

PART 2: HEALTH-CARE POWER OF ATTORNEY AGENT'S AUTHORITY AND OBLIGATION

My agent shall make health-care decisions for me to the extent they are known and in accordance with my best interests and wishes so far as they are known. In determining my best interest, my agent shall consider my personal values. If a guardian of my person needs to be appointed for me by a court, I nominate my agent. I designate the following individual as my agent. He/she may make all health-care decisions for me if I am unable or unwilling to make them for myself unless I direct otherwise:

Name of Agent (Spouse, adult child, friend or other trusted person)			Relationship	
Street Address		City	State	Zip
Home Phone	Work Phone	E-mail		

If my agent is not available, I designate the following person as my alternative agent:

Name of Alternate Agent (Spouse, adult child, friend or other trusted person)			Relationship	
Street Address		City	State	Zip
Home Phone	Work Phone	E-mail		

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