

Official Record

Recording requested By
JEAN M HEMMINGS

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$43.00

Page 1 of 5

RPTT:

Recorded By LB

Book- 248 Page- 0459



0133773

APN _____

APN _____

APN _____

Power of Attorney for Healthcare & Declaration
of Living Will Title of Document

Affirmation Statement

JMH 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)

Jean M Hemmings - Realtor
Signature Title

Signature

5/18/09

Date

Grantees address and mail tax statement:

7529 Silver Leaf Way
Las Vegas, NV 89147



POWER OF ATTORNEY FOR HEALTHCARE AND DEC-

LARATION OF LIVING WILL

Declaration made this 15 day of May 2009. I, JEAN M. HEMMINGS, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

1. If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition or a permanently unconscious condition by 2 physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized or that I will remain in a permanently unconscious condition and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary to provide me with comfort care. I realize that situations could arise in which the only way to allow me to die would be to discontinue artificial nutrition and hydration. In carrying out any instruction I have given under this section, I authorize that artificial nutrition and hydration not be started or, if started, be discontinued *JM* (yes) [] (no) []

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that my family and physicians shall honor this declaration as the final expression of my right to refuse medical or surgical treatment and accept the consequences of such refusal.

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration. *JM*

2. DESIGNATION OF HEALTH CARE AGENT.

I, JEAN M. HEMMINGS do hereby designate and appoint:

Name: TERESA M. HEMMINGS TALBOT

Address: 7529 Silver Leaf Way, Las Vegas, Nevada 89147

Telephone Number: Home (702) 873-7980 and Mobile (702) 610-6490



as my attorney-in-fact to make health care decisions for me as authorized in this document.

3. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

By this document, I intend to create a durable power of attorney by appointing the person designated above to make health care decisions for me. This power of attorney shall not be affected by my subsequent incapacity.

4. GENERAL STATEMENT OF AUTHORITY GRANTED.

In the event that I am incapable of giving informed consent with respect to health care decisions, I hereby grant to the attorney-in-fact named above full power and authority to make health care decisions for me before, or after my death, including: consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition, subject only to the limitations and special provisions, if any, set forth in paragraph 4 or 6.

5. SPECIAL PROVISIONS AND LIMITATIONS.

In exercising the authority under this durable power of attorney for health care, the authority of my attorney-in-fact shall have the broad powers to make health care decisions on your behalf which are set forth in paragraph 3, except to the extent that there are limits provided by law.

6. DURATION.

I understand that this power of attorney will exist indefinitely from the date I execute this document unless I establish a shorter time. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my attorney-in-fact will continue to exist until the time when I become able to make health care decisions for myself.

7. STATEMENT OF DESIRES.

My attorney-in-fact must make health care decisions that are consistent with my desires as stated below.

6.1. I desire that my life be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long-term survival, or the cost of the procedures. []



6.2. If I am in a coma that my doctors have reasonably concluded is irreversible, I desire that life sustaining or prolonging treatments not be used. (Also should utilize provisions of NRS 449.535 to 449.690, inclusive, if this subparagraph is initialed.) *DJA*

6.3. If I have an incurable or terminal condition or illness and no reasonable hope of long-term recovery or survival, I desire that life-sustaining or prolonging treatments not be used. (Also should utilize provisions of NRS 449.535 to 449.690, inclusive, if this subparagraph is initialed.) *DJA*

6.4. Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. I want to receive or continue receiving artificial nutrition and hydration by way of the gastrointestinal tract after all other treatment is withheld. []

6.5. I do not desire treatment to be provided and/or continued if the burdens of the treatment outweigh the expected benefits. My attorney-in-fact is to consider the relief of suffering, the preservation or restoration of functioning, and the quality as well as the extent of the possible extension of my life. *DJA*

8. DESIGNATION OF ALTERNATE ATTORNEY-IN-FACT.

If the person designated in paragraph 1 as my attorney-in-fact is unable to make health care decisions for me, then I designate the following persons to serve as my attorney-in-fact to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:

A. First Alternative Attorney-in-fact

Name: Thomas J. Talbot
Address: 7529 Silver Leaf Way LV, NV 89147
Telephone Number: 702-873-7980

B. Second Alternative Attorney-in-fact

Name: _____
Address: _____
Telephone Number: _____

9. PRIOR DESIGNATIONS REVOKED. I revoke any prior durable power of attorney for health care.



I sign my name to this Durable Power of Attorney for Health care on May 15, 2009 (date) in Caliente, Nevada.


JEAN M. HEMMINGS

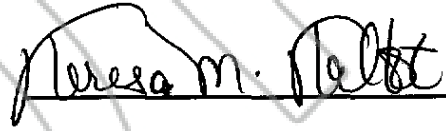
CERTIFICATE OF ACKNOWLEDGMENT OF WITNESSES AND NOTARY PUBLIC

State of Nevada }
 } ss.
County of Lincoln }

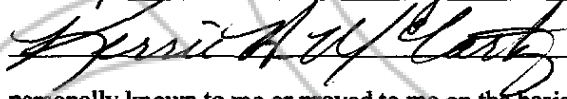
We, the following witnesses, being duly sworn each declare to the notary public or justice of the peace or other official signing below as follows:

1. The declarant signed the instrument as a free and voluntary act for the purposes expressed, or expressly directed another to sign for him.
2. Each witness signed at the request of the declarant, in his presence, and in the presence of the other witness.
3. To the best of my knowledge, at the time of the signing the declarant was at least 18 years of age, and was of sane mind and under no constraint or undue influence.

 Witness

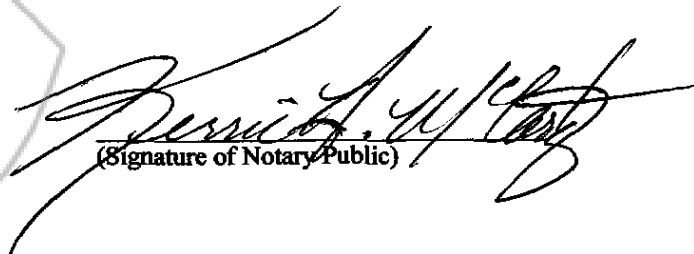
 Witness

On this 15 day of May, in the year 2009 before me,



personally appeared JEAN M. HEMMINGS personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

NOTARY SEAL


(Signature of Notary Public)

