

WHEREAS, under the circumstances specified below, the existence of which having been determined in the manner hereinafter 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 one month and my condition is terminal, irreversible or there is no reasonable medical expectation of recovery.

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(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

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