

**GENERAL DURABLE POWER OF ATTORNEY
FOR HEALTH CARE**

I, **JOHN A. GREEN** of **CHANDLER, ARIZONA**, hereby appoint **NANCY A. GREEN**, as my agent, for me and in my name with reference to any health care decisions as authorized in this document. For the purposes of this document, "health care decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat any individual's physical or mental condition. If for any reason **NANCY A. GREEN** is unable or unwilling to act as such, I nominate **LINDA B. GREEN** as my agent. If for any reason **LINDA B. GREEN** is unable or unwilling to act as such, I nominate **PAUL B. GREEN** as my agent. If for any reason **PAUL B. GREEN** is unable or unwilling to act as such, I nominate **NATHAN E. BRADLEY** as my agent.

1. To handle 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, said power to be exercised in accordance with my living will, if any, as in effect at the exercise of this power, said power to be effective if I am unable to make prudent decisions about such matters; all of my agent's actions 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 shall have the same effect on my heirs, devisees, and personal representatives as if I were alive, competent and acting for myself.

2. To declare my intent to return home if I am ever institutionalized in a nursing home or skilled nursing facility.

3. Finally (without prejudice to and in enlargement of the authority above conferred) to execute each and every instrument, undertake each and every obligation, and to take from time to time any and all action of whatsoever nature and with relation to any matters whatsoever, whether or not specifically mentioned herein, and to exercise in respect thereto as full and complete power and discretion as I myself might or could do.

"My agent" refers to any person designated herein who is from time to time acting in such capacity, it being my intent that each person so designated shall have full authority to exercise the powers granted hereunder alone, notwithstanding that any other person so designated might be exercising such powers at the same time.

My agent may exercise the powers and authorities granted herein in each case as my agent in his absolute discretion deems desirable or appropriate under existing circumstances. I hereby ratify and confirm as good and effectual, at law or in equity, all that my agent or any agents appoint by my agent, and their agents, associates and substitutes, may do by virtue hereof. However, despite the above provisions nothing herein shall be construed as imposing a duty on my agent to act or assume responsibility for any matters referred to above or other matters even though my agent may have the power to authority hereunder to do so and no agent shall be personally liable for any exercise or failure to exercise the powers and authorities granted herein by any other agent so appointed.

If any power or authority hereby sought to be conferred upon my agent should be invalid or unexercisable of any cause or not recognized by any person or organization dealing with my agent, the remaining powers and authorities given to my agent hereunder shall nevertheless continue in full force and effect.

Each person relying or acting upon this power of attorney shall be entitled to presume conclusively (a) that this power of attorney is in full force and effect unless written notice has been given by me to such person that this power has been revoked with respect to such agent and (b) that this power of attorney is exercisable by each agent acting alone and without the consent or action of any other agent so designated; provided, however in the event such person has actual notice of a disagreement between my agents, this power of attorney shall be exercisable by my agents in the order named.

This power of attorney shall not be affected by my disability, it being my intent that the power granted herein shall hereafter continue without interruption until my death unless previously revoked by me.

For purposes of this power of attorney any person acting as my agent thereunder shall be considered to have ceased or failed to act or to be legally incompetent to act when a physician, psychologist or other licensed health care professional who is reasonably trained and experienced in dealing with incompetence and who is familiar with my said agent's condition certifies in writing that he is unable to give prompt and intelligent consideration to financial affairs.

Unless the context requires otherwise, words denoting the masculine shall include the feminine and the neuter, and words denoting the singular shall include the plural.

IN WITNESS WHEREOF, I hereby set my hand to the foregoing durable power of attorney on _____.

JOHN A. GREEN

WITNESS VERIFICATION. I affirm that I was present when this power of attorney was dated and signed or marked by **JOHN A. GREEN**. I certify that: I am not an agent under this power of attorney; I am not an agent's spouse; and I am not an agent's child.

Witness: _____ Address: _____
(Signature)

(Print Name)

STATE OF ARIZONA)
) ss.
COUNTY OF PIMA)

On _____, before me, the undersigned, a Notary Public in and for said County and State, personally appeared **JOHN A. GREEN** and _____ (Witness), personally known to me (or proved on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

WITNESS my hand and official seal. My Commission Expires:

Notary Public