

WHEREAS, despite my desire to live and enjoy life as long as possible, I nevertheless do not wish to prolong my life at all costs. Accordingly, I desire to establish the means by which, under the circumstances specified below, my life shall not be prolonged by artificial means and I shall be permitted to die, and

WHEREAS, under the circumstances specified below, the existence of which have been determined in the manner described, I expressly do not consent to the use of such medication or such life sustaining devices as shall be specified by any of my attorneys in fact named herein.

NOW, THEREFORE, THIS SPECIAL POWER OF ATTORNEY:

1. EMPOWERMENT OF ATTORNEY

Attorney is authorized as follows:

(a) In Attorney's sole discretion, to discontinue all, some, or any medication being administered to me and all, some, or any life sustaining devices being operated for my benefit, provided in the opinion of two or more licensed physicians, based upon ordinary standards of medical practice, given in writing to Attorney:

(i) That medication or life sustaining devices would serve only to postpone artificially the moment of my death by sustaining, restoring or supplanting a vital function; or

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

(iii) That I have lost consciousness for a period of five months 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

Katherine W. Moore
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