

**STATE OF ILLINOIS**  
**STATUTORY SHORT FORM POWER OF ATTORNEY FOR HEALTH CARE**

755 ILCS 45/4-10 (Effective July 1, 2011)

**1. PRINCIPAL DESIGNATION**

I, Robert James Nowak \_\_\_\_\_ of 742 W. Belmont Ave., Chicago, IL 60657  
hereby appoint:

**2. HEALTH CARE AGENT**

Name: Anna Marie Nowak \_\_\_\_\_ Relationship: Spouse \_\_\_\_\_  
Address: 742 W. Belmont Ave., Chicago, IL 60657  
Phone (Home): (773) 555-0147 Phone (Cell): (773) 555-0291

**SUCCESSOR AGENT**

Name: Michael S. Nowak \_\_\_\_\_ Relationship: Brother \_\_\_\_\_  
Address: 1205 S. Oak Park Ave., Oak Park, IL 60304  
Phone: (708) 555-0388

**3. POWERS GRANTED TO MY AGENT (check all that apply)**

- Consent, refuse, or withdraw consent to any health care treatment
- Make decisions about admission to or discharge from health care facilities
- Access my medical records and health care information
- Authorize release of information subject to HIPAA
- Employ and discharge health care providers
- Consent to pain management and comfort care measures
- Make decisions regarding organ, tissue, and eye donation
- Make decisions regarding autopsy
- Make decisions regarding disposition of remains
- Authorize experimental treatments or clinical trials

**4. END-OF-LIFE CARE PREFERENCES (check one in each category)**

**A. If I have a TERMINAL CONDITION:**

- I DO NOT want life-sustaining treatment (including artificial nutrition/hydration)
- I DO want life-sustaining treatment
- I want my agent to decide

**B. If I am in a PERSISTENT VEGETATIVE STATE:**

- I DO NOT want life-sustaining treatment
- I DO want life-sustaining treatment
- I want my agent to decide

**C. PAIN MANAGEMENT:**

- I want adequate pain medication even if it may hasten my death
- I want pain medication only if it will not hasten my death

**D. ORGAN DONATION:**

- I wish to donate:                    Any needed organs/tissues                    Only the following:
- I DO NOT wish to donate organs or tissues

## 5. SIGNATURE OF PRINCIPAL

I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

Principal's Signature: 

Date: January 8, 2025

## 6. WITNESS

I am not the agent, a health care provider, or an employee of a health care provider of the principal.

Witness Signature: 

Printed Name: Karen L. Washington

Address: 4518 N. Sheridan Rd., Chicago, IL 60640

Date: January 8, 2025



## 7. NOTARY ACKNOWLEDGMENT

STATE OF ILLINOIS

COUNTY OF Cook

On this 8th day of January, 20 25, before me appeared

Robert James Nowak to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free and voluntary act.

Notary Signature: 

Printed Name: Linda T. Park

Commission Expires: June 30, 2027