

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Parish of _____

State of Louisiana

I, _____, being of sound mind, hereby designate and authorize

_____, residing at _____, to serve as my agent and attorney-in-fact for the purpose of making treatment decisions on my behalf should I be diagnosed and certified as suffering from a terminal and irreversible condition and in a continual profound comatose state or otherwise mentally or physically unable to make such decisions myself. I have discussed my desires concerning terminal care with this person, and I trust his/her judgment on my behalf.

Signature Date: _____

The affiant has been personally known to me and I believe him/her to be of sound mind.

WITNESSES:

SWORN TO AND SUBSCRIBED Before me, this _____ day of _____, 20__.

Notary Public
Notary No. _____
My commission is for life