

**ADVANCE HEALTH-CARE DIRECTIVE**  
M.C.A. 41-41-201-41-229  
Uniform Health Care Decisions Act  
(M.C.A. 41-41-225 Copies have same effect as original.)  
Of  
**VERA E. BUNTEN**

**PART 1**  
**POWER OF ATTORNEY FOR HEALTH CARE**

**(1) DESIGNATION OF AGENT:** I designate the following individual as my agent to make health-care decisions for me:

RALPH THORNE BUNTEN, JR., My Husband  
1137 Thunderbird Drive, Hernando, MS 38632  
662-429-7748

If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health-care decision for me, I designate as my first alternate agent:

VICKI E. MOORE, My Daughter  
311 Clark Avenue, Billings, MT 59101

**(2) AGENT'S AUTHORITY:** My agent is authorized to make all health-care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration, and all other forms of health care to keep me alive.

**(3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE:** My agent's authority becomes effective when my primary physician determines that I am unable to make my own health-care decisions.

**(4) AGENT'S OBLIGATION:** My agent shall make health-care decisions for me in accordance with this power of attorney for health-care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health-care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

**(5) NOMINATION OF GUARDIAN:** If a guardian of my person appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as guardian, I nominate the alternate agents whom I have named, in the order designated.

Vera E. Buntten  
1137 Thunderbird Dr  
Hernando, MS 38632

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**PART 2  
INSTRUCTIONS FOR HEALTH CARE**

**(6) END-OF-LIFE-DECISIONS:** I direct that my health-care providers and others involved in my care provide, withhold or withdraw treatment as set forth below:

Choice Not To Prolong Life - I do not want my life to be prolonged if (i) I have an incurable and irreversible condition that will result in my death within a relatively short time, (ii) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (iii) the likely risks and burdens of treatment would outweigh the expected benefits.

**(7) ARTIFICIAL NUTRITION AND HYDRATION:** Artificial nutrition and hydration must be provided, withheld or withdrawn in accordance with the choice I have made in paragraph (6) .

**(8) RELIEF FROM PAIN:** Except as I stated in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

**(9) OTHER WISHES:**

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**PART 3  
PRIMARY PHYSICIAN**

**(10) PRIMARY PHYSICIAN:** I do not desire to designate a primary physician.

**(11) EFFECT OF COPY:** A copy of this form has the same effect as original.

**(12) SIGNATURES:** Sign and date the form here:

*Vera E. Buntten*

VERA E. BUNTEN  
1137 Thunderbird Drive  
Hernando, MS 38632  
662-429-7748

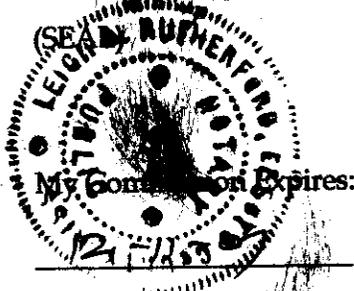
Dated: 2-08-07

*VB*

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

On this 8th day of February, in the year 2007, before me, a Notary Public appeared VERA E. BUNTEN, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that she executed it. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Sam's [Signature]  
Notary Public



This document prepared by  
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