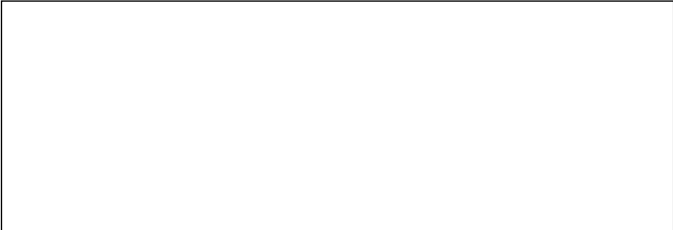


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|  | 1325 S. Cliff Ave. P.O. Box 5045 Sioux Falls, SD 57117-5045 605-322-8000 |
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LIVING WILL – DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, _____, being an adult of sound mind, hereby appoint
 (name of principal) _____, of _____

(name of agent) (his/her address and telephone number)

as my attorney-in-fact (“agent”) to consent to, to reject, or to withdraw consent for medical procedures, treatment, or intervention. In the event the person I appoint above is unable, unwilling or unavailable to act as my health care agent, I appoint as my successor agent:

_____, of _____
 (name of successor agent) (his/her address and telephone number)

My agent (or any successor agent) may make any health care decisions for me which I could make individually if I had decisional capacity (except for any limitations given below). All such decisions shall be made in accordance with accepted medical standards and the agent (or any successor agent) may not authorize the withholding or withdrawal of comfort care from me. My agent (or any successor agent) may authorize the withholding of life-sustaining treatment as set forth in my living will or advance directive (except for any limitations given therein) if I have executed one.

In the event I am unable to communicate verbally or nonverbally, demonstrate no purposeful movement or motor ability, and am unable to interact purposefully with environmental stimulation and (1) I have an incurable and irreversible condition such that, in accordance with accepted medical standards, death is imminent if life-sustaining treatment is not administered, or (2) I am in a coma or I have a condition of permanent unconsciousness that, in accordance with accepted medical standards, will last indefinitely without significant improvement: (Initial only one of the following three options and if you do not agree with either of the first two options, space is provided below for you to write your own instructions.)

- _____ If my death is imminent or I am permanently unconscious, I choose not to prolong my life. If life sustaining treatment has been started, stop it, but keep me comfortable and control my pain.
- _____ Even if my death is imminent or I am permanently unconscious, I choose to prolong my life.
- _____ I choose neither of the above options, and here are my instructions should I become terminally ill and my death is imminent or I am permanently unconscious: _____

This durable power of attorney for health care is effective only during any period in which my physician has determined in good faith that I do not have decisional capacity. Whenever making any health care decision for me, my agent (or any successor agent) shall consider the recommendation of my attending physician, the decision I would have made if I then had decisional capacity (if known) and the decision that would be in my best interests. I give the following instructions to help guide my agent (or any successor agent): (You may write additional instructions or limitations below.)



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 605-322-8000



ADVA DIR

With respect to artificial nutrition and hydration, I direct the following (Initial only one.):

_____ If my death is imminent or I am permanently unconscious, I do not want artificial nutrition and hydration. If it has been started, stop it.

_____ Even if my death is imminent or I am permanently unconscious, I want artificial nutrition and hydration.

_____ I authorize the following: _____

Date: _____, 2_____, _____
 (your signature)

 (your address) (type or print your name)

Notarization

On this the _____ day of _____, 2_____, the principal, _____, personally appeared before the undersigned officer and signed the foregoing document in my presence.

 Notary Public

[SEAL]
 My commission expires:

OR

Statements of Two Witnesses

The principal voluntarily signed this document in my presence.

 (first witness signature)
 _____ (witness address) _____ (type or print witness' name)

The principal voluntarily signed this document in my presence.

 (second witness signature)
 _____ (witness address) _____ (type or print witness' name)