

## **SPECIAL POWER OF ATTORNEY**

**PREAMBLE:** This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

### **KNOW ALL PERSONS BY THESE PRESENTS:**

That I, \_\_\_\_\_, of the State of \_\_\_\_\_, a member of the United States Armed Forces, do hereby appoint my wife, \_\_\_\_\_ of \_\_\_\_\_ my true and lawful attorney-in-fact to do the following in my name and in my behalf:

To continue IVF treatments in my absence, including but not limited to: Deployment, Temporary Duties, Emergency Leave, Regular Leave or Pass, or am unable to make it to the appointment.

Further, I wish my spouse to have complete access to all medical records and information pertaining to our medical process, to include information produced by providers affiliated with Walter Reed National Military Medical Center at Bethesda and its outside laboratories and providers. I wish my wife to have exclusive decision rights regarding assisted reproductive technology process to include oocyte (egg) retrieval, sperm thawing, sperm preparation, fertilization, embryo thawing, and embryo transfer. Also, I wish my wife to have exclusive decision rights as to disposition to include freezing, destruction, or transfer as it pertains to leftover product (oocytes, sperm, embryos).

Giving and granting individually unto said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the specified particulars mentioned in the paragraph immediately above, as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.

**TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS POWER OF ATTORNEY MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY. I, FOR MYSELF AND MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED UPON THE PROVISIONS OF THIS POWER OF ATTORNEY.**

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on \_\_\_\_\_.

I intend for this to be a **DURABLE Power of Attorney**. This Power of Attorney will continue to be effective if I come disabled, incapacitated, or incompetent; or when the United States Government determines that I am in a military status of "missing," "missing in action," or "prisoner of war." All acts done by my Attorney hereunder shall have the same effect and inure to the benefit of and bind myself and my heirs as if I were competent, and not disabled, incapacitated, or incompetent.

I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician, based on that physician's examination, certifies in writing at a date subsequent to the date which this power of attorney is executed, that I am disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs. I authorize the physician who so certifies, to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts this power of attorney, endorsed by proper

physician certification of my disability or incapacity, is held harmless and fully protected from any action taken under this power of attorney.

Notwithstanding my inclusion of a specific expiration date herein, if on that specified expiration date I should be or have been properly certified, in writing, by a physician to be disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs, then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have recovered from such disability **UNLESS OTHERWISE REVOKED OR TERMINATED BY ME**. Furthermore, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to the United States military control following termination of such status **UNLESS OTHERWISE REVOKED OR TERMINATED BY ME**.

**I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.**

All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date, \_\_\_\_\_.

\_\_\_\_\_  
NAME

**STATE OF MARYLAND**

COUNTY OF MONTGOMERY

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_ on \_\_\_\_\_.

(SIGN) \_\_\_\_\_  
(PRINT) \_\_\_\_\_

**NOTARY PUBLIC**

My Commission Expires: \_\_\_\_\_.