

SPECIAL POWER OF ATTORNEY

Appointment of an Agent for Medical Treatment Decisions

I, _____, residing
(Print clearly)
at _____, on this _____ day of
_____, 19____, being of sound mind, willfully and
voluntarily appoint _____
Residing at _____, as my
agent and attorney-in-fact, without substitution, with lawful authority to execute a directive
on my behalf pursuant to Utah Code Ann. 75-2-1105, governing the care and treatment to
be administered to or withheld from me at any time I incur an injury, disease, or illness
which renders me unable to give current medical directions to attending physicians and
other providers of medical services.

I have carefully selected this agent with confidence in the belief that this
person's familiarity with my desires, beliefs, and attitudes will result in directions to
attending physicians and providers of health care which would probably be the same as I
would give were I able to do so.

This power of attorney shall become effective and remain in effect from
and following the time my attending physician certifies that I have incurred a physical or
mental condition rendering me unable to give current directions to attending physicians and
other providers of health care as to my care and treatment.

Principal's signature

Address

City, State

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STATE OF UTAH)
 : SS.
COUNTY OF _____)

On the _____ day of _____, 19 _____,
personally appeared before me _____, who
duly acknowledged to me that s/he has read fully understands the foregoing power of
attorney, executed the same of his/her own volition and for the purposes set forth, and that
s/he has read and fully understands the foregoing power of attorney, executed the same of
his/her own volition and for the purposes set forth, and that s/he was acting under no
constraint or undue influence whatsoever.

NOTARY PUBLIC
STATE OF UTAH

My commission expires:

