

Official Record

Recording requested By
BARBARA SCOVILLE

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$20.00

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RPTT:

Recorded By: AE

Book- 234 Page- 0068



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Durable Power of Attorney for Health Care Decisions
Title of Document

Affirmation Statement

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number of any person or persons. (Per NRS 239B.030)

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number of a person or persons as required by law: _____
(State specific law)

Barbara J. Scoville
Signature Title

Barbara J. Scoville
Signature

07-31-07
Date
BJS.

Grantees address and mail tax statement:

Barbara J. Scoville
HC 34 Box 34
Caliente NV 89008

DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

1. Designation of Agents.

I, BARBARA J. SCOVILLE, of HC34, Box 34, Caliente, Nevada, 89008, (775) 726-3910, being of sound mind, hereby designate and appoint STEPHEN M. SCOVILLE, and / or JENNIFER M. McALLISTER, as my agents to make health care decisions authorized in this document.

2. Creation of Durable Power of Attorney for Health Care.

By this document I intend to create a Durable Power of Attorney for Health Care as authorized by Nevada Revised Statutes. The following powers granted to my agents shall be immediately effective upon the execution of this document. This power of attorney shall remain in force despite my subsequent incapacity.

3. General Statement of Authority.

3.1 In the event I become incapable of giving an informed consent to any health care decision, I hereby grant to my agents full power and authority to consent, refuse consent, or withdraw consent to any type of health care procedure (including any procedure to maintain, diagnose, or treat any physical or mental condition), or to make any other health care decision to the same extent that I could if I were competent to do so, subject to the terms of this instrument.

3.2 My agents may employ and discharge medical personnel including physicians, psychiatrists, dentists, nurses, and therapists, as my agents shall deem necessary for my physical, mental and emotional well-being and to arrange for them to be paid reasonable compensation.

3.3 I further authorize my agents to grant, in conjunction with any instructions given under this Article, releases to hospital staff, physicians, nurses and other medical and hospital administrative personnel who act in reliance on instructions given by my agents or who render written opinions to my agents in connection with any matter described in this Article from liability for damages. I further authorize my agents to sign documents such as waivers of a release from liability required by a hospital or physician to implement my wishes regarding medical treatment or nontreatment.

3.4 My agents shall exercise this power and authority I accordance with my expressed desires, known to my agents, whether contained in this document or not. Before acting, my agents shall attempt to communicate with me regarding my desires unless such attempt would be futile. If my desires are unknown, then my agents should decide for me, having my best interests in mind. I desire that my wishes as expressed herein be carried out through the authority given to my agents by this document despite any contrary feelings, beliefs

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or opinions of members of my family, relatives, friends, conservator, or guardian. If no agents designated in this document is available or able to serve, I request that my desires as expressed in this document be given full force and effect as a written expression of intent under applicable law.

4. Statement of Desires and Special Provisions.

4.1 I declare that I wish to live as long as I can enjoy life, but I do not wish to receive medical treatment which is futile and will provide no benefit to me.

4.2 If I am in an irreversible coma (and have been for at least 14 days), which two (2) qualified physicians (neither of whom is related to me and each of whom is licensed to practice medicine in the state of my residence) familiar with my condition have diagnosed as irreversible so that there is no reasonable possibility that I will ever regain consciousness, then I desire that all life-sustaining treatment be withdrawn or withheld, even if my death will result.

4.3 I do not wish to receive treatment which will not improve my living conditions or my health if I am incurably and terminally ill. When two (2) qualified physicians (neither of whom is related to me and each of whom is licensed to practice medicine in the state of my residence) who are familiar with my condition have made such a diagnosis, then I only want treatment, including life-sustaining treatment, that offers benefits to me greater than the burdens it will impose. You should consider whether the treatment will relieve suffering or improve my prognosis, what intrusiveness, risks, and side effects it involves, whether it will extend my life and, if so, what quality of life or enjoyment of life I will be able to have.

4.4 When two (2) qualified physicians (neither of whom is related to me and each of whom is licensed to practice medicine in the state of my residence) who are familiar with my condition have diagnosed that I am incurably and terminally ill, I wish to receive treatment necessary for my comfort and relief of pain, even if its unintended but unavoidable side effect is to hasten the moment of my death.

4.5 For purposes of this document, "incurably and terminally ill" shall refer to a condition that is reasonably expected to result in my death within twelve (12) months regardless of the treatment that I may receive. The term "irreversible coma" shall refer to a permanent loss of consciousness from which there is no reasonable possibility that I will return to a cognitive and sapient life, and shall include but not be limited to a persistent vegetative state.

5. Nevada Anatomical Gift Act.

I do not wish to donate body parts for any purpose, pursuant to the Nevada Anatomical Gift Act.

6. Designation of Alternate Agents.

6.1 If the person designated as my agents in Paragraph 1 is unable or unwilling to act as my agents or if I revoke that person's appointment as my agents, then the



alternative agents named below shall become my agents with the power and authority conferred by this instrument. If the person designated as my alternative agents is unable or unwilling to act as my agents or if I revoke that person's appointment as my agents, then the second alternative agents named below shall become my agents with the power and authority conferred by this instrument:

Alternative agents: RON E. SIMMS

Alternative agents: PATRICIA M. LONG

6.2 In addition, the incapacity of my agents or any alternate agents shall be deemed a resignation by such individual as agents or alternate agents as the case may be. For purposes of this paragraph, a person's incapacity shall be deemed to exist when (a) the person's incapacity has been declared by a court of competent jurisdiction, or (b) when a conservator for such person has been appointed, or (c) upon execution of a certificate by two (2) physicians (neither of whom is related to such person and each of whom is licensed to practice medicine in the state of such person's residence) which states the physicians' opinion that the person is physically or mentally incapable of managing his or her personal or financial affairs. The effective date of such incapacity shall be the date of the decree adjudicating the incapacity, the date of the decree appointing the conservator, or the date of the physicians' certificate, as the case may be.

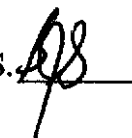
7. Provide For My Residence.

7.1 My agents shall make all necessary arrangements for me at any hospital, hospice, nursing home, convalescent home or similar establishment and to assure that all my essential needs are provided for at such a facility.

7.2 However, my agents shall take whatever steps are necessary or advisable to enable me to remain in my personal residence as long as it is reasonable under the circumstances. I realize that my health may deteriorate so that it becomes necessary to have round-the-clock nursing care if I remain in my personal residence, and I direct you to obtain such care as is reasonable under the circumstances. Specifically, I do not want to be hospitalized or put in a convalescent or similar home as long as it is reasonable to maintain me in my personal residence.

8. Nomination of Guardian of Person.

If it becomes necessary to appoint a guardian of my person, I nominate STEPHEN M. SCOVILLE to serve as conservator of my person, to serve alone.

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9. Authority Concerning Medical Information and Records.

Subject to any limitations set forth elsewhere in this document, my agents shall have the power and authority to do all of the following:

9.1 Request, review and receive any information, verbal or written, regarding my physical or mental health, including but not limited to, medical and hospital records;

9.2 Execute on my behalf any releases or other documents that may be required in order to obtain information;

9.3 Consent to the disclosure of medical information;

9.4 Execute documents such as "Refusal to Permit Treatment," "Leaving Hospital Against Medical Advice," or any necessary waiver or release from liability required by hospital or physician.

9.5 Make photocopies of this document as frequently and in such quantity as my agents shall deem appropriate. All photocopies shall have the same force and effect as any original. I specifically direct my agents to have a photocopy of this document placed in my medical records if such a copy does not already constitute a part of my medical records.

10 Duration.

This power of attorney is effective immediately and shall remain in force indefinitely.

11 Miscellaneous.

11.1 Make Advance Funeral Arrangements To make advance arrangements for my funeral and burial in a National Cemetery, preferably Arlington National Cemetery, including the purchase of a burial plot and marker, and such other related arrangements as my agents shall deem appropriate, if I have not already done so myself.

11.2 Agents May Act Alone The powers conferred on my agents by this document may be exercised by my agents alone and my agents' signature or act under the authority granted in this document may be accepted by persons as fully authorized by me and with the same force and effect as if I were personally present, competent, and acting on my own behalf. Consequently, all acts lawfully done by my agents hereunder are done with my consent and shall have the same validity and effect as if I were personally present and personally exercised the powers myself, and shall inure to the benefit of and bind me, my estate, my heirs, successors, assigns and personal representatives.

11.3 Resort to Courts I hereby authorize my agents to seek on my behalf and at my expense:

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11.3 (a) a declaratory judgment from any court of competent jurisdiction interpreting the validity of this document or any of the acts authorized this document, but such declaratory judgment shall not be necessary in order for my agents to perform any act authorized by this document; or

11.3 (b) a mandatory injunction requiring compliance with my agent's instructions by any person obligated to comply with instructions given by my agents; or

11.3 (c) actual and punitive damages against any person obligated to comply with instructions given by my agents who negligently or willfully fails or refuses to follow such instructions.

11.4 Reimbursement of Costs My agents shall be entitled to Reimbursement for all reasonable costs and expenses actually incurred and paid by my agents on my behalf under any provision of this document but my agents shall not be entitled to compensation for services rendered hereunder.

11.5 Execute Documents and Incur Costs in Implementing the Above Powers My agents shall be entitled to sign, execute, deliver and acknowledge any contract or other document that may be necessary, desirable, convenient or proper in order to exercise any of the powers described in this document and to incur reasonable costs in the exercise of any such powers. In addition, my agents shall render bills for all costs incurred in the exercise of the powers granted in this document to the agents then serving under my Durable Power of Attorney.

11.6 Governing Law. This document shall be governed by the laws of the State of Nevada in all respects, including its validity, construction, interpretation, and termination. I intend for this Durable Power of Attorney for Health Care to be honored in any jurisdiction where it may be presented and for any such jurisdiction to refer to Nevada law to interpret and determine the validity of this document and any of the powers granted under this document.

11.7 Revocation and Amendment. I revoke all prior Durable Powers of Attorney for Health Care that I may have executed and I retain the right to revoke or amend this document and to substitute other agents in your place. Amendments to this document shall be made in writing by me personally and they shall be attached to the original of this document.

11.8 Alternative Agents. If my spouse has been appointed my agents or as alternate agents hereunder and subsequent to the execution of this document an action is filed to dissolve our marriage, then the filing of such action shall automatically remove my spouse as agents or alternate agents.

11.9 Severability. If any part of any provision of this document shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this document.

