

# Medical Power of Attorney

This Medical Power of Attorney is made on [REDACTED].

I, [REDACTED], residing at [REDACTED], hereby appoint [REDACTED], residing at [REDACTED], as my agent to make any and all health care decisions for me, except as otherwise provided in this document.

## Special Instructions

## Effective Date

This document becomes effective when I am unable to make my own health care decisions as determined by my physician.

## Signature

Signature of Principal: [REDACTED]

Date: [REDACTED]

## Witnesses

1. Witness Name: [REDACTED]

Signature: [REDACTED]

Date: [REDACTED]

2. Witness Name: [REDACTED]

Signature: [REDACTED]

Date: [REDACTED]