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**HEALTH
POWER OF
ATTORNEY**

DURABLE HEALTH CARE POWER OF ATTORNEY

I, _____, as principal, do hereby designate _____ as my agent for all matters relating to my health care, including, without limitation, full power to give or refuse consent to all medical, surgical, hospital and related health care. In the event of her death, resignation, refusal or inability to qualify or act, I nominate, constitute and appoint _____ as my agent. This power of attorney is effective on my inability to make or communicate health care decisions and shall not be negated or canceled by such inability or any incompetence on my part. All of my agents' actions under this power during any period when I am unable to make or communicate health care decisions or when there is uncertainty whether I am dead or alive have the same effect on my heirs, devisees and personal representatives as if I were alive, competent and acting for myself.

I have completed and attached a living will for the purposes of providing specific direction to my agents in situations that may occur during any period when I am unable to make or communicate health care decisions or after my death. My agent is directed to implement those choices as designated in my living will.

This health care directive is made under Section 36-3221, Arizona Revised Statutes, and continues in effect for all who may rely on it except those to whom I have given notice of its revocation.

DATED this _____ day of _____, 20____.

Signature of Principal

Date: _____ Time: _____ Phone: _____

Address of Agent: _____

STATE OF ARIZONA)
) **ss.**
County of Graham)

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 20____.

by _____

My commission expires: _____
Notary Public

**REVOCATION OF DURABLE HEALTH CARE POWER OF ATTORNEY
EFFECTIVE IMMEDIATELY**

I hereby revoke and request you render inoperative a certain health care power of attorney executed by me on or about the _____ day of _____, 20____. Said power of attorney named as my agent and attorney-in-fact one _____.

Dated at _____, this _____ day of _____, 20____.

In witness whereof, etc.

Principal

Witness

STATE OF ARIZONA)
)SS.
County of Graham)

Subscribed, sworn to, and acknowledged before me, the undersigned Notary Public, by _____, the principal, and subscribed, sworn to, and acknowledged before me by _____, as witness, this _____ day of _____, 20__.

Notary Public

My commission expires: