

MEDICAL POWER OF ATTORNEY

I, _____ (your name), of _____ (address) , appoint _____, as my agent (attorney-in-fact) to act for me in any lawful way with respect to, except as stated otherwise in any Directive to Physicians, Advance Directive for Health Care, Living Will, or similar validly executed document, and during any period in which I am incapacitated, give or withhold consent to any medical, psychiatric or psychological procedures, tests or treatments, including surgery; to arrange for my hospitalization, nursing home care, convalescent care, hospice or home care; to summon paramedics or other emergency medical personnel and seek emergency treatment for me, as my attorney-in-fact shall deem appropriate; and under circumstances in which my attorney-in-fact determines that certain medical procedures, tests or treatments are no longer of any benefit to me or where benefits are outweighed by the burdens imposed to revoke, withdraw, modify or change consent to such procedures, tests and treatments, as well as hospitalization, convalescent care, hospice or home care which I or my attorney-in-fact may have previously allowed or consented to or which may have been implied due to emergency conditions. My attorney-in-fact's decisions should be guided by taking into account: 1) the provisions of this instrument; 2) any reliable evidence of preferences that I may have expressed on the subject whether before or after the execution of this instrument; 3) what my attorney-in-fact believes I would want done in the circumstances if I were able to express myself; 4) any information given to my attorney-in-fact by the physicians treating me as to my medical diagnosis and prognosis and the intrusiveness, pain, risks and side effects of the treatment; 5) views of other family members and trustee(s) of any trusts created by me during my lifetime; and 6) any Directive to Physicians, Advance Directive for Health Care, Living Will, or similar validly executed document.

(Attach additional pages if needed.)

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this ____ day of _____, _____.

Signature

Print name: _____

Address: _____

The principal is personally known to me and I believe the principal to be of sound mind. I am eighteen (18) years of age or older. I am not related to the principal by blood or marriage, or related to the attorney-in-fact by blood or marriage. The principal has declared to me that this instrument is his power of attorney granting to the named attorney-in-fact the power and authority specified herein, and that he has willingly made and executed it as his free and voluntary act for the purposes herein expressed.

Witness #1 Printed Name: _____

Witness #1 Signature: _____

Witness #2 Printed Name: _____

Witness #2 Signature: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Oklahoma }
County of _____ }

Before me, the undersigned authority, on this ____ day of _____, _____, personally appeared _____ (principal), _____ (witness), and _____

(witness), whose names are subscribed to the foregoing instrument in their respective capacities, and all of said persons being by me duly sworn, the principal declared to me and to the said witnesses in my presence that the instrument is his or her power of attorney, and that the principal has willingly and voluntarily made and executed it as the free act and deed of the principal for the purposes therein expressed, and the witnesses declared to me that they were each eighteen (18) years of age or over, and that neither of them is related to the principal by blood or marriage, or related to the attorney-in-fact by blood or marriage.

WITNESS my hand and official seal.

Notary Public
My commission expires:
My Commission number is: