

HEALTH CARE PROXY

(1) I, _____
hereby appoint _____
(name, home address and telephone number)

as my Health Care Agent to make any and all health care decisions for me, except to the extent that I state otherwise. This Proxy shall take effect when and if I become unable to make my own health care decisions.

(2) Optional instructions: I direct my proxy to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows. (Attached additional pages if necessary.)

(3) Name of substitute or fill-in proxy if the person I appoint above is unable, unwilling or unavailable to act as my Health Care Agent.

(name, home address and telephone number)

(4) Unless I revoke it, this Proxy shall remain in effect indefinitely, or until the date or conditions stated below. This Proxy shall expire (specific date or conditions, if desired):

(Note: In order for your agent to make health care decisions for you about artificial nutrition and hydration (nourishment and water provided by feeding tube and intravenous line), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section.

(5) I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. *{If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here}.* I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions. *(Attach additional pages as necessary):* _____

(6) Signature _____

Address _____

Date _____

(7) I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence. The Health Care Agent and Substitute Agent cannot sign as a witness.

Witness 1 _____ Witness 2 _____

Address _____ Address _____

City, State _____ City, State _____