

**LIMITED HEALTHCARE
POWER OF ATTORNEY**

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UNITED STATES OF AMERICA

BY: WALT WHITMAN

STATE OF LOUISIANA

TO: ROBERT G. INGERSOLL

PARISH OF WARREN

BE IT KNOWN that on March 15, 2012, before me, a Notary Public duly commissioned and qualified in and for aforesaid parish and state, and in the presence of the undersigned witnesses, personally came and appeared:

WALT WHITMAN, a person of the full age of majority and of sound mind, resident and domiciled in the Parish of Attakapas, who declared that he has never been married, has no children, and has never adopted any children, nor been adopted by anyone, whose present mailing address is 7585 Huntington Blvd, Turkey River, Louisiana, 74778; hereinafter sometimes referred to as “PRINCIPAL.”

WALT WHITMAN, PRINCIPAL declares and hereby designates:

ROBERT G. INGERSOLL, a person of the full age of majority, resident and domiciled in the Parish of Attakapas, State of Louisiana, whose present mailing address is 41B Leafminer Dr, Turkey River, Louisiana, 74778; hereinafter sometimes referred to as “AGENT”;

To be my agent for health care decisions for me if and when I am unable to make my own health care decisions, to be PRINCIPAL’S agent and attorney-in-fact, granting to the said agent’s full to consent to giving, withholding or stopping any health care, treatment, service or diagnostic procedure, discuss my medical matters, obtain information, obtain copies of medical records and execute forms necessary to obtain records and secure information as to my health status, and health matters granted herein to include, but not be limited to, full authority of the following:

- 1) EXPLICIT AUTHORITY REQUIRED BY LOUISIANA LAW: In accordance with Louisiana Civil Code article 2997, I grant explicit authority to my agent, in the broadest manner possible make health care decisions including but not limited to the health care decisions such as surgery, medical expenses, nursing home residency, and medication;
- 2) LIFE SUPPORT: My AGENT MAY decide about life support for me, “life support” refers to any medical means for maintaining life, including procedures, devices and medications, but not excluding routine measures to keep me clean and comfortable;

- 3) TUBE FEEDING: My AGENT MAY decide about tube feeding for me, “tube feeding” refers to the type of life support where food and water are supplied artificially by medical device;
- 4) CLOSE TO DEATH: After consultation with my doctor and another knowledgeable physician who confirms my medical condition is such that life support would only postpone that moment of my death, my AGENT is authorized to direct the continuation of tube feeding only as my physician recommends and to receive life support only as my physician recommends;
- 5) PERMANENTLY UNCONSCIOUS: After consultation with my doctor and another knowledgeable physician who confirms my medical condition is such that I am unconscious and it is very unlikely that I will ever become conscious again, my AGENT is authorized to direct the continuation of tube feeding only as my physician recommends and to receive life support only as my physician recommends;
- 6) ADVANCED PROGRESSIVE ILLNESS: After consultation with my doctor and another knowledgeable physician who confirms my medical condition is such that I have a progressive illness that will be fatal and is in an advanced stage, and I am consistently and permanently unable to communicate by any means, swallow food and water safely, care for myself and recognize my family and other people, and it is very unlikely that my condition will substantially improve, my AGENT is authorized to direct the continuation of tube feeding only as my physician recommends and to receive life support only as my physician recommends;
- 7) EXTRAORDINARY SUFFERING: After consultation with my doctor and another knowledgeable physician who confirms my medical condition is such that life support would not help my medical condition and would make me suffer permanent and severe pain, my AGENT is authorized to direct the continuation of tube feeding only as my physician recommends and to receive life support only as my physician recommends;
- 8) MEDICAL/INSURANCE CLAIMS: My agent is also authorized to submit claims to any health care provider, or insurer, or government agency to assist in the payment or filing of claims for health coverage, to review and or dispute or examine all medical bills or charges from healthcare providers;

9) NO LIABILITY OF AGENT: It is specifically declared that my agent shall have no personal liability for decisions made in good faith described herein and, further, that the said agent shall have no liability for any debts incurred for obtaining health care on my behalf;

10) AGENT'S ACCEPTANCE OF AUTHORITY: BE IT KNOWN that on the 15th day of March, 2012, before me, a Notary Public duly commissioned and qualified in and for aforesaid parish and state, and in the presence of the undersigned witnesses, personally came and appeared ROBERT G. INGERSOLL who declares that he accepts this appointment and agrees to serve as healthcare agent for WALT WHITMAN and that any person may rely on representation by my AGENT, that he has sufficiently consulted with any physician or healthcare provider as described above.

Thus done and passed in duplicate original in the presence of the below named witnesses and that said witnesses declared that they were not related to the patient by blood, marriage or adoption, and, to the best of their knowledge are not entitled to any part of the estate of the principal under any will now existing or by operation of law, and that said power of attorney was executed on the date and time and place hereinabove stated.

WITNESSES:

Fanny Mae

Freddy Mack

PRINCIPAL:

WALT WHITMAN

AGENT:

ROBERT G. INGERSOLL

NOTARY PUBLIC