

38048

Vol. M91 Page 25090

## POWER OF ATTORNEY FOR HEALTH CARE

I appoint MARILYN A. BREITHAUP, whose address is 3405 PATTERSON ST.KLAMATH FALLS, OREGON 97603, and whose telephone number is 884-9608as my attorney-in-fact for health care decisions. I appoint ANN KAREN LYNNwhose address is 5912 HARLAN DRIVE, KLAMATH FALLS, OR 97603, and whose telephonenumber is 882-3392, as my alternative attorney-in-fact for health care decisions. I authorize my attorney-in-fact appointed by this document to make health care decisions for me when I am incapable of making my own health care decisions. I have read the warning [on the opposite side of this sheet] and understand the consequences of appointing a power of attorney for health care.

I direct that my attorney-in-fact comply with the following instructions or limitations. [also see reverse side]

In addition, I direct that my attorney-in-fact have authority to make decisions regarding the following:

- ☒ Withholding or withdrawal of life-sustaining procedures with the understanding that death may result.  
☒ Withholding or withdrawal of artificially administered hydration or nutrition or both with the understanding that dehydration, malnutrition and death may result.

Dated 11/17/91Marilyn A. Breithaupt

SIGNATURE OF PERSON MAKING APPOINTMENT

Marilyn A. Breithaupt

PRINT NAME

## DECLARATION OF WITNESSES [\*]

We declare that the principal is personally known to us, that the principal signed or acknowledged the principal's signature on this power of attorney for health care in our presence, that the principal appears to be of sound mind and not under duress, fraud or undue influence, that neither of us is the person appointed as attorney-in-fact by this document or the principal's attending physician.

Witnessed By:

Ruby L. Edgar

SIGNATURE OF WITNESS / DATE

Ruby L. Edgar

PRINTED NAME OF WITNESS

Ruth M. Musselman

SIGNATURE OF WITNESS / DATE

Ruth M. Musselman

PRINTED NAME OF WITNESS

## ACCEPTANCE OF APPOINTMENT OF POWER OF ATTORNEY

I accept this appointment and agree to serve as attorney-in-fact [or alternate attorney-in-fact] for health care decisions. I understand I have a duty to act consistently with the desires of the principal as expressed in this appointment. I understand that this document gives me authority over health care decisions for the principal only if the principal becomes incapable. I understand that I must act in good faith in exercising my authority under this power of attorney. I understand that the principal may revoke this power of attorney at anytime in any manner, and that I have a duty to inform the principal's attending physician promptly upon any revocation.

Marilyn A. Breithaupt

SIGNATURE OF ATTORNEY-IN-FACT / DATE

Ann Karen Lynn

SIGNATURE OF ALTERNATE ATTORNEY-IN-FACT / DATE

Marilyn A. Breithaupt

PRINTED NAME

ANN KAREN LYNN

PRINTED NAME

[\* At least one of the witnesses must be a person who is not a relative of the principal by blood, marriage or adoption or a person who at the time of execution of this power of attorney would be entitled to any portion of the estate of the principal upon death under any will or by operation of law. The attorney-in-fact may not be a witness and the principal's attending physician at the time of execution of this power of attorney may not be a witness.]

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marilyn Breithaupt the 2nd day  
 of December A.D. 19 91 at 11:31 o'clock A M., and duly recorded in Vol. M91  
 of Power of Attorney on Page 25090

FEE \$5.00 Copies \$4.00

By Evelyn Diehn

County Clerk

By Bernice Schuch

Return: Marilyn Breithaupt-3405 Patterson, Klamath Falls, OR 97603

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