## **DURABLE POWER OF ATTORNEY FOR HEALTHCARE DECISIONS**

(Pursuant to Kansas Statutes Annotated, Sections 58-625 through 632)

## **LIMITED AUTHORITY GRANTED**

',	int your name)	_designate and app	point:		
The state of the s		to be my agent for the final decision about the disposition of my body at			
**	nt your Agent's name)	-		,	
the time of my death.					
Agent's Address	City		State/Zip	Phone	
	above is unavailable or unwilling tter, to serve in the order listed		on on my behalf, th	en I designate the following person	
First Alternate Agent:		Second Alternate Agent:			
Name		Name			
Address			Address		
City, State, Zip		City, State, Zip			
Phone		Phon	e		
	AUT	HORITY GRAN	TED		
My healthcare agent m	nay:				
1. Make decisions abo	out the disposition of my boo	dy (autopsy/buria	al/cremation/don	ation).	
	LIMITATIONS	ON AUTHORI	TY GRANTED		
	agent shall be limited to those by previously existing declarat				
2. My agent may not	authorize or consent for any	thing, other than	the final disposit	ion of my body.	
This power of attorney by my subsequent disa		osition of my boo	dy at the time of r	my death, shall not be affected	
Any durable power of a	ttorney I have previously mad	de <b>regarding the</b>	final disposition o	of my body is hereby revoked.	
Executed this (day)	of (month)	(year)	at (city, state	2)	
	SIGNATURE X				
This doc	ument must be witnessed by	two individuals	or acknowledged	by a notary public.	
Witnesses:					
Address		Address			
City, State, Zip		City, S	State, Zip	<u>.</u>	
or NOTARY PUBLIC:					
STATE OF	COUNTY OF	S:	s. This instrument	was acknowledged before me	
this day of	(month, year)	by		(name of person)	
Signature of Notary		My commission	n expires:	affix seal here	