

Durable Power of Attorney

I, _____ being of sound mind, do hereby designate
_____ to serve as my attorney-in-fact for the purpose of making
treatment decisions for me should I be diagnosed and certified as having a terminal and
irreversible illness and be incompetent or be in a continual profound comatose state
with no reasonable chance of recovery, or otherwise mentally or physically unable to
make such decisions for myself.

Signed

City, Parish, and State of Residence

The declarant has been personally known to me and I believe him or her to be of sound
mind.

Witness

Witness