

GARY CUNHA, P.C.
ATTORNEY AND COUNSELOR AT LAW

“DIRECTIVE TO PHYSICIANS FOR HEALTH CARE (LIVING WILL)”
“GENERAL DURABLE POWER OF ATTORNEY”
“MEDICAL POWER OF ATTORNEY”

PLEASE PRINT CLEARLY

Your FULL Name: _____ Male / Female

Your street address: _____

City: _____ State: Texas or _____ Zip: _____

County: (circle): McLennan Bell Hill Bosque Other: _____

Phone numbers: _____

For *Power of Attorney*: In the event you become unable to make financial decisions for yourself, designate below who you want to make decisions for you.

Their Full Name: _____ Male / Female

Address: _____ City: _____

County: _____ State: Texas Other: _____ Zip: _____

Phone: _____

For *Healthcare Powers of Attorney*, you can appoint a 1st and 2nd alternate agent if the above cannot serve:

1st Alternate Agent Name: _____ Phone: _____

1st Alternate Address, City, County, St, Zip: _____

2nd Alternate Agent Name: _____ Phone: _____

2nd Alternate Address, City, County, St, Zip: _____

Date you wish the Power of Attorney to start: Immediately, on my incapacity, or date: _____

Date you wish the Power of Attorney to end: Indefinitely or date: _____

Client Signature: _____ Date: _____