

DURABLE POWER OF ATTORNEY FOR MEDICAL TREATMENT

I, _____, having an address at _____, appoint _____ having an address at _____ as my attorney-in-fact to carry out my specific and general instructions and wishes with respect to and all medical treatment.

In the event the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint _____ having an address at _____

I have made known to my attorney-in-fact and authorize him/her to express and carry out my specific and general instructions and wishes with respect to medical treatment, including my desires on the subject of withholding or withdrawing all forms of life-sustaining medical treatment, including tubal feedings and medication.

This power of attorney shall become effective when I can no longer make my own medical decisions and shall not be affected by subsequent disability or incompetence. The determination of whether I can make my own medical decisions is to be made by my attorney-in-fact, or if he or she is unable, unwilling or unavailable to act, by my alternate attorney-in-fact.

IN WITNESS WHEREOF, I have set my hand this _____ day of _____, 20_____.

principal

The above principal, who appears to be of sound mind and under no duress, voluntarily signed this instrument in our presence. I am not the person appointed as attorney-in-fact or alternate attorney-in-fact by this document.

Witness

Address

Witness

Address

STATE OF NEW YORK
COUNTY OF _____, ss:

On the _____ day of _____, in the year 20_____, before me the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence, to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that (he) (she) (they) executed the same in (his) (her) (their) capacity(y)(ies), and that by (his) (her) (their) signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public