ADVANCE HEALTH CARE DIRECTIVE

Living Will & Health Care Power of Attorney

State of Ashford – Hartwell County

This Living Will and Health Care Power of Attorney (this "**Directive**") is executed as of **March 14, 2026** (the "**Execution Date**") by the Declarant identified below, pursuant to the right to control decisions relating to one's own medical care recognized under National Conference of Commissioners on Uniform State Laws [1] and United States Congress [2]. This Directive combines a living will governing life-sustaining treatment with a durable power of attorney for health care, appointing an agent to make medical decisions on the Declarant's behalf whenever the Declarant is unable to do so personally.

Declarant

Full legal name	**Eleanor Rose Whitfield**
Date of birth	**March 3, 1958**
Residence	**214 Larkspur Lane, Hartwell County, State of Ashford**
Document ID	**LWHPOA-2026-0314-EW**

Primary Health Care Agent

Full legal name	**Marcus D. Whitfield**
Relationship	**Spouse**
Address	**214 Larkspur Lane, Hartwell County, State of Ashford**
Telephone	**(555) 019-2231**

At a glance. Governing law: **State of Ashford** • Effective upon: **written certification of incapacity by two (2) physicians** • Primary Agent: **Marcus D. Whitfield** • Two alternates named • Organ donation: **authorized**.

This document is a fictional illustrative template. Eleanor Rose Whitfield, Marcus D. Whitfield, Vertex Family Law Group, and all individuals, addresses, and identifying details referenced herein are fictitious and are used solely to demonstrate the structure of a living will and health care power of attorney. No representation is made regarding any real person or organization.

ARTICLE 1 Declaration of Intent

I, Eleanor Rose Whitfield, a resident of Hartwell County, State of Ashford, being an adult of sound mind and acting voluntarily, willfully make this declaration as a directive to be followed if I become unable to participate in decisions regarding my medical care. This Directive is intended to comply with the health care decision-making framework described in National Conference of Commissioners on Uniform State Laws [1], and its execution is intended to trigger the notice and portability protections of United States Congress [2]. I have reviewed this instrument with counsel at Vertex Family Law Group and understand its content and legal effect.

1.1 Prior Directives Revoked

I hereby revoke any and all living wills, health care powers of attorney, and other advance health care directives previously executed by me. This Directive supersedes and replaces every such prior instrument in its entirety.

1.2 Effective Date and Duration

This Directive becomes effective only upon a determination, made in writing by my attending physician and one additional physician who has personally examined me, that I lack the capacity to make or communicate informed decisions concerning my own health care. This Directive remains in effect for so long as that incapacity continues, notwithstanding any lapse of time, and does not expire on any fixed date. Should my capacity to make health care decisions be restored, my own contemporaneous decisions control and this Directive is suspended, without being revoked, for the duration of that restored capacity.

Statement of Desires. "I want the people I love to remember me as I was, not to feel obligated to keep my body functioning past the point where I can recognize them, speak with them, or take comfort in their presence. I trust the agents named in this Directive to honor that wish, and I release them from any guilt for doing so."
— Eleanor Rose Whitfield

1.3 Reliance by Third Parties

Any physician, hospital, health care facility, or other health care provider who relies in good faith on the authority granted by this Directive, or on a copy or facsimile of it, incurs no liability to me, my estate, my heirs, or my assigns as a result of that reliance, consistent with the good-faith immunity principles reflected in National Conference of Commissioners on Uniform State Laws [1] and discussed in Meisel and Cerminara [3].

ARTICLE 2 Appointment of Health Care Agent

2.1 Designation of Agent

I appoint the individual named below as my Health Care Agent ("Agent"), with full authority to make health care decisions on my behalf to the same extent I could make such decisions myself, subject only to the limitations stated in Section 2.3 and the specific instructions set forth in Article 3 and Article 4. If my Primary Agent is unavailable, unwilling, or unable to serve, authority passes automatically, without further act on my part, to the alternates listed in Table 1, in the order shown.

Priority	Name	Relationship	✆ Telephone
Primary	Marcus D. Whitfield	Spouse	(555) 019-2231
First Alternate	Dr. Priya Anand	Sister-in-law	(555) 019-4470
Second Alternate	Thomas E. Whitfield	Adult son	(555) 019-5588

Table 1: Health care agents designated under this Directive, in order of priority.

2.2 Powers Granted to Agent

Subject to any limitation stated in Section 2.3, my Agent is authorized to:

- Consent to, refuse, or withdraw any medical treatment, service, or diagnostic procedure, including surgery, medication, and life-sustaining treatment;
- Select, retain, and discharge physicians, nurses, therapists, and other health care providers;
- Admit me to, or discharge me from, any hospital, hospice, nursing facility, or other health care institution, including the providers referenced in Section 2.5;
- Request, receive, and review any information regarding my physical or mental health, including medical and hospital records, and consent to disclosure of that information under Article 6;
- Employ and discharge health care personnel, and pay reasonable fees and expenses for health care from my funds;
- Take any other action necessary to carry out the instructions in this Directive or to advance my best interests as my Agent reasonably understands them.

2.3 Limitations on Agent's Authority

My Agent has no authority to:

- Direct any action contrary to a specific instruction I have given in Article 3 or Article 4;
- Consent to voluntary admission to a psychiatric facility for longer than seventy-two (72) hours without a separate court order;
- Consent to psychosurgery, sterilization, or participation in experimental research on my behalf, except research directed at a life-threatening condition from which I am suffering and approved by an institutional review board;
- Revoke or amend this Directive; only I may do so, in writing, while I have capacity.

2.4 Order of Succession

Figure 1 summarizes how authority passes among my named agents if a given agent is unavailable, unwilling, or unable to serve.

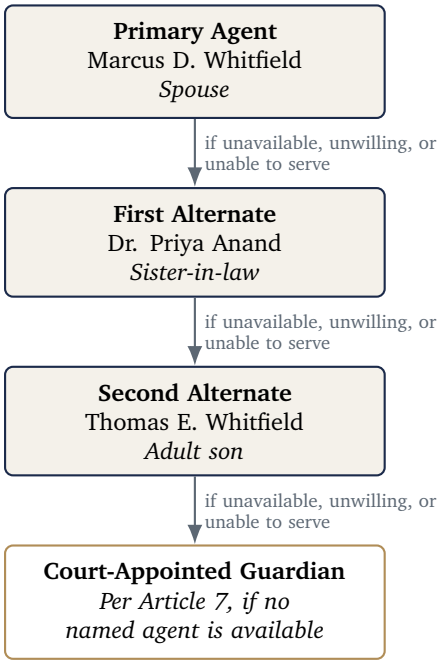

Figure 1: Order of succession for health care decision-making authority.

2.5 Health Care Providers of Record

As of the Execution Date, my treating providers are Nexa Regional Medical Center (primary hospital system) and Synapse Hospice & Palliative Care (for end-of-life and comfort care, if applicable). My Agent is authorized to communicate directly with either provider, and with any successor provider, regarding my care.

ARTICLE 3 Advance Directive (Living Will) Statement

3.1 Circumstances Triggering This Directive

The instructions in this Article and in Article 4 apply if I have been determined, in accordance with Section 1.2, to lack decision-making capacity, and I am additionally diagnosed by my attending physician and one additional physician to be in any one of the following conditions:

- **Terminal condition** – an incurable and irreversible condition that, without the administration of life-sustaining treatment, will result in death within a relatively short time;
- **Permanent unconsciousness** – a permanent and irreversible condition of unconsciousness, such as a persistent vegetative state, in which I have no reasonable prospect of regaining awareness;
- **End-stage condition** – an advanced, progressive, and irreversible condition caused by injury, disease, or illness that has resulted in severe and permanent deterioration, and for which treatment would be medically ineffective, as recognized under the framework in National Conference of Commissioners on Uniform State Laws [1].

3.2 General Statement of Wishes

If I am in any of the conditions described above, it is my wish that my dying not be artificially prolonged and that I be permitted to die naturally, with only the administration of medication, the performance of any medical procedure, or the provision of comfort care deemed necessary to keep me free of pain and to preserve my dignity. This general statement is refined by the specific instructions in Article 4, which control in the event of any inconsistency.

> **On comfort.** Regardless of any other instruction in this Directive, I direct that I be kept as comfortable as possible and free from pain at all times, even where the medication or treatment necessary to relieve pain may hasten the moment of my death.

3.3 Historical and Legal Basis

The right to refuse unwanted medical treatment reflected in this Article traces to the recognition, in cases such as Supreme Court of New Jersey [4], of a personal liberty interest in declining life-sustaining treatment, later codified through instruments such as National Conference of Commissioners on Uniform State Laws [1], reinforced by the

notice requirements of United States Congress [2], and catalogued among the patient-rights principles in American Hospital Association [5]. A fuller account of this history appears in Meisel and Cerminara [3].

ARTICLE 4 Specific Medical Instructions

The following instructions apply whenever the circumstances described in Section 3 are met, and control over the general statement in Section 3 in the event of any conflict. My Agent and my health care providers must give these instructions full effect.

Medical Circumstance	Intervention	Declarant's Directive
Terminal condition	Cardiopulmonary resuscitation (CPR)	Withhold
Terminal condition	Mechanical ventilation	Withhold, unless required temporarily to permit organ donation under Article 5
Permanent unconsciousness	Artificial nutrition and hydration	Withhold after thirty (30) consecutive days of documented unconsciousness
End-stage condition	Renal dialysis	Withhold
Any of the above	Pain relief and palliative care	Always provide, even if such care may hasten death
Any of the above	Antibiotics	Provide only to promote comfort, not to prolong life

Table 2: Declarant's specific instructions for life-sustaining treatment.

4.1 Artificial Nutrition and Hydration – Additional Clarification

The instruction above governs medically administered nutrition and hydration delivered through a tube or intravenous line. It does not affect assistance with oral eating and drinking that I am able to accept by mouth, which my Agent must continue to offer for as long as I can safely swallow.

4.2 Additional Instructions

- I do not want to be transferred to a hospice or home setting solely to prolong the dying process once the conditions in Section 3 are met;
- I want my Agent and providers to make reasonable efforts to allow me to be at home, or failing that, at Synapse Hospice & Palliative Care, rather than in an acute care setting, during the final stage of a terminal condition;
- I want my chosen clergy or spiritual advisor, if any, contacted and given reasonable access to me consistent with facility policy.

ARTICLE 5 Organ and Tissue Donation

Upon my death, I make the following anatomical gift, to take effect upon my death, under the applicable anatomical gift law of the State of Ashford:

☒ I authorize the donation of any needed organs and tissue for the purpose of transplantation, therapy, research, or education.

☐ I authorize donation limited to the following organs or tissue only: _____.

☐ I do not wish to make an anatomical gift.

My Agent may authorize an anatomical gift consistent with this election even if not consulted in advance, and may authorize procedures reasonably necessary to preserve organs or tissue for donation, including short-term mechanical ventilation notwithstanding the instruction in Table 2.

ARTICLE 6 HIPAA Authorization and Release of Medical Information

6.1 Authorization

I authorize any physician, hospital, health care facility, or other covered entity that has provided or is providing care to me, including Nexa Regional Medical Center and Synapse Hospice & Palliative Care, to disclose my complete medical records and any other protected health information, as defined under applicable health information privacy law, to my

Agent and to each alternate named in Table 1. This authorization is intended to satisfy the requirements of the Health Insurance Portability and Accountability Act and its implementing regulations, so that my Agent may make informed decisions on my behalf without delay.

6.2 Persons Authorized to Receive Information

- My Health Care Agent and each named alternate;
- My attending physicians and any consulting specialists;
- Vertex Family Law Group, solely to the extent necessary to confirm the validity or terms of this Directive;
- Meridian Trust & Estate Partners, as custodian of the executed original of this Directive.

This authorization has no expiration date and remains effective until revoked by me in writing.

ARTICLE 7 Nomination of Guardian

Should a court determine that a guardian or conservator of my person is necessary despite the existence of this Directive, I nominate Marcus D. Whitfield to serve in that capacity, and if he is unable or unwilling to serve, I nominate Dr. Priya Anand as successor guardian. No bond shall be required of either nominee. This nomination does not limit the authority granted to my Agent under Article 2, which continues in full force to the extent permitted by the court.

ARTICLE 8 General Provisions

8.1 Governing Law

This Directive is governed by, and is to be construed in accordance with, the laws of the State of Ashford. If I am physically present in another jurisdiction when this Directive is invoked, my Agent and health care providers should give this Directive the fullest effect permitted under the law of that jurisdiction.

8.2 Severability

If any provision of this Directive is held invalid or unenforceable, the remaining provisions remain in full force and effect, and are to be construed to give the greatest possible effect to my expressed intent.

8.3 Copies

A photocopy, facsimile, or electronic copy of this Directive, once signed, has the same force and effect as the signed original. The executed original is held by Meridian Trust & Estate Partners; copies have been distributed to each health care agent named in Table 1, to Nexa Regional Medical Center for inclusion in my medical record, and to Vertex Family Law Group.

8.4 Amendment and Revocation

I may amend or revoke this Directive at any time while I have capacity, by a signed writing, by physical destruction of this instrument, or by any other method recognized under the law of the State of Ashford, regardless of my physical or mental condition at the time.

ARTICLE 9 Execution

I have read this Directive, understand its content and effect, and sign it as my free and voluntary act.

Declarant

_____

Signature

_____

Eleanor Rose Whitfield

_____

Date

Document Control

Document ID	**LWHPOA-2026-0314-EW**
Execution date	**March 14, 2026**
Prepared by	**Vertex Family Law Group**
Custodian	**Meridian Trust & Estate Partners**

9.1 Witness Attestation

We, the undersigned witnesses, each being at least eighteen (18) years of age, declare that the Declarant signed this instrument in our joint presence, or acknowledged the signature as her own, and that the Declarant appeared to be of

sound mind and free from duress, fraud, or undue influence at the time of signing. Neither of us is: (a) related to the Declarant by blood, marriage, or adoption; (b) entitled to any portion of the Declarant's estate; (c) directly financially responsible for the Declarant's health care; or (d) named as an Agent or alternate under Article 2.

Witness Signature	Witness Signature
Daniel R. Foster 77 Cannon Street, Hartwell County, State of Ashford	Grace M. Lindqvist 19 Foxglove Terrace, Hartwell County, State of Ashford
Date	Date

9.2 Notary Acknowledgment

OFFICIAL
NOTARY SEAL
STATE OF ASHFORD

State of Ashford
County of Hartwell

On this _____ day of _____, 2026, before me personally appeared Eleanor Rose Whitfield, known to me or satisfactorily proven to be the person whose name is subscribed to the foregoing instrument, and acknowledged that she executed the same for the purposes therein contained.

_____

Susan K. Marchetti, Notary Public
Commission No. AS-88213
My Commission Expires: June 30, 2029

All names, addresses, and identifying details appearing in this execution block are fictional and provided for illustrative purposes only.

References

[1] National Conference of Commissioners on Uniform State Laws. Uniform health-care decisions act. Uniform Law Commission, 1993.

[2] United States Congress. Patient self-determination act of 1990. Omnibus Budget Reconciliation Act of 1990, Pub. L. No. 101-508, 1990.

[3] Alan Meisel and Kathy L. Cerminara. *The Right to Die: The Law of End-of-Life Decisionmaking*. Aspen Publishers, New York, NY, 3 edition, 2004.

[4] Supreme Court of New Jersey. In re quinlan, 70 n.j. 10, 355 a.2d 647, 1976.

[5] American Hospital Association. A patient's bill of rights, 1973.