

ADVANCE HEALTH CARE DIRECTIVE

1. DESIGNATION OF HEALTH CARE AGENT:

I, MARY JEAN PARVIN, of 2 North Avena Avenue, Lodi, California 95240, (209) 333-8121, hereby designate and appoint my cousin, TIFFANY ANDERSON, 2 North Avena Avenue, Lodi, California 95240, (209) 333-8121, as my agent to make health care decisions for me as authorized in this document.

2. DESIGNATION OF ALTERNATE AGENTS:

If the person I designated as my agent in paragraph 1 is unable or unwilling to act as my agent, or if I revoke that person's appointment as my agent, then I designate my cousins, JIMMY AMBURN and BARBARA AMBURN, or the survivor of them, as my agent(s) to make health care decisions for me as authorized in this document.

3. GENERAL STATEMENT OF AUTHORITY GRANTED:

A. If I become incapable of making informed health care decisions, I hereby grant to my agent full power and authority to consent, refuse consent, or withdraw consent to any type of health care procedure (including any procedure to maintain, diagnose, or treat any physical or mental condition), or to make any other health care decision, to the same extent that I could if I had capacity to do so, subject to the terms of this instrument. My agent shall exercise this power and authority in accordance with my expressed desires, known to my agent, whether contained in this document or not. Before acting, my agent shall attempt to communicate with me regarding my desires unless such attempt would be futile. If my desires are unknown, then my agent should decide for me, having my best interests in mind. My agent is further authorized:

To authorize, or refuse to authorize, any health care decision or medical treatment if I shall be physically or mentally incapacitated or otherwise unable to make such authorization for myself, including authorization for emergency care, hospitalization, surgery, therapy, and any other kind of treatment or procedure that, in my agent's sole discretion, my agent thinks necessary for my benefit and well being.

To consult with and advise any physicians, nurses, therapists, dentists, or any other medical or health care institutions on my behalf, as such consultations relate to my health and welfare. All such personnel and institutions are specifically requested to abide by all decisions and instructions of my agent and to release to my agent all information that my agent may request concerning my health and well-being.

To receive into my agent's sole possession all items of personal property and effects that may be recovered from or about my person by any hospital, police agency, or any other person at

the time of my illness, disability, or death, this to specifically include my remains if applicable.

B. "Health care decisions" means consent, refusal of consent, or withdrawal of consent for any care, treatment, service, or procedure to affect my physical or mental condition, as well as consent to release of medical information.

C. I trust my agent, who knows and understands my desires, and in whose judgment I have absolute faith, to exercise his discretion, in a manner that would be satisfactory to me if I had the capacity to give or refuse to give consent.

D. Before acting, my agent shall attempt to communicate with me regarding my desires unless such attempt would be futile. If I am unreachable by such communication, and my desires regarding a particular health care decision are unknown, my agent should make the health care decision guided by the following: my personal values, any preferences that I have previously expressed, preferences stated herein, and information received from the attending physician(s) concerning my prognosis, all the while having my best interests in mind.

4. WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE

My agent's authority shall become effective when my primary physician determines that I am unable to make my own health care decisions.

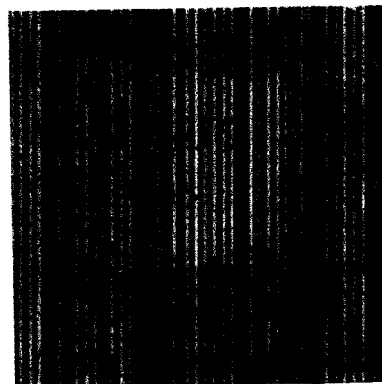
5. INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH:

My agent has the power and authority to do all of the following:

- (a) Request, review, and receive any information, verbal or written, regarding my physical or mental health, including medical and hospital records.
- (b) Execute, on my behalf, any releases or other documents that may be required in order to obtain this information.
- (c) Consent to disclosure of this information.

6. SIGNING DOCUMENTS, WAIVERS, AND RELEASES:

My agent has the power and authority to execute all necessary instruments and perform all necessary acts required for the execution and implementation of all authorizations contained in this document.



7. DONATION OF ORGANS AT DEATH:

On my death, my agent is (not) authorized to donate any of my organs, tissues, or parts.

8. DISPOSITION OF REMAINS:

On my death, my agent is authorized to direct the disposition of my remains.

9. AUTOPSY

On my death, my agent is granted the power to authorize an autopsy.

10. EFFECT OF COPY

A copy of this form shall have the same effect as the original.

Executed on August 30, 2012, at Lodi, California.

Mary Jean Parvin
MARY JEAN PARVIN

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of California)
)
County of San Joaquin)

On August 30, 2012, before me, Gregory P. Goehring, a Notary Public, personally appeared MARY JEAN PARVIN, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
Gregory P. Goehring

