

STATE OF INDIANA  
LAKE COUNTY  
RECORDER

**APPOINTMENT OF A HEALTH CARE REPRESENTATIVE**

2008 066018

2008 SEP 19 PM 2:28

I, **ROBERT L. BAILEY**, being over eighteen (18) years of age and of sound mind, voluntarily appoint **CARRIE L. HARRIS**, whose address is 2045 East 84<sup>th</sup> Street, Apt 18, Merrillville, Indiana, as my health care representative who is authorized to act for me in all matters of health care in accordance with I.C. 16-8-12.

This appointment is to be exercised in good faith, in my best interests, and subject to the provisions of my Living Will Declaration which I have executed on even date therewith, a copy of which is attached hereto.

I authorize my health care representative to make decisions in my best interest concerning withdrawal of 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be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.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 other, to the extent they are available.

This appointment becomes effective and remains effective only if I am incapable of consenting to my health care. I do not authorize my health care representative hereby

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appointed to delegate decision making power to another.

Dated this 19 day of September, 2008.

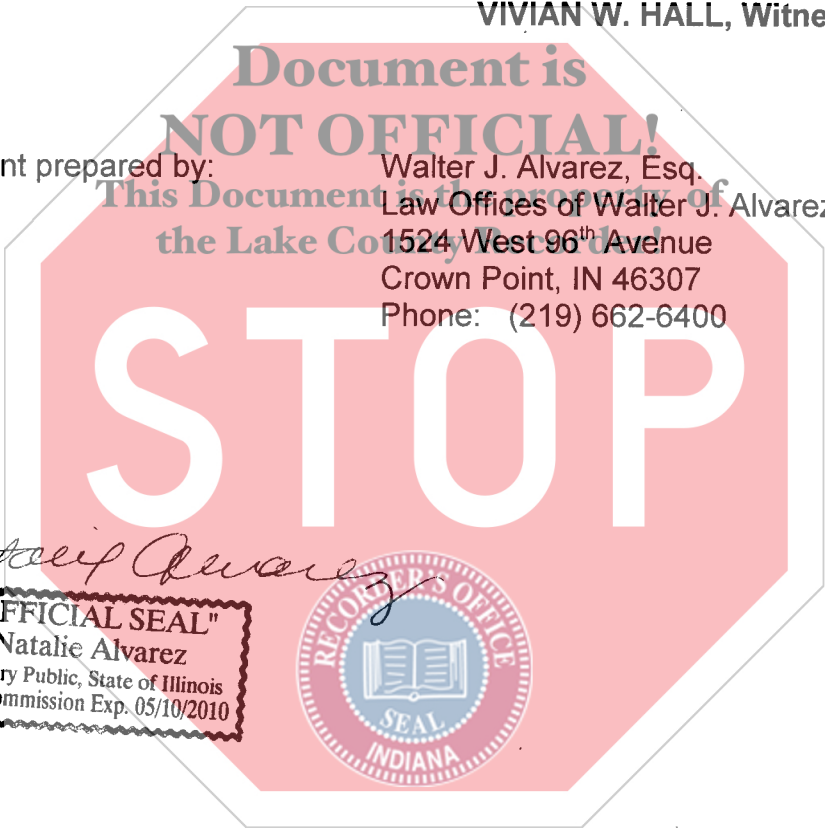
*Robert L. Bailey*  
ROBERT L. BAILEY

I declare that I am an adult at least eighteen (18) years of age and that at the request of the above-named individual making the appointment, I witnessed the signing of this document by the Appointer on the date noted above.

*Vivian W. Hall*  
VIVIAN W. HALL, Witness

This instrument prepared by:

Walter J. Alvarez, Esq.  
Law Offices of Walter J. Alvarez, P.C.  
1524 West 96<sup>th</sup> Avenue  
Crown Point, IN 46307  
Phone: (219) 662-6400



*Natalie Alvarez*

"OFFICIAL SEAL"  
Natalie Alvarez  
Notary Public, State of Illinois  
My Commission Exp. 05/10/2010

