

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, Peter Mueller
Residing at :
212 Pine Avenue
Dallas , County of , Las Collinas
State of Texas
Herein Referred to as Grantor

Wish to create this Durable Power of Attorney for Health Care,
and appoint

Paul Simon
Residing at :
234 Pine Avenue
Dallas , County of , Las Collinas
State of Texas
Herein Referred to as The ATTORNEY-IN-FACT

3. Creation of this Durable Power of Attorney for Health Care.

To my family, relatives, friends and my physicians, health care providers, community care facilities and any other person who may have an interest or duty in my medical care or treatment:

I, Peter Mueller , being of sound mind, willfully and voluntarily intend to create by this document a durable power of attorney for my health care by appointing the person designated as my attorney-in-fact to make health care decisions for me in the event I become incapacitated and am unable to make health care decisions for myself. This power of attorney shall not be affected by my subsequent incapacity.

4. Designation of Attorney-in-Fact.

The person designated to be my attorney-in-fact for health care in the event I become incapacitated is Paul Simon , If Paul Simon , for any reason shall fail to serve or ceases to serve as my attorney-in-fact for health care, Charles Stuart , residing at 3234 Palms Avenue , Dallas Texas , 43345 , shall be my attorney-in-fact for health care.

5. Effective on Incapacity.

This durable power of attorney for health care shall become effective in the event I become incapacitated and am unable to make health care decisions for myself, in which case it shall become effective as of the date of the written statement by a physician, stating that I have become incapacitated and am unable to make health care decisions

6. Determination of Incapacity.

The determination that I have become incapacitated and am unable to make health care decisions shall be made in writing by a licensed physician. In the event that a licensed physician has

made a written determination that I have become incapacitated and am not able to make health care decisions for myself, that written statement shall be attached to the original document of this durable power of attorney for health care.

7. Authority of My Attorney-in-Fact. My attorney-in-fact shall have all lawful authority permissible to make health care decisions for me, including the authority to consent, or withdraw consent or refuse consent to any care, treatment, service or procedure to maintain, diagnose or treat my physical or mental conditions,

8. Inspection and Disclosure of Information Relating to My Physical or Mental Health.

Subject to any limitations in this durable power of attorney for health care, my attorney-in-fact has the power and authority to do all of the following:

a. request, review, and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records.

b. Request that I be examined by any medical specialist he/she may feel indicated. If my attorney feels the care i receive is inadequate , he/she may my attorney may ask for my transfer to a different institution.

c. Execute on my behalf any releases or other documents that may be required in order to obtain this information.

d. Consent to the disclosure of this information.

9. Signing Documents, Waivers, and Releases.

Where necessary to implement the health care decisions that my attorney-in-fact is authorized by this document to make, my attorney-in fact has the power and authority to execute on my behalf all of the following:

a. Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice".

b. Any necessary waiver or release from liability required by a hospital or physician.

10. Duration.

This Durable power of attorney for health care may be revoked by me at anytime. at any rate it will be revoked automatically on the 12th of October 2010

In Witness Whereof, I do hereby sign and seal this instrument,

Date :12th of May 2002

.....
Peter Mueller

.....
Witness (1) Charles Riviera
address : 1290 4th Avenue Austin Texas 67543

.....
Witness (2) Georges Summerlin
address : 4983 Black Street , Austin , Texas 65745

On the 12th of May 2002 , Peter Mueller declared to us, the witnesses , that this instrument, consisting of these few pages including the page signed by us as witnesses, was a LIVING WILL AND DIRECTIVE TO MY PHYSICIANS and requested us to act as witnesses to it. Peter Mueller thereupon signed this LIVING WILL AND DIRECTIVE TO MY PHYSICIANS in our presence, all of us being present at the same time. We now, at his/her request, in Peter Mueller,s presence and in the presence of each other, subscribe our names as witnesses. Each states that Peter Mueller is not a minor and appear to be of sound mind and that we have no knowledge or any facts indicating that the foregoing instrument, or any part of it, was procured by duress, menace, fraud or undue influence. We, each for himself or herself, declare that each of us is at least the age of majority, and that each of us is, and the others appear to be of sound mind. We, each for himself or herself, declare under penalty of perjury that the foregoing is true and correct and that this attestation and this declaration are executed on the 12th of May 2002

.....
Peter Mueller
Address : 212 Pine Avenue
Dallas , County of Las Collinas , state of Texas , 3213
Phone : 212-323-4332

State of Texas

County of Las Collinas

On this day, before me, the undersigned authority, in and for and residing in the above County and state, personally appeared Peter Mueller who is personally known to me to be the same persons whose name is subscribed to the foregoing document, and, being duly sworn, he/she verified that the information contained in the foregoing document is true and correct on personal knowledge and acknowledged that said document was signed as a free and voluntary act.

Subscribed and sworn to thisday of.....,
20.....

.....
Name and signature

My commission expires: