

ACCEPTANCE OF APPOINTMENT OF POWER OF ATTORNEY

for:

(Name of principal)

I accept this appointment and agree to serve as agent for health care decisions. I understand I have a duty to act consistently with the desires of the principal as expressed in this appointment. I understand that this document gives me authority over health care decisions for the principal only if the principal becomes incapacitated. I understand that I must act in good faith in exercising my authority under this power of attorney. I understand that the principal may revoke this power of attorney at any time in any manner.

If I choose to withdraw during the time the principal is competent, I must notify the principal of my decision. If I choose to withdraw when the principal is not able to make health care decisions, I must notify the principal's physician.

(Signature of agent/date)

(Signature of alternate agent/date)

(Signature of alternate agent/date)

The state of North Dakota requires your health care agent(s) sign an acceptance of appointment of power attorney form. The people you name in Wish 1 of *Five Wishes* must sign this form before they begin making decisions for you.

This form is not included in *Five Wishes* because you are not required to complete the acceptance form at the same time that you complete your *Five Wishes*.

You are welcome to make copies of this page.

The text of this form is taken from the 2009 North Dakota Century Code, Chapter 23-06.5

<http://www.legis.nd.gov/cencode/t23c065.pdf>