

## EXPLANATION OF ADVANCE HEALTH CARE DIRECTIVE

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

The power of attorney for health care included in this form lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

(a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.

(b) Select or discharge health care providers and institutions.

(c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.

(d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.

(e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

**ADVANCE HEALTH CARE DIRECTIVE  
FOR  
DANIEL T. HAWKINS**

I, Daniel T. Hawkins, a resident of Ventura County, California, enter into this Advance Health Care Directive ("Directive") on October 30, 2007.

**ARTICLE 1  
EFFECTIVE DATE**

By signing this document, I intend to create an advance health care directive under the Health Care Decisions Law, Sections 4600 through 4805 of the California Probate Code. I hereby revoke any and all prior advance health care directives or powers of attorney for health care signed by me.

This Directive shall be effective immediately and shall remain in full force and effect unless revoked by me in writing. This Directive shall remain in full force and effect during any period when I am incapacitated or unable to give informed consent to medical treatment.

**ARTICLE 2  
REVOCATION AND AMENDMENTS**

I reserve the right to revoke or amend the designation of an Agent under this Directive or to amend any other provision of this Directive, at any time while I am not incapacitated, by a signed writing delivered to my Agent or my primary physician. I reserve the right to revoke all or any part of this Directive, other than the designation of an Agent, at any time while I am not incapacitated, in any manner that communicates to my Agent and my primary physician an intent to revoke, such as by written or oral notice to my Agent and my primary physician.

**ARTICLE 3  
POWER OF ATTORNEY FOR HEALTH CARE**

**3.1 Designation of Agent.** I designate my wife, Karen R. Hawkins as my Agent to make health care decisions for me and to act for me in my name as authorized in this Directive. If for any reason Karen R. Hawkins is or becomes unable or unwilling to serve as my Agent under this Directive, or is unavailable to act as my Agent, or if I revoke my Agent's appointment or authority to act as my Agent under this Directive, then I designate the following persons to serve as my Agent, in the order listed below, to make health care decisions for me as authorized under this Directive: William C. Hawkins and Dianne Antranikian. All provisions in this Directive applicable to the initial Agent shall likewise be applicable to each successor Agent.

**3.2 Successor Agents.** If at the time an Agent wishes to withdraw or resign, he or she is my sole Agent and I am unable for any reason to appoint a successor Agent and no Agent is designated under Section 3.1, in such event, prior to his or her withdrawal or resignation, my Agent shall appoint his or her successor to serve under this Directive, and his or her withdrawal or resignation shall be effective upon his or her obtaining the written acceptance of the successor

Agent. In such case, a resignation signed by the Agent and a document signed by him or her appointing or designating his or her successor shall be attached to this Directive. Third parties who deal with the successor Agent shall be entitled to rely on the original Directive instrument with any such document attached.

## **ARTICLE 4 AUTHORITY OF AGENT**

**4.1 General Statement of Authority of Agent.** Subject to the limitations set forth in this Directive, I grant to my Agent, acting directly for me or on my behalf, the full power and authority to make health care decisions for me and in my name, in any lawful way that I myself could act if I were personally present and able to act, as my Agent determines to be in my best interest. For purposes of this Directive, the term "health care decision" means to consent, refuse consent, or withdraw consent to any type of medical care, treatment, service, medication, or procedure to affect, maintain, diagnose, or treat any physical, mental, or emotional condition, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive. My Agent shall have the power and authority to do, execute, and perform every act that in her best judgment ought to be done to provide for the care, treatment, services, or procedures reasonably necessary to maintain, diagnose, treat, or otherwise aid my physical, mental, or emotional condition. I designate my Agent as my personal representative under 45 CFR § 164.502(g), a portion of the regulations implementing the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), for all health care-related decisions. In exercising the authority granted under this Directive, the powers of my Agent shall include, but shall not be limited to, the powers set forth in ARTICLE 5.

**4.2 Specific Grant of Authority.** Subject to the limitations stated in this Directive, I hereby expressly give my Agent, acting under this Directive, the power and authority to consent to the withholding or withdrawal of life-sustaining treatment. In exercising this authority, my Agent must act consistently with my desires as expressed in this Directive or otherwise made known by me to my Agent. If my desires are unknown or unclear, my Agent is authorized to act in my best interest.

## **ARTICLE 5 POWERS OF AGENT**

My Agent is authorized to exercise the powers set forth below concerning authorizing medical treatment only if I lack the capacity to give informed consent, as determined under ARTICLE 8 of this Directive. Subject to that limitation, my Agent shall have the power and authority to do all of the following, consistent with my desires as expressed in this Directive or otherwise made known to my Agent:

### **5.1 Making Decisions as to Personal Care.**

- (a) To make decisions relating to my personal care, including, but not limited to, determining where I will live, providing meals, and hiring and supervising household employees and other service providers.

- (b) To make decisions relating to my other personal needs, including, but not limited to, providing or arranging transportation, handling mail, and arranging for recreation and entertainment.

## **5.2 Authorizing Medical Treatment.**

- (a) To make health care decisions for me to the same extent as I could make health care decisions if I had the capacity to do so.
- (b) To select and discharge health care providers and institutions.
- (c) To authorize or refuse to authorize, or to give or withhold consent, to emergency care or treatment, hospitalization, surgery, therapy, or any other health or medical care or treatment, procedures, or tests, or to revoke, withdraw, or modify such authorization or consent.
- (d) To approve or disapprove diagnostic tests, surgical or medical procedures, and programs of medication. In particular, my Agent is authorized to approve and arrange for the administration of pain-relieving drugs of any type or surgical or medical procedures intended to relieve my pain, even though their use may lead to permanent physical damage, addiction, or the hastening of the moment of my death.
- (e) To give directions to provide, withhold, or withdraw all forms of health or medical care or treatment, including the withholding or withdrawal of artificial nutrition and hydration, and all other forms of health care, including cardiopulmonary resuscitation.

## **5.3 Executing Documents.**

- (a) To execute, acknowledge, and deliver on my behalf any documents that may be necessary, desirable, or proper to exercise any of the powers described in this Directive.
- (b) To execute on my behalf, along with my physician and surgeon, a "request to forego resuscitative measures" that directs a health care provider to forego resuscitative measures, and to request and concur with the writing of a "no-code" (do not resuscitate) order by my attending or treating physicians.
- (c) To execute other documents related to my health and medical care and treatment and health care decisions, including documents titled or purporting to be a "Refusal to Permit Treatment" or "Leaving Hospital Against Medical Advice."
- (d) To execute any waiver or release from liability required by a hospital, physician, or other health care provider or institution in order to

implement my wishes regarding my health and medical care and treatment.

**5.4 Incurring Expenses and Hiring Health Care Providers.**

- (a) To incur expenses for my health and medical care and treatment as authorized under this Directive and to direct or request my conservator, trustee, or agents to pay or reimburse such expenses.
- (b) To select, employ, and discharge physicians, nurses, dentists, therapists, and other health care providers as my Agent determines to be necessary to carry out the health care decisions my Agent makes under this Directive.
- (c) To summon paramedics or other emergency medical personnel and seek emergency treatment for me, or choose not to do so.
- (d) To arrange for my hospitalization and convalescent care or home care, and to select and discharge hospitals, nursing homes, and other health care institutions. The term "health care institution" means an institution, facility, or agency licensed, certified, or otherwise authorized or permitted by law to provide health care in the ordinary course of business.

**5.5 Taking Actions After the Death of the Principal.**

- (a) To receive any and all items of personal property and effects that may be recovered from or about my person by any health care provider or health care institution, police agency, or any other person at the time of my illness, disability, or death.
- (b) To consent to an examination of my body after my death to determine the cause of my death, and to authorize and arrange for an autopsy under Health and Safety Code Section 7113 or any successor statute.
- (c) To direct the disposition of my remains under Health and Safety Code Section 7100, and to arrange for my funeral and burial and other related arrangements.

**5.6 Seeking Judicial Intervention.**

- (a) To file a petition with the appropriate court seeking a determination as to whether I lack the capacity to give informed consent and to make my own health care decisions.
- (b) To seek court orders directing or approving acts my Agent has taken or intends to take, especially where a third party refuses to comply with actions taken or decisions made by my Agent under this Directive.

- (c) To seek court orders enjoining third parties from taking actions affecting my health and medical care and treatment that my Agent has not authorized.
- (d) To sue third parties who have failed to comply with actions taken or decisions made by my Agent under this Directive, and to demand damages on my behalf for such failure.

## **ARTICLE 6 LIMITATION ON AUTHORITY OF AGENT**

Notwithstanding the broad power and authority granted to my Agent under ARTICLE 4, in exercising that authority my Agent shall act consistently with my desires and is subject to the following limitations.

**6.1 Duty to Consult with Me.** Before taking any actions under this Directive, my Agent shall first discuss or attempt to discuss with me the specifics of any decision to be made and obtain my instructions and wishes, unless I am not physically or mentally capable of giving such instructions or am unable to communicate with my Agent in any manner.

**6.2 Duty to Follow My Instructions.** If I am physically and mentally capable of giving my Agent instructions, my Agent shall follow such instructions and directions, without any personal liability whatsoever. If, however, I am not physically and mentally capable of giving such instructions, my Agent shall follow, to the best of her ability, the instructions I have given in this Directive, or absent such instructions, shall act in accordance with my expressed wishes and desires otherwise known to my Agent, whether contained in this Directive or not.

**6.3 Duty to Follow My Wishes or Act in Best Interest.** If I am unable to communicate instructions and my wishes are otherwise unknown or unclear, my Agent should make health care decisions for me guided by any preferences that I may have previously expressed and the information given by the physicians treating me as to my medical diagnosis and prognosis. My Agent should make health care decisions for me in accordance with my best interest, to be determined by my Agent after considering the benefits, burdens, and risks that might result from a given course of treatment. In determining my best interest, my Agent shall consider my personal values to the extent known to my Agent.

**6.4 Specific Limitations as to Medical Treatment.** Under this Directive, I have given to my Agent the power and authority to make health care decisions for me, as my Agent deems necessary for my physical, mental, and emotional well being. Notwithstanding the creation of this Directive, I retain the power and authority to continue making my own medical and health care decisions so long as I can give informed consent to medical treatment. My Agent may not authorize medical treatment under this Directive if I have capacity to give informed consent to the treatment but refuse to do so. When it has been determined as provided under ARTICLE 8 that I lack the capacity to give informed consent to medical treatment, my Agent, acting under this Directive, may authorize the discontinuance of medical treatment or refuse consent to further medical treatment, if my Agent makes that decision in good faith and

based on appropriate medical advice. If and only if it is determined under ARTICLE 8 that I lack the capacity to give informed consent to medical treatment, I hereby grant to my Agent full power and authority to consent, refuse consent, or withdraw consent to any type of medical care, treatment, service, medication, or procedure to affect, maintain, diagnose, or treat any physical, mental, or emotional condition, to the same extent that I could if I were capable of doing so, subject to the terms of this Directive.

## **ARTICLE 7 INSTRUCTIONS FOR HEALTH CARE**

I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with my wishes as follows:

**7.1 Expression of My Desires.** I wish to live and enjoy life as long as possible, but I do not wish to receive medical treatment that will provide minimal or no benefit to me and will only secure a precarious prolongation of my life which is burdensome to me. I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits. I want my Agent to consider the relief of my suffering and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment. As a guiding desire, I would, if competent, reject treatments or procedures that impose suffering or strain on me out of proportion to the benefits expected to be gained by their use. Further, I want treatment for alleviation of pain or discomfort to be provided at all times, even if it hastens my death.

**7.2 Circumstances for Withholding and/or Withdrawing Treatment.** If two physicians, one of whom is my attending physician and both of whom have examined me and are familiar with my condition, have determined with reasonable certainty and noted in my medical records that (1) I have irrevocably lost the ability to interact knowingly and effectively with others (such as an irreversible coma or persistent vegetative state, and not simply due to aphasia) or (2) I have an incurable and irreversible condition that will result in my death within a relatively short time without the administration of life-sustaining procedures, I desire that my physicians withhold or withdraw treatment that only prolongs the process of my dying. Under such circumstances, I desire that aggressive medical therapy be discontinued or not be instituted, and that I be permitted to die naturally.

Under such circumstances, my Agent shall have the power and authority to request that aggressive medical therapy be discontinued or not be instituted, including, but not limited to, cardiopulmonary resuscitation, the implantation of a cardiac pacemaker, renal dialysis, the use of respirators or ventilators, blood transfusions, antibiotics, and organ transplants. Furthermore, under such circumstances all medical procedures used to provide me with nourishment and hydration (including, for example, parenteral feeding, intravenous feeding, and endotracheal or nasogastric tube use) shall be discontinued or not be instituted if the two physicians described above determine that I would not experience severe or prolonged pain as a result of the withholding of nourishment and/or hydration. Finally, I do not regard the withdrawing of

treatment as being qualitatively different from the withholding of treatment, and I do not want any such distinction made in my treatment.

**7.3 Treatment with Dignity.** If I should suffer a serious disease, injury, or illness, I desire that those who love and care for me express their affection to me and touch me. I ask that those involved in my medical care conduct themselves so that it is apparent that I am included in their love for all humanity, trying to make me aware of that love through any of my senses regardless of my condition. I particularly request that I not be isolated with silence when dying. I wish to be treated with human contact and stimulation and to receive continued contact designed to make or keep me comfortable. During such times as I am not physically or mentally capable of giving an informed consent, my Agent shall not have the authority to control access to me by my family or friends.

**7.4 Home Care and Companionable Aid.** If at all possible, I desire to be treated and/or be permitted to die at home with appropriate medical, nursing, social, and emotional support and any necessary medical or other equipment needed to keep me comfortable. If I must be placed in a nursing facility because my needs necessitate that placement, I desire at least twelve hours of companionable aid each day.

## **ARTICLE 8 DETERMINATION OF LACK OF CAPACITY**

The determination of whether I lack the capacity to give informed consent shall be made in writing by a licensed physician. (No licensed physician who executes a medical opinion of incapacity shall be subject to liability because of such execution. I hereby waive any privilege that may apply to the release of information included in such medical opinion.) Third parties may rely on the authority of the Agent without further evidence of incapacity when this instrument is presented with such physician's statement attached. Notwithstanding the foregoing provisions, if I require emergency care or treatment, my Agent may determine whether I lack the capacity to make my own health care decisions under the circumstances. In determining whether my physical condition or mental functioning is so severely impaired that I lack the capacity to make my own health care decisions, my Agent may take into consideration the frequency, severity, and duration of periods of impairment.

## **ARTICLE 9 LIMITATION ON LIABILITY OF AGENT**

Notwithstanding any other provision of this Directive, neither my initial Agent nor any alternate or successor Agent shall incur any liability to me or my estate, heirs, beneficiaries, successors, or assigns for acting or refraining to act under this Directive in good faith, except where the Agent's actions constitute willful misconduct or gross negligence. Neither my Agent nor any successor Agent shall have any duty or responsibility to take any actions authorized or exercise any powers granted under this Directive without specific directions or instructions from me.



**ARTICLE 10  
RATIFICATION OF ACTIONS**

The powers conferred on my Agent by this Directive are exercisable by my Agent alone. The signature of my Agent under the authority granted in this Directive may be accepted by any third party or organization as fully authorized by me and with the same force and effect as if I were personally present, competent, and acting on my own behalf. I hereby ratify and confirm all that my Agent, or her successors or substitutes, shall do or cause to be done by virtue and authority of this Directive and the rights and powers granted herein. I further confirm that each and every action taken by my Agent under this Directive shall be binding upon me and my estate, heirs, beneficiaries, successors, and assigns. For myself, my estate and personal representatives, and my heirs, beneficiaries, successors, and assigns, I hereby absolve and release my Agent, physicians, and any hospital or other health care institution from any legal liability whatsoever on account of following my wishes expressed in this Directive.

**ARTICLE 11  
RELIANCE BY THIRD PARTIES**

In order to induce reliance by third parties on this Directive, it is agreed and understood that no person or organization who relies on the authority of my Agent under this Directive or any representation my Agent makes regarding her authority, shall incur any liability to me, my estate, heirs, beneficiaries, successors, or assigns because of such reliance on this Directive or on any such representation by my Agent, including, but not limited to: (1) the fact that this Directive has not been revoked; (2) that I was competent to execute this Directive; or (3) the authority of my Agent under this Directive. I and my estate, heirs, beneficiaries, successors, and assigns will hold such party or parties harmless from any loss suffered or liability incurred because of such reliance. Any third party receiving a duly-executed copy or photocopy of this Directive may act in reliance on such copy or photocopy. A copy of this document has the same effect as the original. Any revocation or termination of this Directive, by operation of law or otherwise, shall not be effective as to such third party unless and until such third party receives actual notice or knowledge of my death or such revocation or termination.

**ARTICLE 12  
ACCESS TO INFORMATION AND RECORDS**

Any third party from whom my Agent may request information, records, or other documents regarding my physical, mental, or emotional health, including but not limited to medical and hospital records and other protected health information as defined by HIPAA, is authorized and directed to release and deliver all such information, records, or documents to my Agent. As to my Agent, I hereby waive any and all privileges that may apply to the release of such information, records, or other documents, and to any communication pertaining to me and made in the course of a lawyer-client, physician-patient, psychiatrist-patient, clergyman-penitent, or other similar relationship.

**ARTICLE 13  
PRIORITY OF AGENT**

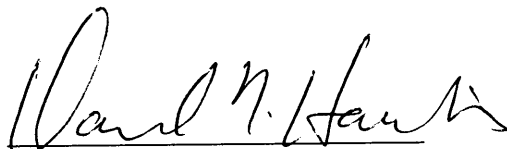
My Agent designated in this instrument, including any successor Agent, if available and willing to make health care decisions on my behalf, shall have priority over any other person to act for me in all matters of health care decisions where I am unable to give informed consent with respect to such decisions. Nothing in this Directive shall affect any right my Agent may have, apart from this Directive, to make or participate in the making of health care decisions on my behalf. Moreover, this Directive does not affect the right any person may have to make health care decisions on my behalf if my Agent and any successor Agent are unavailable, unwilling, or unable to make health care decisions on my behalf. (This Directive also does not affect the law governing health care treatment in an emergency.) I desire that my wishes as expressed in this Directive, especially my wishes as to the withholding and withdrawal of life-sustaining treatment, be carried out through the authority given to my Agent in this Directive despite any contrary feelings, beliefs, or opinions of members of my family, relatives, friends, or conservator. My Agent shall have authority over my health care decisions even if someone else is appointed by a court to act as conservator of my person or estate.

**ARTICLE 14  
DECLARATIONS BY PRINCIPAL**

I declare that my lawyer has explained to me my rights in connection with this Directive and the consequences of signing it and not signing it. I authorize my lawyer to provide the original or a copy of this Directive to my Agent or successor Agent or my health care provider, and I waive any duty of confidentiality my lawyer otherwise might have as to this document.

I declare that I have read this Directive and understand its importance. I recognize that Karen R. Hawkins, as my Agent, is granted broad power and authority to make health care decisions affecting me. I also recognize that this Directive will remain in full force and effect during my incapacity and continue unless revoked. By signing below, I further declare that I am emotionally and mentally competent to execute this Directive and understand its purpose and effect. I am not currently a patient in a skilled nursing facility.

IN WITNESS WHEREOF, I have executed this Directive on October 30, 2007, at Thousand Oaks, California.

  
Daniel T. Hawkins

STATE OF CALIFORNIA )

COUNTY OF VENTURA )

On October 30, 2007, before me, Joyce Purvis, Notary Public, personally appeared Daniel T. Hawkins, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

*Joyce D. Purvis*  
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NOTARY PUBLIC

