

(i) I have undergone an irreversible cessation of total spontaneous brain function, or

(ii) I have lost consciousness for a period of one (1) month and my condition is terminal, irreversible, or there is no reasonable medical expectation of recovery.

(b) In Attorney's sole discretion, to petition any court of competent jurisdiction for a mandatory injunction requiring compliance by hospital staff, doctors, nurses or any other medical personnel with the actions taken by Attorney authorized under this special power of attorney.

(c) In Attorney's sole discretion, prior to taking any of the actions authorized hereunder, to seek on my behalf and at my expense a declaratory judgment from any court of competent jurisdiction interpreting the validity of any or all acts authorized by this special power of attorney, but such declaratory judgment shall not be necessary in order for Attorney to perform any act authorized hereunder.

(d) In Attorney's sole discretion, in my name, on my behalf and at my expense to bring an action against any hospital staff, physician, nurse or other medical personnel who fail to comply with actions taken by Attorney under this special power of attorney and to demand damages of all kinds, including actual and punitive damages.

(e) I further direct that should any physician, or other medical practitioner, hospital or any other provider of medical service, supplies or equipment fail or refuse to abide by the instructions of my attorney with respect to the discontinuance of medication or life sustaining devices, that such medical practitioner or provider shall not be paid for the services or goods provided in contravention of the instructions of my attorney.

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