

ADVANCE DIRECTIVE FOR HEALTH CARE
FOR
MARSHALL WALLACE GOODWIN

I, **MARSHALL WALLACE GOODWIN**, being over the age 19 years, and of sound mind, hereby revoke any prior advance directive for health care, and in lieu thereof hereby willfully and voluntarily make known my desires by my instructions to others through my living will, or by my appointment of a health care proxy, or both, that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare, as follows:

I. LIVING WILL

If my attending physician and another physician determine that I am no longer able to give directions to my health care providers regarding my medical treatment, I direct my attending physician and other health care providers to provide, withhold, or withdraw certain treatment for me under the circumstances I have indicated below. I understand that within this Living Will I am authorizing the withholding or withdrawal of certain treatments and this may lead to my death. **I direct that I be given medication and treatment that is necessary for comfort or to alleviate my pain.**

A) TERMINAL ILLNESS OR INJURY. If my attending physician and another physician determine that I have an incurable terminal illness or injury which will lead to my death within six months or less, **I do NOT want life-sustaining treatment which would not cure me but which would only prolong the dying process.**

In addition, before life-sustaining treatment is withheld or withdrawn as directed above, I direct that my attending physician shall discuss with the following persons if available, the benefits and burdens of taking such action and my stated wishes in this advance directive:

CAROLYN SUE EVANS AND DOROTHULA GAYLE HARLESS

I understand that artificially provided nutrition and hydration (tube feeding of food and water) may be necessary to preserve my life. **I do NOT want artificially provided nutrition and hydration even if the withholding or withdrawing of same causes me pain. However, my attending physician shall attempt to alleviate such pain by the administration of appropriate medication.**

In addition, before artificially provided nutrition and hydration are withheld or withdrawn as directed above, I direct that my attending physician shall discuss with the following persons, if available, the benefits and burdens of taking such action and my stated wishes in this advance directive:

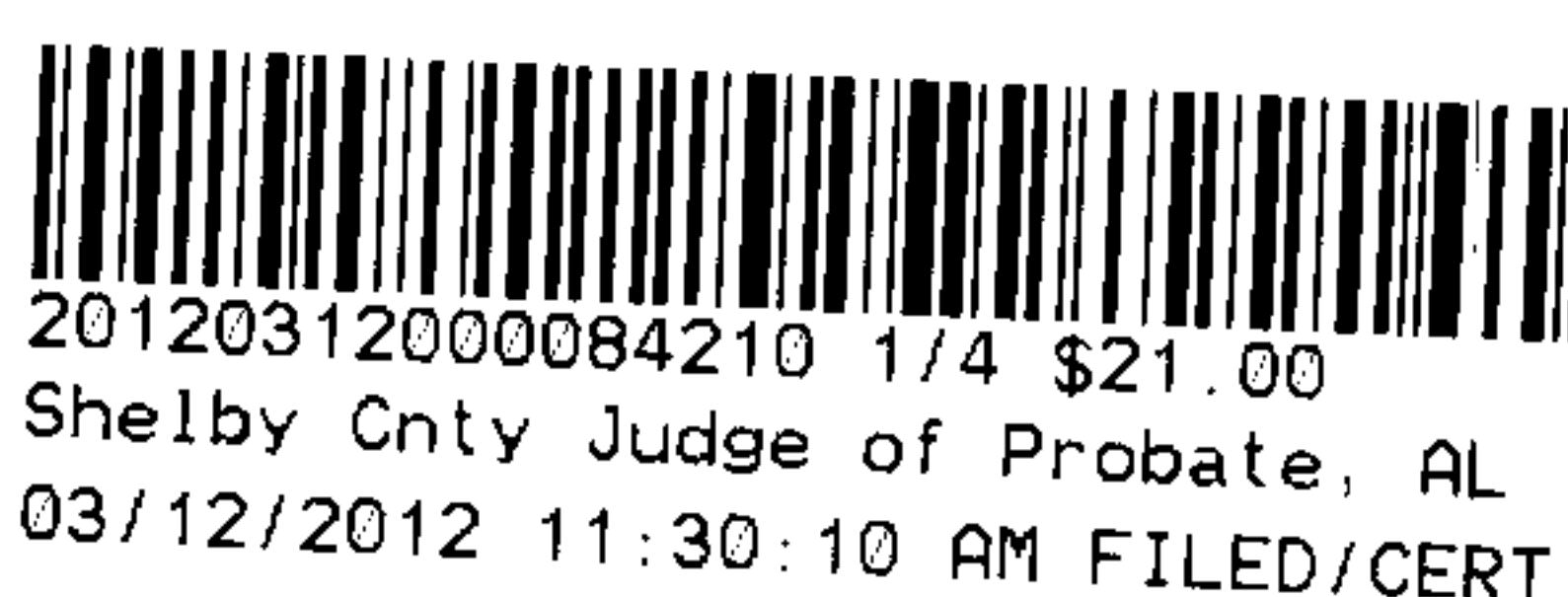
CAROLYN SUE EVANS AND DOROTHULA GAYLE HARLESS

(B) PERMANENT UNCONSCIOUSNESS. If, in the judgment of my attending physician, and another physician, I am in a condition of permanent unconsciousness; **I do NOT want life-sustaining treatment which would not cure me but which would only maintain me in a condition of permanent unconsciousness.**

In addition, before life-sustaining treatment is withheld or withdrawn as directed above, I direct that my attending physician shall discuss with the following persons, if available, the benefits and burdens of taking such action and my stated wishes in this advance directive:

CAROLYN SUE EVANS AND DOROTHULA GAYLE HARLESS

I understand that artificially provided nutrition and hydration (tube feeding of food and water) may be necessary to preserve my life. **I do NOT want artificially provided**



nutrition and hydration even if the withholding or withdrawing of same causes me pain. However, my attending physician shall attempt to alleviate such pain by the administration of appropriate medication.

In addition, before artificially provided nutrition and hydration are withheld or withdrawn as directed above, I direct that my attending physician shall discuss with the following persons, if available, the benefits and burdens of taking such action and my stated wishes in this advance directive:

CAROLYN SUE EVANS AND DOROTHULA GAYLE HARLESS

II. APPOINTMENT OF MY HEALTH CARE PROXY

I understand that my health care proxy is a person whom I may choose to make medical treatment decisions for me as described below.

I do hereby appoint a health care proxy. If my attending physician determines that I am no longer able to give directions to my health care providers regarding my medical treatment, I direct my attending physician and other health care providers to follow the instructions of **CAROLYN SUE EVANS**, whom I appoint as my health care proxy. In the event that my first-named health care proxy should fail to qualify or decline to serve in such capacity, I hereby appoint **DOROTHULA GAYLE HARLESS** to serve as my health care proxy, under the identical terms hereinabove specified.

My health care proxy is authorized to make whatever medical treatment decisions I could make if I were able, assuming such decisions do not change or modify the terms of my herein contained Living Will.

III. CONFLICTING PROVISIONS

If the decisions made by the person who serves as my health care proxy contradict the instructions in my Living Will, I direct that the terms of my Living Will shall prevail and be controlling.

IV. DEFINITIONS

As used in this advance directive for health care, the following terms have the meaning set forth below:

- (a) **Artificially provided nutrition and hydration.** A medical treatment consisting of the administration of food and water through a tube or intravenous line, where I am not required to chew or swallow voluntarily. Artificially provided nutrition and hydration does not include assisted feeding, such as spoon or bottle-feeding.
- (b) **Life-sustaining treatment.** Any medical treatment, procedure, or intervention that, in the judgment of the attending physician, when applied to me, would serve only to prolong the dying process where I have a terminal illness or injury, or would serve only to maintain me in a condition of permanent unconsciousness. These procedures shall include, but are not limited to, assisted ventilation, cardiopulmonary resuscitation, renal dialysis, surgical procedures, blood transfusions, and the administration of drugs and antibiotics. Life-sustaining treatment shall not include the administration of medication or the performance of any medical treatment where, in the opinion of the attending physician, the medication or treatment is necessary to provide comfort or to alleviate pain.
- (c) **Permanent unconsciousness.** A condition that, to a reasonable degree of medical certainty:
 - 1. Will last permanently, without improvement; and
 - 2. In which thought, sensation, purposeful action, social interaction, and awareness of self and environment are absent; and

3. Which condition has existed for a period of time sufficient, in accordance with applicable professional standards, to make such a diagnosis; and
 4. Which condition is confirmed by another physician who is qualified and experienced in making such a diagnosis.
- (d) ***Terminally ill or injured patient.*** A patient whose death is imminent or whose condition, to a reasonable degree of medical certainty, is hopeless unless the patient is artificially supported through the use of life-sustaining procedures.

V. OTHER PROVISIONS

- (a) In the absence of my ability to give directions regarding the use of life-sustaining treatment, it is my intention that this advance directive for health care shall be honored by my family, my physician(s), and health care provider(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of such refusal.
- (b) I have carefully read and understand the full import of this declaration and I am emotionally and mentally competent to make this advance directive for health care.
- (c) Nothing herein contained shall be construed as a directive to exclude from consultation or notification any relative of mine about my health condition or dying. Written directives by me as to whether to notify or consult with certain family members shall be respected by health care workers, attorneys in fact, or surrogates.
- (d) I understand that I may revoke this advance directive for health care, at any time.


MARSHALL WALLACE GOODWIN, Declarant

ATTESTATION

The declarant is personally known to us and we believe the declarant to be of sound mind, and over the age of 19 years. We did not sign the declarant's signature above for or at the direction of the declarant and we are not appointed as the health care proxy herein. We are not related to the declarant by blood, adoption, or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care.

Witness Tina S. Thomas
132 First St So
Alabaster, AL 35007
Address


Witness Gordon Randall Goodwin

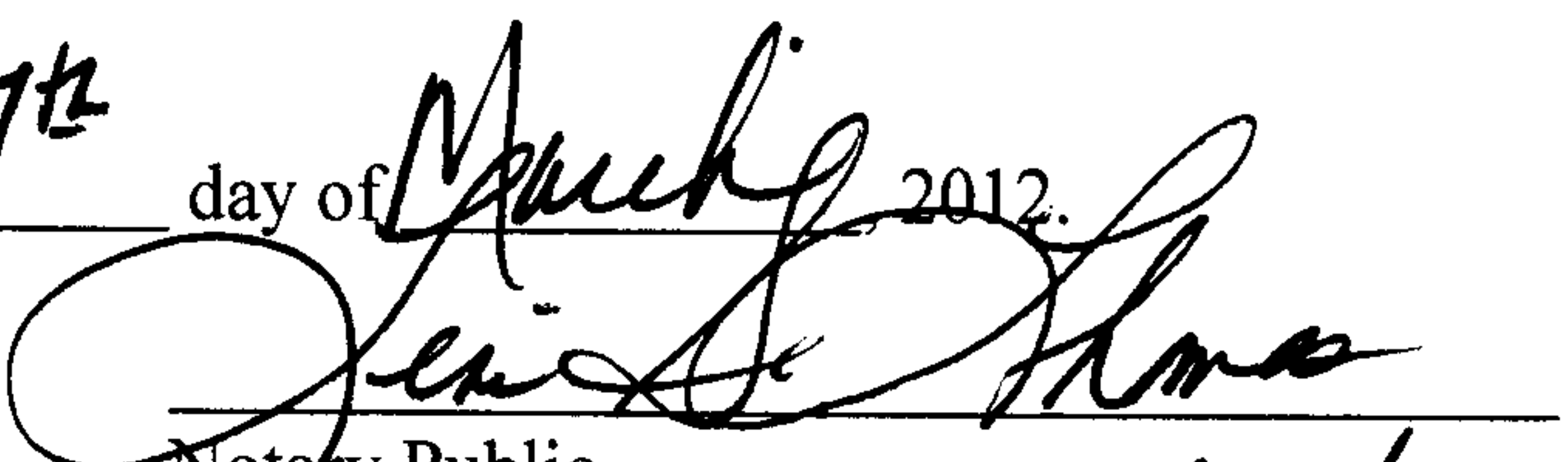
Address

ACKNOWLEDGEMENT

STATE OF ALABAMA)
COUNTY OF Shelby)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that **MARSHALL WALLACE GOODWIN**, whose name is signed to the foregoing Advance Directive for Health Care, as Declarant, and who is known to me, acknowledged before me on this day that, being informed of the contents of the Advance Directive for Health Care, said Declarant executed the same voluntarily on the day the same bears date. Furthermore, the witnesses Tina S. Thomas Gordon Goodwin, executed same in the presence of the Declarant, in the presence of one another, and in my presence, upon said date.


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Shelby Cnty Judge of Probate, AL
03/12/2012 11:30:10 AM FILED/CERT

Given under my hand and seal, this 7th day of March, 2012.

Notary Public
My Commission Expires: 2/22/14

I, **CAROLYN SUE EVANS**, accept the proxy designation of the declarant.

Signed X Carolyn Sue Evans
(Proxy) **CAROLYN SUE EVANS**


Date March 7th, 2012

I, **DOROTHULA GAYLE HARLESS**, accept the alternate proxy designation of the declarant.

Signed X Dorothy Gayle Harless
(Alt. Proxy) **DOROTHULA GAYLE HARLESS**

Date March 7th, 2012

Tina Thomas
53. Alabaster


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Shelby Cnty Judge of Probate, AL
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