

**IN THE CHIPPEWA CREE TRIBAL COURT
ROCKY BOY'S INDIAN RESERVATION
ROCKY BOY, MONTANA**

DURABLE POWER OF ATTORNEY

I, _____, of _____, appoint
_____, of _____ as my Agent and
Attorney-in-fact, to make financial decisions, health care decisions for me,
including but not limited to the withholding or withdrawal of life-sustaining
treatment and further, giving and granting my Agent and Attorney-in-fact full
power and authority to do any and everything whatsoever necessary to be done
as I could do if personally present.

Subscribed and sworn before me, this ___ day of _____, 20__

Signature: _____

Address: _____

City, County, and State of Residence

SEAL

Notary Public for the State of Montana

Residing at _____

My commission expires: _____