**Authorization of Surrogate**

If I have named a surrogate for health care decisions or appointed an agent pursuant to a power of attorney to make health care decisions for me, he or she may provide consent for withholding or withdrawing life-prolonging procedures according to my wishes.

**Release of Liability**

I release and hold harmless any person who, in good faith, terminates life-sustaining procedures in accordance with the guidelines in this declaration.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Dated \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_.

{{ client.name }}

STATE OF TEXAS )

) ss.

COUNTY OF {{ county }} )

Before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Notary Public, on this day personally appeared {{ client.name }}, as the declarant, known to me (or proved to me through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and official seal this day, \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_.

Notary Public, State of Texas

My commission expires: \_\_\_/\_\_\_/20\_\_\_