

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

1. The GRANTOR of this Durable Power of Attorney for Health Care is:

Ronald J. Johnson
NAME
4902 S. Walker, Apt #109
COMPLETE ADDRESS
Oklahoma City, OK 73109
CITY, STATE, ZIP

2. The ATTORNEY-IN-FACT is:
Mary Garbett

613 Dennis Drive
COMPLETE ADDRESS
DeSoto, TX 75115
CITY, STATE, ZIP

DOC NUMBER 94133610
BOOK 6655
PAGES 1025 - 1029
TIME 2:35:47
FEE 16.00
09/19/94
JOHN J GARVEY
OKLAHOMA COUNTY CLERK
RECORDED AND FILED

3. Creation of this Durable Power of Attorney for Health Care.

To my family, relatives, friends and my physicians, health care providers, community care facilities and any other person who may have an interest or duty in my medical care or treatment:

I, Ronald J. Johnson, being of sound mind, willfully and voluntarily intend to create by this document a durable power of attorney for my health care by appointing the person designated as my attorney-in-fact to make health care decisions for me in the event I become incapacitated and am unable to make health care decisions for myself. This power of attorney shall not be affected by my subsequent incapacity.

4. Designation of Attorney-in-Fact.

The person designated to be my attorney-in-fact for health care in the event I become incapacitated is Mary Garbett, whose address is above. If Mary Garbett for any reason shall fail to serve or ceases to serve as my attorney-in-fact for health care, Donnie Womack of shall be my attorney-in-fact for health care.

5. Effective on Incapacity.

This durable power of attorney for health care shall become effective in the event I become incapacitated and am unable to make health care decisions for myself, in which case it shall become effective as of the date of the written statement by a physician, as provided in paragraph 6.

WHEN RECORDED MAIL TO
NAME
ADDRESS
CITY & STATE

5/16

6. Determination of Incapacity.

The determination that I have become incapacitated and am unable to make health care decisions shall be made in writing by a licensed physician. If possible, the determination shall be made by Khader Hussein, M.D., of Southwest Medical Center, Oklahoma City, OK.

In the event that a licensed physician has made a written determination that I have become incapacitated and am not able to make health care decisions for myself, that written statement shall be attached to the original document of this durable power of attorney for health care.

7. Authority of My Attorney-in-Fact.

My attorney-in-fact shall have all lawful authority permissible to make health care decisions for me, including the authority to consent, or withdraw consent or refuse consent to any care, treatment, service or procedure to maintain, diagnose or treat my physical or mental conditions, EXCEPT for the following:

None.

8. Inspection and Disclosure of Information Relating to My Physical or Mental Health.

Subject to any limitations in this durable power of attorney for health care, my attorney-in-fact 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, but not limited to, 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 the disclosure of this information.

9. Signing Documents, Waivers, and Releases.

Where necessary to implement the health care decisions that my attorney-in-fact is authorized by this document to make, my attorney-in-fact has the power and authority to execute on my behalf all of the following:

- a. Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice".
- b. Any necessary waiver or release from liability required by a hospital or physician.

10. Duration.

I intend that this Durable Power of Attorney for Health Care remain effective until my death, or until revoked by me in writing.

Executed this 21th day of May, 19 94, at
913 S. W. 47 Oklahoma City, OK 73109

[Signature]

P.O.A.

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WITNESS AFFIDAVIT

Ronald J. Johnson is personally known to me and I believe him/her to be of sound mind and emotionally and legally competent to make the herein-contained document. I am not related to Ronald J. Johnson by blood or marriage, nor would I be entitled to any portion of his or her's estate upon his/her death, nor am I an attending physician of Ronald J. Johnson, nor an employee of the attending physician, nor an employee of a health care facility in which Ronald J. Johnson may be a patient, nor a patient in a health care facility in which Ronald J. Johnson may be a patient, nor am I a person who has any claim against any portion of the estate of the declarant upon his/her death.

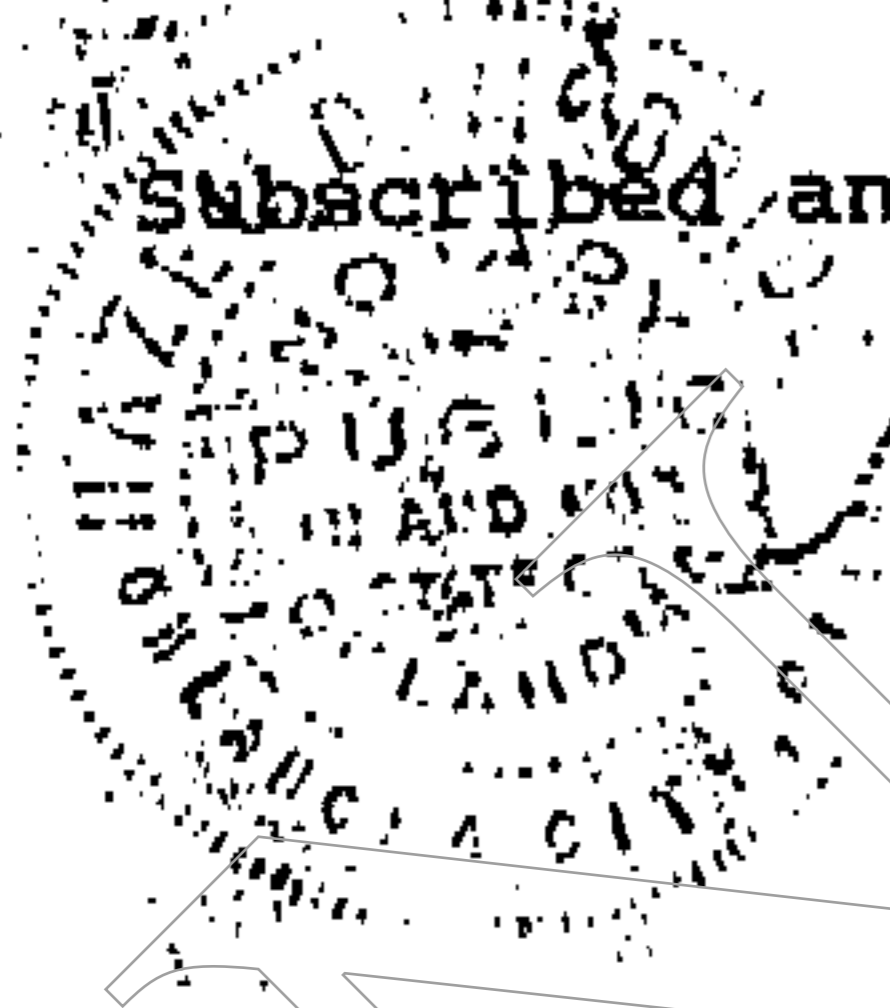
Mary Garbett
My address is: 613 Dennis Drive, City of
DeSoto, State of TX 75115.

Opal Swisher
My address is: 91/ S. W. 41, City of
Oklahoma City, State of OK 73109.

NOTARY AFFIDAVIT

STATE OF OKLAHOMA
COUNTY OF OKLAHOMA

On this day, before me, the undersigned authority, in and for and residing in the above County and State, personally appeared Ronald J. Johnson, who is personally known to me to be the same person whose name is subscribed to the forgoing document, and, being duly sworn, he/she verified that the information contained in the foregoing document is true and correct on personal knowledge and acknowledged that said document was signed as a free and voluntary act.



Subscribed and sworn this 21st day of May, 1994.

Hazel D. McBride
NAME AND SIGNATURE Hazel D. McBride

My commission expires on: April 30, 1996

KHADER K. HUSSEIN, M.D., F.A.C.P.

1001 SW 44th
P.O. BOX 96798
OKLAHOMA CITY, OK 73143
(405) 631-0919

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September 19, 1994

To Whom It May Concern:

I am writing in regard to Ronald Johnson, who is a 60 year old patient of mine with a diagnosis of cirrhosis of the liver. He has been under my care at Southwest Medical Center since September 14, 1994 and has been totally incapacitated since that time. He is no longer able to manage his personal financial affairs or make sound health care decisions.

If you require further information, please contact my office.

Sincerely,

Khader K. Hussein
Khader K. Hussein, M.D.

KKH/SH/da

CENTRAL OKLAHOMA CANCER CENTER