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<u>Healthy Care Proxy</u>

I, ____hereby appoint _________________________ as my health care agent to make any healthcare decisions on my behalf, except to the extent I state otherwise.

This health care proxy shall take effect in the event I become unable to make my own health care decisions.

Note: *Unless your agent knows your wishes regarding artificial nutrition and hydration, you may wish to state instructions or wishes and limit your agent's authority, however, this is not required and we neither encouraged or discouraged you to do so. If you choose to state instructions, wishes, or limits, please do so below:*

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I Direct My Agent to make health care decisions in accordance with my wishes and instructions as stated above or as otherwise known to him or her. I also direct my agent to abide by any limitations on his or her authority as stated above or otherwise known to him or her.

In the event the person I appoint above is unable, unwilling or unavailable to act as my health care agent, I hereby appoint:

Alternate Agent: ____
as my health care agent.

I UNDERSTAND THAT, unless I revoke it, this proxy will remain in effect indefinitely or until the date or occurrence of the condition I have stated below:

Please complete the following if you DO NOT want this health care proxy to be in effect indefinitely:

This proxy shall expire:___________________________________
(Specify date or condition)

I DECLARE THAT the person who signed or asked another to sign this document is personally known to me and appears to be of sound mind and acting willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence and that person signed in my presence. I am not the person appointed as agent by this document.

Witnesses_______________________________ _____________________________ ____________
(PRINT) (SIGNATURE) (DATE)

Address: ____

***Signature of Person giving the Proxy*:** ____ ______________
(DATE)

Signature of Agent: ____ ______________
(DATE)

Signature of Alternate Agent: ____ ______________
(DATE)