

THE HUGHEN CENTER, INC.

2849 Ninth Avenue

Port Arthur, Texas 77642

Phone: (409)983-6659 Fax: (409)983-6408

Instructions: This is an interactive form. Please complete all form fields, save the document and email this document to info@hughencenter.org or fax to 409-983-6408.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Designation of Health care agent,

I, _____, as parent, custodian or legal guardian of _____, hereby appoint Monte Osburn, Director of the Hughen Center, Inc. as my agent to make any and all health care decisions for said child, except to the extent I state otherwise in this document. This durable power of attorney for health care decisions for said child, except to the extent I state otherwise in this document. This durable power of attorney for health care takes effect if I become unable to be physically present to make health care decisions regarding the child.

Designation of alternate agent,

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney.

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 _____ day of _____, _____ at _____, Texas

Signature

Print Name

STATEMENT OF WITNESS,

I declare under the penalty of perjury that the principal has identified himself or herself to me, that the principal signed or acknowledged this durable power of attorney in my presence, that I believe the principal to be of sound mind, that the principal has affirmed that the principal is aware of the document and is signing it voluntarily and free from duress, that the principal requested that I serve as witness to the principal's execution of this document, that I am not the person appointed as agent by this document, and I am not a provider of health or residential care, the operator of a community care facility, or an employee of an operator of a health care facility.

I declare that I am not related to the principal by blood, marriage, or adoption and that to the best of my knowledge I am not entitled to any part of the estate of the principal on the death of the principal under the will or of operation of law.

Witness Signature: _____

Print Name: _____

Address: _____

Witness Signature: _____

Print Name: _____

Address: _____

Date: _____

Date: _____

**Signature required at time of placement.*