable power of attorney for health care. Unless you state otherwise, your appointment of a spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

You may wish to designate an alternative agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. Any alternate agent you designate has the same authority to make health care decisions for you.

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS SIGNED IN THE PRESENCE OF TWO OR MORE QUALIFIED WITNESSES. THE FOLLOWING PERSONS MAY NOT ACT AS WITNESSES;

- (1) the person you have designated as your agent;
- (2) your health or residential care provider or an employee of your health or residential care provider;
- (3) your spouse;
- (4) your lawful heirs or beneficiaries named in your will or a deed; or
- (5) creditors or persons who have a claim against you.

II.
DESIGNATION OF HEALTH CARE AGENT

I, _____ being a resident of the County of Kerr, State of Texas, have made, constituted and appointed, and by these presents do make, constitute and appoint my daughter, _____ of the County of _____, State of Texas, as my true and lawful agent to make any and all health care decisions for me. This Durable Power of Attorney for Health Care takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

There shall be no limitations on the decision making authority of my health care agent.

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate, _____, of the County of _____, State of Texas, to serve as my agent to make health care decisions for me as authorized by this document. If he is unable or unwilling to make health care decisions for me, I designate as second alternate _____.

The original of this document is kept at:

My principal residence

The following individuals or institutions have signed copies:

III. **DURATION**

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I granted to my agent continues to exist until the time I become able to make health care decisions for myself.

IV.
PRIOR DESIGNATIONS REVOKED

I revoke any prior durable power of attorney for health care.

V.
ACKNOWLEDGMENT OF DISCLOSURE STATEMENT

I, _____, having been provided with the disclosure statement contained in Part I of this Durable Power of Attorney for Health Care do hereby state that I have read and understand the information contained in the disclosure statement.

IN WITNESS WHEREOF, I hereunto set my hand to this Durable Power of Attorney for Health Care in the presence of the undersigned who witness the signing at my request.

SIGNED on this ____ day of _____, 2011.

STATEMENT OF WITNESSES

I declare under penalty of perjury that the principal has identified himself to me, the principal signed and acknowledged this Durable Power of Attorney for Health Care in my presence, that I believe the principal to be of sound mind, that the principal has affirmed that the principal is aware of the nature of the document and is signing it voluntarily and free from duress, that the principal requested that I serve as witness to the principal's execution of this document, that I am not the person appointed as agent by this document, that I am not a provider of health or residential care, an employee of a provider of health or residential care, the operator of a community care facility, or an employee of an operator of a health care facility.

I declare that I am not related to the principal by blood, marriage, or adoption, and that to the best of my knowledge I am not entitled to any part of the estate of the principal on the death of the principal under a will or by operation of law.

Witness Signature: _____

Name: _____ Date: _____

Address: _____

Witness Signature: _____

Name: _____ Date: _____

Address: _____

STATE OF TEXAS §
 §
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BEFORE ME, the undersigned Notary Public, on this day personally appeared _____, _____, and _____, known to me to be the Principal and Witnesses, respectively, whose names are subscribed to the foregoing Durable Power of Attorney for Health Care in their respective capacities, and all of said persons being by me duly sworn, the said _____ did swear and acknowledge to me and to the said Witnesses in my presence that said instrument is his Durable Power of Attorney for Health Care and he executed the same for the purposes therein expressed and in the capacity shown.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this ___ day of _____, 2011.

NOTARY PUBLIC, State of Texas

Initials