

Healthcare Power of Attorney of Marge Bouvier Simpson

I, Marge Bouvier Simpson, the principal, an adult of sound mind, execute this Healthcare Power of Attorney (subsequently called “power”) freely and voluntarily, under Section 36-3221, Arizona Revised Statutes, with an understanding of its purposes and consequences. I intend my statements in this instrument to constitute clear and convincing evidence of my wishes concerning medical treatment.

Article One Recitals

Section 1.01 Designation of Agent

I designate the individual named below to serve as my Agent giving to my Agent the power to make decisions with regard to my health care if and when I am unable to make my own health care decisions.

Name: Homer Simpson

Address: 243 West Cypress, Springfield, Arizona 85099

Phone: (602) 870-2991

If Moe Szyslak is unwilling or unable to serve, I designate the individuals listed below as alternate Agents to serve in the order in which their names appear to exercise the powers and discretions set forth in this instrument.

Name: Ned Flanders

Address: 3456 East Terrace Lane, Springfield, Arizona 85099

Phone: (480) 590-2417

Section 1.02 Duration

This Healthcare Power of Attorney is not limited to a term of years; it shall terminate only upon its revocation as provided in this instrument, or upon my death, whichever event first occurs. The authority of my Agent does not terminate if I become disabled or incapacitated.