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APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I CONSTITUTE, NOMINATE, AND APPOINT RUTH E. BOND of Hobart, Indiana, as my health care representative to act for me in matters of health care in accordance with I.C. 16-8-12.

I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others, to the extent they are available.

AUTHORITY TO DELEGATE

My representative is authorized to delegate all or part of this authority to any eligible individual who has not been disqualified as provided in I.C. 16-8-12.

EFFECT OF LIVING WILL

This appointment of a health care representative is not to be considered a contradiction of a living will I may execute, whether simultaneously, previously, or hereafter. My living will shall be considered as expressing my intention, but my health care representative's action in consenting or withholding or withdrawing consent to life-prolonging procedures shall take precedence.

SIGNED THIS 19<sup>TH</sup> DAY OF March, 1992.

NAME SIGNED:

*Raymond W. Rieck*

NAME PRINTED: RAYMOND W. RIECK

WITNESS

1118 State St  
Hobart 46342

8.00

I certify that I am of legal age, that I reside at  
26 Hillcrest Road--Box 214, Ogden Dunes, Indiana,  
and that I have witnessed the foregoing appointment.

NAME SIGNED: *Lawrence T. Oates*

NAME PRINTED: LAWRENCE T. OATES

WITNESS

I certify that I am of legal age, that I reside at  
303 A Burnham Lowell IN 46356,  
and that I have witnessed the foregoing appointment.

NAME SIGNED: *Kimberly A. Faircloth*

NAME PRINTED: *Kimberly A. Faircloth*

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This instrument prepared by:

LAWRENCE T. OATES  
OATES & OATES  
101 W. 75th Place  
Merrillville, IN 46410  
(219) 769-6653

**STOP**

