## SPECIAL POWER OF ATTORNEY

## **Appointment of an Agent for Medical Treatment Decisions**

I,		, residing at		
	, on this		_day of	
	, 20, being of	sound mind, will	Ifully and voluntarily	
appoint	resi	iding at		
			, as my agent	and
attorney-in-fact, withou	it substitution, with la	awful authority t	to execute a directive on	my
behalf pursuant to Utal	n Code Ann. 75-2-110	5 governing the	care and treatment of b	e
administered to or with	held from me at any	time I incur an i	njury, disease, or illness	<b>;</b>
which renders me unab	le to give current med	dical directions t	o attending physicians a	and
other providers of medi	cal 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.

following the time my attending pl	hysician certifies that I have	incurred a physical or
mental condition		
rendering me unable to give curre	nt directions to attending ph	ysicians and other
providers of health care as to my c	eare and treatment.	
Principal's signature		
Address		
City, State		
STATE OF UTAH	) :SS.	
COUNTY OF		
On the	day of	, 20,
Personally appeared before mo	e	,
who duly acknowledged to me that h	ne/she has read and fully under	rstands the foregoing power
attorney, executed the same of his/he	er own volition and for the pur	poses set forth, and that
he/she was acting under no constrain	nt or undue influence whatsoev	/er.
Notary Public/State of Utah		
My commission expires:		

This power of attorney shall become effective and remain in effect from and