

## **Assertion of No Medical Power of Attorney**

I, [REDACTED], hereby declare that as of the date listed below, I have not executed and do not have in effect a Medical Power of Attorney naming any individual as my agent for making medical decisions on my behalf.

This assertion is made voluntarily to clarify my current legal status regarding medical decision-making authority.

**Date:** [REDACTED]

**Signature:** \_\_\_\_\_