Durable Power of Attorney

of

principality

*Prepared By: Carl B. Zacharia*



**DURABLE POWER OF ATTORNEY**

**KNOW EVERYONE BY THESE PRESENTS**, which are intended to constitute a Durable General Power of Attorney, **THAT** **I**, **principality**, a domicile of the County of counties and State of Florida, hereby make, constitute and appoint **alabama**. If **alabama** isunable or unwilling to act or to continue to act as my Agent, I appoint **atlanta** as my attorney-in-fact TO ACT in my name, place and stead in any way which I could do, if I were personally present, to the extent that I am permitted by law to act through an agent:

(a) to ask, demand, sue for, recover and receive all manner of goods, chattels, debts, rents, interest, sums of money and demands whatsoever, due or to become due, that are thought to be owing, belonging or payable to me in my own right or otherwise, and to execute, acknowledge and deliver acquittances, receipts, releases, satisfactions or other discharges for the same;

(b) to sell, transfer, exchange, convert, abandon, or otherwise dispose of, or grant options with respect to, real and personal property, at public or private sale, with or without security, in such manner, at such times, for such prices, and upon such terms and conditions as my attorneys-in-fact may deem necessary or appropriate;

(c) to buy, sell, exchange, invest and reinvest in common or preferred stocks, bonds, commodities, options, limited liability companies, investment trusts, mutual funds, regulated investment companies and other types of securities and financial instruments, foreign or domestic, including any undivided interest in any one or more common trust funds, whether or not such investments be of the character permissible for investments by fiduciaries under any applicable law, and without regard to the ef­fect any such investment may have upon the diversity of investments; to demand, receive and obtain any money or other things of value to which I am or may become or may claim to be entitled in connection with any stocks, bonds or other financial instruments; to cause secur­ities or other property to be held or registered in the name of a nominee or nominees or unregistered or in any other form; to vote in person at meetings of stock or security holders and adjournments thereof, to enter into voting trusts, and to vote by general or limited proxy with respect to any stock or securities;

(d) to make, execute, endorse, accept and deliver in my name or in the name of my attorneys-in-fact all checks, notes, drafts, warrants, securities, stock certificates, certificates of deposit, bonds, acknowl­edgments, and any other agreements, certificates or instruments of any nature, as my attorneys-in-fact may deem necessary or appropriate;

(e) to deposit and withdraw any sums to or from any bank, savings or similar account maintained by me alone or jointly; to open, continue, modify or terminate any account or banking arrangement in my name or jointly with others; to borrow money at such interest rates and upon such terms and conditions as my attorneys-in-fact may deem necessary or appropriate, and to provide security therefor from my assets; to pay, renew or extend the time of payment of any note given by me or on my behalf; to prepare financial statements concerning my assets and liabilities or income and expenses, and deliver them to financial institutions; to receive statements, notices and other documents from financial institutions; to open or cause to be opened any safe deposit box in my name and to examine and remove any or all of the contents of such box; and to conduct such other banking transactions as my attorneys-in-fact may deem necessary or appropriate;

(f) to take possession of, recover, obtain and hold any tangible personal property belonging to me or to which I may be entitled, and to receive and take for me and in my name any rents, issues and profits of any such property; to purchase, invest in, reinvest in, accept as a gift, sell, exchange, lease, grant options upon, assign, transfer, abandon, pledge, encumber or otherwise dispose of any personal property of any nature and wherever situate; to store property for hire or on a gratuitous bailment; to make repairs and alterations; and to execute, acknowledge and deliver all contracts, leases, notes, security agreements, guarantees, transfers to trusts, bills of sale, assignments, extensions, releases, waivers, consents, and any other agreements, writings and instruments of any nature affecting any personal property, as my attorneys-in-fact may deem necessary or appropriate;

(g) to possess, recover, manage, hold, control, develop, subdivide, partition, mortgage, lease or otherwise deal with any real property belonging to me or to which I may be entitled; to purchase, invest in, reinvest in, accept as a gift, sell, exchange, lease, sublease, grant options upon, convey with or without covenants, quitclaim, assign, transfer, abandon, encumber or otherwise dispose of any real property of any nature and wherever situate; to borrow money at such interest rates and upon such terms and conditions as my attorneys-in-fact may deem necessary or appropriate, and to provide security therefor by mortgage or pledge of any property; to satisfy, discharge, release or extend the term of any mortgage; to apply for zoning, rezoning or other governmental permits; to make repairs, replacements and improvements, structural or otherwise; to pay, compromise or contest real estate taxes, assessments, water charges and sewer rents; to abstain from the payment of real estate taxes, assessments, water charges and sewer rents, repairs, maintenance and upkeep of the same; to abandon property if deemed to be worthless or not of sufficient value to warrant keeping or protecting; to permit property to be lost by tax sale, foreclosure or other proceeding or to convey property for a nominal consideration or without consideration; and to execute, acknowledge and deliver all contracts, deeds, leases, mortgages, notes, security agreements, guarantees, transfers to trusts, bills of sale, assignments, extensions, satisfactions, releases, waivers, consents, and any other agreements, writings and instruments of any nature affecting any real property, as my attorneys-in-fact may deem necessary or appropriate;

(h) to commence any actions or proceedings for the recovery of any real or personal property or for any other purpose; to appear in, answer and defend any actions or proceedings commenced against me; and to prosecute, maintain, appeal, discontinue, compromise, arbitrate, mediate, settle and adjust all actions, proceedings, accounts, dues and demands that now or hereafter may exist, as my attorneys-in-fact may deem necessary or appropriate;

(i) to create, amend or terminate one or more trusts (including a Qualified Income Trust or "Miller Trust"), partnerships, corporations, limited liability companies, co-tenancies or any other form of ownership or entity for the purpose of dealing with any property or property interest of any nature that I may have or hereafter acquire, under such terms and with such provisions as my attorneys-in-fact may deem necessary or appropriate; to transfer any or all property in which I have an interest into any trusts, partnerships, corporations, limited liability companies, co-tenancies or other entities, whether created by me or my attorneys-in-fact or otherwise (and, in this regard, that my attorneys-in-fact may be a remainderman, partner, shareholder, member, co-tenant or beneficiary of any such entity shall not affect the validity of any action hereunder, and shall not, by itself, constitute a breach of fiduciary duty); to remove property from any such entity; and to give to any such entity, or to any person acting as agent or trustee under any instrument executed by me or on my behalf, such instructions or authorizations as I may have the right to give;

(j) to join or become a party to, or to oppose, any reorganization, readjustment, recapitalization, foreclosure, merger, voting trust, dissolution, consolidation or exchange, and to deposit any securities with any committee, depository or trustee, and to pay any fees, expenses and assessments incurred in connection therewith, and to charge the same to principal, and to exercise conversion, subscription or other rights, and to make any necessary payments in connection therewith, or to sell any such privileges;

(k) to deal with all matters relating to all forms of insurance and annuities, including the procurement, maintenance and termination thereof; however, notwithstanding the powers given my attorneys-in-fact in this and other provisions of this power of attorney, my attorneys-in-fact shall have no incidents of ownership in any life insurance policy in which I own an interest and which insures the life of either of my attorneys-in-fact;

(l) to do all acts necessary to maintain my customary standard of living and that of my family and other persons customarily supported by me, including without limitation the power to pay for medical, dental and surgical care, living quarters, usual vacation and travel expenses, shelter, clothing, food, education, organizational fees and contributions, and other living costs;

(m) to act for me in all matters which affect my right to government benefits and assistance, including without limitation Social Security, Medicare, Medicaid, qualified state tuition programs, and other governmental benefits and benefits relating to civil or military service; to file, prosecute, submit to arbitration or settle any claim for benefits or assistance; to establish new residency and domicile; and to receive the proceeds of claims and conserve, invest, disburse and use them on my behalf;

(n) to take all steps and remedies necessary or appropriate for the conduct and management of any busi­ness in which I may have an interest; to exercise in person or by proxy any right, privilege or option which I may have with respect to any business; to continue, modify, negotiate, renegotiate, extend and terminate any and all contracts or agreements heretofore or hereafter made with respect to the business; to pay, compromise or contest business taxes or other claims or obligations; to determine the policies of the business as to the location, methods and manner of its operations including its financing, accounting, and insurance; and to add or remove capital from the busi­ness;

(o) to employ such agents, attorneys, accountants, investment counsel, trustees, caretakers and other persons and entities providing services or advice, ir­respective of whether my attorneys-in-fact may be asso­ciated therewith, and to rely upon information or advice furnished thereby or to ignore the same, and to delegate duties hereunder and pay such compensation, as my attorneys-in-fact may deem necessary or appropriate; and

(p) to do, execute, perform and finish for me and in my name all things which my attorneys-in-fact shall deem necessary or appropriate in and about or concerning my property or any part thereof.

(q) to have unfettered access to any and all online accounts I have including without limitation, internet service providers, online banking accounts, online merchant accounts, online service accounts, domain name registrations, and any account I have that is accessed primarily over the Internet. Any online service provider, merchant or any organization or entity that maintains an access method such as an online login id or username with password may disclose the access information such as the login id, password, and any and all other information related to my account to my agent upon presentation of this document to them. My agent is further empowered to fully access, modify, delete, update, or change in any way the information contained on said online account and/or site. If said account or site is one involving banking transactions or financial transactions, my agent shall have full access to said account and may engage in financial transactions of any kind including opening accounts, closing accounts, changing accounts, making payments, making deposits, changing ownership, changing beneficiaries, and any and all transactions and activities that I am able to do. These authorizations shall apply to any and all persons, companies and entities that have a business or service that is in part or in full accessed by customers or clients via computer, cell phone, or some other form of digital communication.

## *[Florida Superpowers - (9) items. Any power of attorney executed on or after October 1, 2011 requires that any super power given to the agent must be initialed by the Principal. These superpowers include: These include the right to settle/amend/revoke a trust, make a permitted gift, change survivorship or beneficiary designations, deal with annuities (including retirement), and disclaim property and powers of appointment.]*

[Initial: \_\_\_\_\_\_\_\_] I authorize my attorneys-in-fact to sell, grant options upon, convey with or without covenants, exchange, lease, assign, transfer, encumber or otherwise dispose of any real property which I own, together with all improvements thereon and rights relating thereto, in such manner, at such times, for such prices, and upon such terms and conditions as my attorneys-in-fact may deem necessary or appropriate; to satisfy, discharge, release or extend the term of any mortgage or deed of trust; to apply for zoning, rezoning or other governmental permits; to pay, compromise or contest real estate taxes, assessments, water charges and sewer rents; to negotiate, execute, acknowledge and deliver all contracts, sales agreements, brokerage agreements, amendments, deeds, leases, mortgages, notes, security agreements, checks, drafts, guarantees, bills of sale, assignments, exten­sions, satisfactions, releases, waivers, consents, affidavits, transfer tax returns, closing documents, and any other agreements, writings and instruments of any nature affecting the property, as my attorneys-in-fact may deem necessary or appropriate; to prosecute, defend, intervene in, arbitrate, appeal, compromise, settle and otherwise deal with any claim, action or proceeding in connection with the property or the sale thereof; to do, execute, perform and finish for me and in my name all things which my attorneys-in-fact shall deem necessary or appropriate in connection with the sale of the property.

[Initial: \_\_\_\_\_\_\_\_] In addition, I specifically authorize my attorneys-in-fact to make gifts of my property to or for the benefit of such persons within the class of permitted donees hereafter described as, in the opinion of my attorneys-in-fact, would be the donees I might choose, having in mind the resources, both public and private, available for my care after the making of such gifts, and having in mind the objective of preserving the largest amount of my property for my family as a whole. The class of permitted donees shall consist solely of my spouse, my children and more remote issue, the spouses of my children and more remote issue, or any custodian or guardian for the benefit of any of the foregoing or any trust for the benefit of any of the foregoing. The gifts may be in cash or in kind. And the gifts may pass outright to the donee, or may be transferred to an existing trust for the donee or a trust created by my attorneys-in-fact for the donee, or may be transferred to an existing custodian for the donee under any gifts to minors or transfers to minors act or a custodian for the donee established by my attorneys-in-fact under such acts. I authorize my attorneys-in-fact to consent to splitting gifts with my spouse so that the annual exclusions, unified credits, and generation skipping transfer tax exemptions and exclusions of both my spouse and myself may be used.

[Initial: \_\_\_\_\_\_\_\_] In addition, I specifically authorize my attorneys-in-fact to make any transfer of resources not prohibited under applicable federal or state law, when the transfer is for the purpose of qualifying me for state or federal medical care assistance or a limited casualty program for the medically needy, or for the purpose of preserving for my spouse or other relatives the maximum amount of property allowed under applicable law if an application has been made for governmental medical assistance, or in anticipation of such application and for the purpose of avoiding a Medicaid recovery lien. I speci­fically authorize my attorneys-in-fact to amend or revoke any agreements relating to the title or status of property, any community property agreement, or other document of similar import executed by me and/or my spouse if, in the sole discretion of my attorneys-in-fact, such action would be in my best interest, following advice of counsel regarding eligibility for such benefits. If any such transfer of resources is to be made to one of my attorney-in-facts, such transfer must be authorized by the other attorney-in-fact or a successor attorney-in-fact.

[Initial: \_\_\_\_\_\_\_\_] In addition, I specifically authorize my attorneys-in-fact to revoke or amend any revocable living trust which I have heretofore or hereafter establish, and to initiate, participate in or oppose any action or proceeding to remove, substitute or surcharge a fiduciary, trustee or advisor, or to reform, modify or terminate any trust or trust instrument (including the powers more particularly described in clause (i) above).

[Initial: \_\_\_\_\_\_\_\_] In addition, I specifically authorize my attorneys-in-fact to transfer any property or funds to the trustees of any trust created by me at any time before and/or after the creation and execution of this document.

[Initial: \_\_\_\_\_\_\_\_] In addition, I specifically authorize my attorneys-in-fact to create any revocable or irrevocable trusts for my benefit, to name the trustees and successor trustees, and to fund such trusts with all or any assets of mine or other interests in property which are capable of being held in trust. This authority includes the power to create and fund a Qualified Income Trust or "Miller Trust" to qualify me for Medicaid. My attorneys-in-fact may serve as the trustees of the trusts, and may retain the power to amend, revoke or otherwise change such revocable trusts consistent with the powers granted to me by the original instrument. My attorneys-in-fact shall have the power to withdraw income or principal on my behalf or for my benefit, and to exercise whatever trust powers or elections which I may exercise.

[Initial: \_\_\_\_\_\_\_\_] In addition, I specifically authorize my attorneys-in-fact to disclaim, within the meaning of Section 2518 of the Internal Revenue Code and applicable state law, any interest in whole or in part or with respect to specific amounts, parts, fractional shares or assets, any devise, legacy, interest, right, privilege, or power to which I otherwise succeed under the Last Will of my spouse or any other person, by operation of law, under a beneficiary designation of any policy of insurance, under a beneficiary designation for any individual retirement account (IRA), Roth IRA, pension plan, investment account or other asset, or in any joint tenancy or survivorship interest I may have.

[Initial: \_\_\_\_\_\_\_\_] In addition, I specifically authorize my attorneys-in-fact to deal with tax authorities, to execute, sign and file on my behalf any and all federal, state, local and foreign income, gift, payroll and other tax returns, including estimated returns and interest, dividends, gains and transfer returns, for all periods; to pay any taxes, penalties and interest due thereon; to allocate generation skipping transfer tax exemptions (within the meaning of Section 2642(a) of the Internal Revenue Code) and to make tax elections; to represent me or to sign an Internal Revenue Service Form 2848 (Power of Attorney and Declaration of Representative) or Form 8821 (Tax Information Authorization), or comparable authorization, appointing a qualified lawyer, certified public accountant or enrolled agent (including my attorneys-in-fact if so qualified) to represent me before any office of the Internal Revenue Service or any state, local or foreign taxing authority with respect to the types of taxes and years referred to above, and to specify on said authorization said types of taxes and years; to receive from or inspect confidential information in any office of the Internal Revenue Service or state, local or foreign tax authority; to receive and deposit, in any one of my bank accounts, or those of any revocable trust of mine, checks in payment of any refund of federal, state, local or foreign taxes, penalties and interest; to pay by check drawn on any bank account of mine or of any revocable trust of mine and have accounts to permit my attorneys-in-fact to draw checks for payment of said items; to execute waivers (and offers of waivers) of restrictions on assessment or collection of deficiencies in taxes and waivers of notice of disallowance of a claim for credit or refund; to execute any requests for extension of time and consents extending the statutory period for assessment or collection of such taxes; to execute petitions contesting taxes; to establish new residency and domicile; to execute offers in compromise and closing Agreements under Section 7121 or comparable provisions of the Internal Revenue Code or any federal, state, local or foreign tax statutes or regulations; to delegate authority or to substitute another representative for any one previously appointed by me or my attorneys-in-fact; and to receive copies of all notices and other written communications involving my federal, state, local or foreign taxes at such address as my attorneys-in-fact may designate.

[Initial: \_\_\_\_\_\_\_\_] In addition, I specifically authorize my attorneys-in-fact to make voluntary contributions to, transfer assets between, and withdraw amounts from any qualified retirement benefit plan or individual retirement account (including Roth IRA's and Thrift Savings Plans); to change beneficiary designations on any such plan or IRA to my spouse or any of my heirs; to waive spousal rights on any such plan or IRA; to convert an IRA to a Roth IRA; to make elections with respect to the timing, method and amounts of withdrawals, distributions and/or rollovers, methods of calculating minimum required distributions, and methods of distribution as a beneficiary of another's plan or IRA; and to take any other actions with respect to any such plan or IRA as I could take.

This power of attorney is a durable power of attorney, and it shall not be affected by my becoming disabled, incompetent or incapacitated or the lapse of time, except as provided in Chapter 709, Florida Statutes. It is my intent that the author­ity conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

It may be necessary for my attorneys-in-fact to have access to my medical records to establish whether medical bills are valid and appropriate or for other purposes. I grant to my attorneys-in-fact the authority and power to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, the regulations in 45 C.F.R. Sec. 160 et seq., and any other applicable federal, state or local laws or regulations (collectively "HIPAA"), including the authority to request, receive, obtain and review, and be granted full and unlimited access to, and consent to the disclosure of complete unredacted copies of any and all health, medical and financial information and any information or records referred to in 45 C.F.R. Sec. 164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462 as protected private records or otherwise covered under HIPAA. I understand that health and medical records can include information relating to subjects such as sexually transmitted diseases, acquired immuno­deficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, and treatment for alcohol or drug abuse or addiction. I understand that I may have access to or receive an accounting of the information to be used or disclosed as provided in 45 C.F.R. Sec. 164.524 et seq. I further understand that authorizing the disclosure of this health information is voluntary and that I can refuse to sign this authorization. I further understand that any disclosure of this information carries with it the potential for an unauthorized further disclosure of this information by third parties and that such further disclosure may not be protected under HIPAA. In order to induce the disclosing party to disclose the aforesaid private and/or protected confidential information, I forever release and hold harmless said disclosing party who relies upon this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of said disclosure. I authorize my attorneys-in-fact to execute any and all releases or other documents that may be necessary in order to obtain disclosure of my patient records and other medical information subject to and protected by HIPAA.

This power of attorney shall be governed by Florida law, although I request that it be honored in any state or other location in which I or my property may be found. If any provisions hereof shall be unenforceable or invalid, such un­enforceability or invalidity shall not affect the remaining provisions of this power of attorney.

**IN WITNESS WHEREOF**, I have executed this power of attorney this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

principality

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned, each being over 18 years of age, hereby witness the signing of the above power of attorney by principality, known to us to be the person who signed the above power of attorney as principal, at the request of and in the presence of the principal and in the presence of each other on the day and year set forth above. We believe that the principal is of sound mind, that he had the opportunity to read the power of attorney and that he signed the above power of attorney as his or her free and voluntary act and deed, free of duress, fraud or undue influence, for the purposes therein expressed. We certify the foregoing under penalty of perjury under the laws of Florida.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

residing at

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA )

) ss:

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

The foregoing instrument was acknowledged before me on the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, by principality.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My commission expires on

[ ] Personally Known

[ ] Produced Identification

[ ] Passport

[ ] State Driver's License

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTORNEY-IN-FACT'S ACCEPTANCE OF AUTHORITY**

I, alabama, certify that the attached is a true copy of a power of attorney naming the undersigned as attorney-in-fact or successor attorney-in-fact for principality.

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as attorney-in-fact have not been altered or terminated; and that the power of attorney remains in full force and effect.

I accept appointment as attorney-in-fact under this power of attorney.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

alabama

**ATTORNEY-IN-FACT'S ACCEPTANCE OF AUTHORITY**

I, atlanta, certify that the attached is a true copy of a power of attorney naming the undersigned as attorney-in-fact or successor attorney-in-fact for principality.

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as attorney-in-fact have not been altered or terminated; and that the power of attorney remains in full force and effect.

I accept appointment as attorney-in-fact under this power of attorney.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

atlanta

Designation of Health Care Surrogate

and Living Will

of

principality

*Prepared By: Carl B. Zacharia*



**DESIGNATION OF HEALTH CARE SURROGATE AND LIVING WILL**

**TO:** My family, physicians and all those concerned with my care

I, **principality**, a resident and domicile of counties, and being an adult of sound mind, hereby appoint and authorize **anchorage** or **abbington**, or either one of them, as my surrogates to act for me and in my name to make and communicate any and all health care decisions about or relating to my receipt or refusal to accept medical treatment, diagnostic procedures, surgery, hospitalization, care and treatment in a nursing home or other facility, health care, nursing care or per­sonal care, in any situation in which, as the result of illness, disease, mental deterioration or injury, I am incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures. This authorization includes the right to refuse and direct the withdrawal of medical treatment which would prolong my life, and to communicate health care decisions to all persons including without limitation my physicians, health care providers and family.

**PROCEDURE FOR MY LIVING WILL**

Before proceeding in accordance with the living will provisions of this instrument, it must be determined that: I do not have a reasonable medical probability of recovering capacity, so that I could exercise my right to make my own decisions; I have a terminal condition, I have an end-stage condition, or I am in a persistent vegetative state; and any limitations or conditions expressed orally or in this written declaration have been carefully considered and satisfied.

**PROCEDURE TO DETERMINE CAPACITY OF PRINCIPAL TO MAKE HEALTH CARE DECISIONS OR PROVIDE INFORMED CONSENT**

If I am unable to make health care decisions for myself or if my ability to give informed consent is in question, my attending physician shall evaluate my capacity and, if the physician concludes that I lack capacity, enter that evaluation in my medical record. If my attending physician has a question as to whether I lack capacity, another physician shall also evaluate my capacity. If the second physician agrees that I lack capacity to make health care decisions, or give informed consent, the health care facility shall enter both physicians' evaluations in my clinical record and, if I have designated a health care surrogate, shall notify such surrogate in writing that my surrogate's authority under this instrument has commenced.

**PROCEDURE FOR DETERMINATION OF CONDITION**

In determining whether I have a terminal condition, I have an end-stage condition, or I am in a persistent vegetative state, or whether I have a medical condition or limitation referred to in this advance directive, my attending or treating physician and at least one other consulting physician must separately examine me. The findings of such examination must be documented in my medical record and signed by each examining physician before life-prolonging procedures may be withheld or withdrawn.

**DECLARATION DIRECTING THAT LIFE-PROLONGING PROCEDURES BE WITHHELD OR WITHDRAWN**

I direct that life prolonging procedures be withheld and withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain. The procedures and treatment to be withheld and withdrawn include, without limitation, surgery, antibiotics, car­diopulmonary resuscitation, respiratory support, blood and blood products, dialysis, chemotherapy, radiation therapy, artificially administered feeding and fluids, and invasive diagnostic tests.

**INTENT OF DECLARATION**

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal. This advance directive instrument shall travel with me as part of my medical record.

**PROCEDURES FOR REFUSAL TO COMPLY WITH ADVANCE DIRECTIVE**

I recognize the conditional right under Section 765.1105, Florida Statutes, of my health care provider or facility to refuse to comply with this directive if based on any act which is contrary to the provider's or facility's moral or ethical beliefs and if I am: (1) not in an emergency condition, and (2) if I or my authorized representative has received written information upon admission informing me or my authorized representative of the policies of the health care provider or facility regarding such moral or ethical beliefs. If a health care provider or facility meets the requirements of Section 765.1105, Florida Statutes, and is unwilling to carry out my wishes or a treatment decision of my surrogate because of moral or ethical beliefs, the health care provider or facility must within 7 days either: (1) transfer me to another health care provider or facility and shall pay for such transport, as required under Section 765.1105(2)(a), Florida Statutes, or (2) if I have not been transferred after 6 days after refusing to comply with my advance directive, carry out my wishes.

**RIGHT TO REFUSE TO EXECUTE A NEW, A FACILITY'S OR A HEALTH CARE PROVIDER'S ADVANCE DIRECTIVE FORM**

Pursuant to Section 765.110, Florida Statutes, a health care provider or health care facility may not require me to execute an advance directive using the facility's or provider's forms.

**AUTHORIZATION TO HIRE AND DISCHARGE HEALTH CARE PERSONNEL**

I further delegate to my surrogates the power and auth­ority to select, employ and discharge health care personnel, such as physicians, nurses, therapists, hospice care and home health care providers, and other medical professionals; to admit or discharge me (including transfer from another facility) from any hospital, hospice, nursing home, adult home or other medical care facility; to apply for public benefits to defray the cost of health care; and to contract in my name and on my behalf for all health care services, including without limitation medical, nurs­ing and hospital care, as my surrogates may deem appropriate. I confirm that I shall be and remain personally liable for the payment of all such care and services to the same extent as if I had personally contracted therefor.

**AUTHORIZATION TO MAKE ORGAN DONATIONS**

I authorize my surrogates to donate all or any part of my body for transplantation, or to otherwise direct the disposi­tion of my remains.

**AUTHORIZATION AND ACCESS TO PROTECTED HEALTH CARE INFORMATION**

I grant to my surrogates the authority and power to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, the regulations in 45 C.F.R. Sec. 160 et seq., and any other applicable federal, state or local laws or regulations (collectively "HIPAA"), including the authority to request, receive, obtain and review, and be granted full and unlimited access to, and consent to the disclosure of complete unredacted copies of any and all health, medical and financial information and any information or records referred to in 45 C.F.R. Sec. 164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462 as protected private records or otherwise covered under HIPAA. I understand that health and medical records can include information relating to subjects such as sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, and treatment for alcohol or drug abuse or addiction. I understand that I may have access to or receive an accounting of the information to be used or disclosed as provided in 45 C.F.R. Sec. 164.524 et seq. I further understand that authorizing the disclosure of this health information is voluntary and that I can refuse to sign this authorization. I further understand that any disclosure of this information carries with it the potential for an unauthorized further disclosure of this information by third parties and that such further disclosure may not be protected under HIPAA. In order to induce the disclosing party to disclose the aforesaid private and/or protected confidential information, I forever release and hold harmless said disclosing party who relies upon this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of said disclosure. I authorize my surrogates to execute any and all releases or other documents that may be necessary in order to obtain disclosure of my patient records and other medical information subject to and protected by HIPAA.

**AUTHORIZATIONS AND AFFIRMATIONS**

I authorize my surrogates to execute on my behalf any documents necessary or desirable to implement the health care decisions that my surrogates are authorized to make pursuant to this document, including without limitation all documents per­taining to a refusal to permit medical treatment, or authorizing the leaving of a medical facility against medical advice, or any waivers or releases from liability required by a physician or health care provider.

This document is a durable power of attorney and the authority of my surrogates shall not terminate if I become dis­abled, incompetent or incapacitated.

I fully understand that this document will permit my surrogates to make health care decisions and to provide, withhold and withdraw consent on my behalf; to apply public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility. I further affirm that this document is not being made as a condition to treatment or admission to a health care facility.

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; or apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

If any provision of this document is held to be invalid or unenforceable, the remainder of this document shall continue in full force and effect.

**IN WITNESS WHEREOF**, I have executed this instrument, as my free and voluntary act and deed, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

principality

WITNESS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA )

) ss:

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

The foregoing instrument was acknowledged before me on the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, by principality.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My commission expires on

[ ] Personally Known

[ ] Produced Identification

[ ] Passport

[ ] State Driver's License

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_