**Designate someone to make medical decisions when you cannot. And determine how medical decisions will be made for you.**

**Medical Power of Attorney and Advanced Healthcare Directive**

A Medical Power of Attorney is a document to have in place in the event you become incapacitated (can't make decisions for your self because of an illness, brain injury, unexpected accident, dementia, Alzheimers, etc). You cannot predict the future but should be prepared for the future. Whether you are single, married, young or old, as long as you are 18 or older, you should have this document in place. This is a great addition to having your will. It is best to sign your this document IN THE PRESENCE of 2 witnesses (who are not named) and IN THE PRESENCE of a notary who is not related to you and who is not named in the Will. (Required in most states). Keep your original in a safe place and let at least one person know where it is. If you need further consultation please contact our office.

A Healthcare Directive instructs hospitals/physicians as to the type of medical treatment they should give you in the event you can't make decisions for yourself. This document takes the responsibility off of loved ones and requires them to honor your wishes when you can't communicate with them due to an illness or injury.

**Medical Power of Attorney**

1. Principal Information
   1. Full name
   2. Gender
   3. Address
   4. SSN
2. MPA Agents
   1. Name MPA Agents
      1. Options for naming of initial agent(s):

[If you select the Single Agent option you have the option to name successor agents.

If you select one of the Multiple Agent selection alternatives, upon a vacancy, no successor is appointed, therefore the option to name successors is dimmed.]

* + 1. Options: Select One
       1. Single Agent
       2. Multiple Agents, any one of whom may act
       3. Multiple Agents, majority may act
       4. Multiple Agents, unanimous consent required

[Enter the initial agents name. If successor agents are to serve jointly, enter the successor trustees' names and any details as to how they are to serve, e.g. "John Smith and Sally Smith, to serve jointly, or the survivor of them" or "John Smith and Sally Smith, jointly. If either fails or ceases to serve, he or she shall be replaced by the following Agent." Note that in this situation, you will need to type out their names and the text exactly as you wish it to appear in the document.]

* + 1. INITIAL HEALTHCARE AGENT(S)
       1. Initial Agent Name Name
       2. Gender
       3. Address
       4. Phone Number
    2. SUCCESSOR(S) HEALTHCARE AGENT(S)
       1. Successor Agent Name
       2. Gender
       3. Address
       4. Phone Number
    3. Each agent may veto another agent’s decision?

1. MPA Nomination of Conservator/Guardian

[The following provision is included in the Health Care Power of Attorney:

"The authority conferred upon the Healthcare Agent obviates the need for appointment of a [conservator/guardian]."

1. List Physicians in order of priority
   1. Primary Physician Information
      1. Name
      2. Office Address
      3. Office Phone Number
      4. Office Fax Number
      5. Office Web Address
      6. Office Email Address
2. Agent’s Authority During Pregnancy

[All decisions allowed during pregnancy

The Healthcare Agent may make health care decisions for the Principal even if the Agent knows the Principal is pregnant, including decisions regarding life sustaining treatment.

No life-sustaining decisions during pregnancy

The Healthcare Power of Attorney shall have no force or effect during the course of a pregnancy with respect to the withholding or withdrawal of life-sustaining procedures and/or the withholding or withdrawal of artificially administered nutrition and hydration.

Silent on the issue

The Healthcare Power of Attorney shall not include a provision about the Agent's authority during pregnancy.]

* 1. Select Option:
     1. All decisions allowed during pregnancy.
     2. No life sustaining decisions allowed during pregnancy.
     3. Silent on the issue.

1. MPA Revocation of Power
   1. This Health Care Power of Attorney shall be revoked on the earlier of:

[select one]

* 1. Date of Principal's death; or
  2. Upon revocation by Principal; or
  3. Upon divorce or annulment of marriage to spouse; or
  4. The following date: [enter date]

1. Gender
2. Address
3. Phone Number
4. DPA Agent Powers
   1. DPA Powers Regarding Insurance
      1. Powers to Maintain and Collect Insurance

[Grants the Agent the power to manage the Principal’s life insurance policies, including borrowing and making claims. It also permits the agent to manage property property and liability insurance as well.]

* + - 1. Include the power to cancel coverage (yes/no)

[This sensitive power should be discussed with the principal.

* + - 1. No authority over life insurance over the Agent’s life. (yes/no)

[This provision excludes from the agent's authority any powers over life insurance on the life of the agent owned by the principal. The purpose is to exclude from the agent's estate any of the incidents of ownership of any life insurance policies so that these policies will not be considered a part of the agent's estate for federal estate tax purposes if the agent dies before the principal.]

* 1. DPA Powers Regarding Gifting
     1. Powers to Gift

NOTE: The power to make gifts is one of the most sensitive and most powerful powers to be found in a power of attorney and should not be included without a thorough discussion with the principal. In most cases you will want to edit the provision included in the template to meet the attorney's and the principal's preferences.

Information for [Principal]:

1. Grant the Guardian of my Person and Conservator of my Estate the power to make gifts (yes/no)

[This provision permits the agent to make gifts of the principal's property.

The power to make gifts on behalf of the principal should be expressly described. In general, the courts will not infer such a power from general authorizations to transfer property or to "do whatever the principal might do."]

**Note: If you want to permit the Guardian of my Person and Conservator of your Estate to make a gift of firearms, federal and state laws may apply as to how and to whom a firearm is transferred. Research BOTH federal and state law carefully, and proceed with caution.**

1. DPA Exceptions to Revocation of Prior Powers
   1. This Durable Power of Attorney revokes all prior powers except:
      1. Powers granted on financial institution forms;
      2. Powers granting access to safe deposit boxes
      3. Healthcare Power of Attorney; and
      4. State statutory power of attorney form

[Note: Most states provide a statutory form for a durable power of attorney and a number of lawyers have clients sign both the long form durable power of attorney and the statutory form power of attorney.]

1. DPA Nomination of Conservator/Guardian
2. DPA Guardians for Minor Children
   1. Include provisons nominating Guardians for minor children? (yes/no)
   2. If yes, list the Guardians in the order they are to serve. See instructions below for listing joint guardians.
      1. Instructions for listing guardians

[If Guardian(s) are to serve jointly, enter the guardians' names and any details as to how they are to serve, e.g. "John Smith and Sally Smith, to serve jointly, or the survivor of them" or "John Smith and Sally Smith, jointly." Note that in this situation, you will not select contact records to populate the information, but will instead type out names and text exactly as you wish it to appear in the document.]

* + 1. List Guardians
       1. \_\_\_\_\_\_\_\_\_\_\_\_\_
       2. \_\_\_\_\_\_\_\_\_\_\_\_\_

1. DPA Recording Information
   1. Recording Requested By: (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. When Recorded Mail To: (optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. DPA Agents
   1. Name DPA Agents
      1. Options for naming of initial agent(s):

[If you select the Single Agent option you have the option to name successor agents.

If you select one of the Multiple Agent selection alternatives, upon a vacancy, no successor is appointed, therefore the option to name successors is dimmed.]

* + 1. Options: Select One
       1. Single Agent
       2. Multiple Agents, any one of whom may act
       3. Multiple Agents, majority may act
       4. Multiple Agents, unanimous consent required

[Enter the initial agents name. If successor agents are to serve jointly, enter the successor trustees' names and any details as to how they are to serve, e.g. "John Smith and Sally Smith, to serve jointly, or the survivor of them" or "John Smith and Sally Smith, jointly. If either fails or ceases to serve, he or she shall be replaced by the following Agent." Note that in this situation, you will need to type out their names and the text exactly as you wish it to appear in the document.]

* + 1. INITIAL FINANCIAL AGENTS
       1. Name Initial Agent:
       2. Gender: [male/female]
    2. Options for appointment of alternate agent(s): (optional)

[If you select the Single Agent option you have the option to name successor agents and decide how they are to serve.]

* + 1. Options: Select One
       1. No alternate named
       2. Single alternate
       3. Multiple alternates serving consecutively
       4. Multiple alternates serving by unanimous consent
       5. Multiple alternates serving by majority vote
       6. Multiple alternates any one of whom may act alone

[Enter the initial agents name. If successor agents are to serve jointly, enter the successor trustees' names and any details as to how they are to serve, e.g. "John Smith and Sally Smith, to serve jointly, or the survivor of them" or "John Smith and Sally Smith, jointly. If either fails or ceases to serve, he or she shall be replaced by the following Agent." Note that in this situation, you will need to type out their names and the text exactly as you wish it to appear in the document.]

* + 1. SUCCESSOR AGENT(S)
       1. [Enter Successor Agent Name]
       2. [Enter Successor Agent Name]
       3. [Enter Successor Agent Name]