

SPECIAL POWER OF ATTORNEY

Appointment of an Agent for Medical Treatment Decisions

**I, _____, residing at
_____, on this _____ day of
_____, 20____, being of sound mind, willfully and voluntarily
appoint _____ residing at
_____, as my agent and
attorney-in-fact, without substitution, with lawful authority to execute a directive on my
behalf pursuant to Utah Code Ann. 75-2-1105 governing the care and treatment of be
administered to or withheld from me at any time I incur an injury, disease, or illness
which renders me unable to give current medical directions to attending physicians and
other providers of medical services.**

**I have carefully selected this agent with confidence in the belief that this person's
familiarity with my desires, beliefs, and attitudes will result in directions to attending
physicians and providers of health care which would probably be the same as I would give
were I able to do so.**

