



In the absence of my ability to give this declaration regarding the use of life prolonging procedures it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept consequences of the refusal.

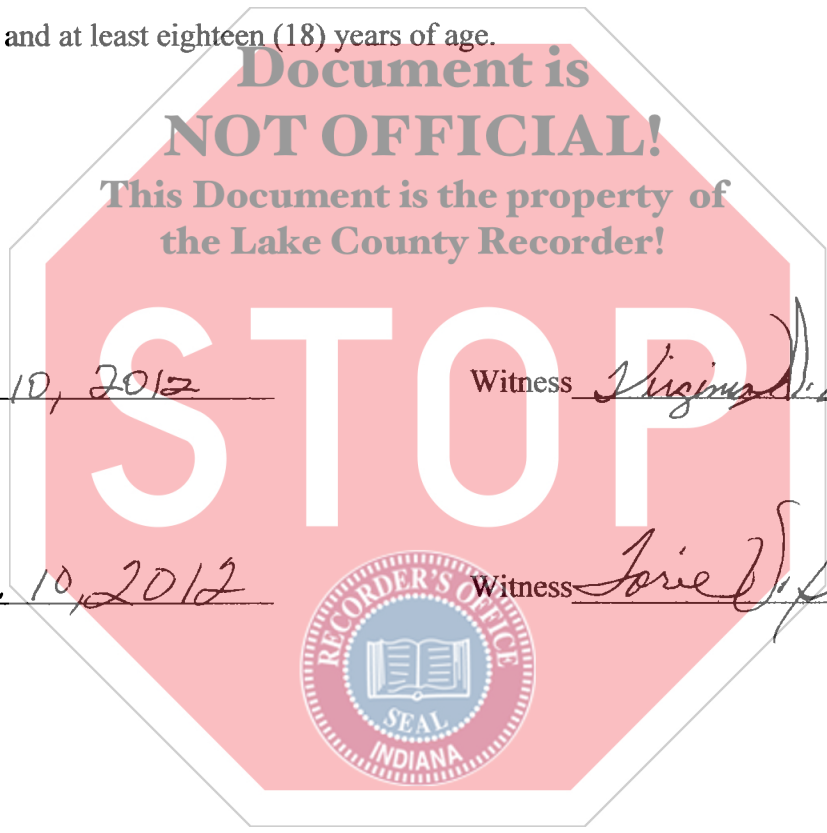
I understand the full import of this declaration

\* Cora Mae Hill

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I Patricia M. Harris has been personally known to me, and I believe her to be of sound mind. I did not sign her signature above for or at the direction of myself. I am not entitled to any part of Cora Mae Hill estate or directly, financially nor am I responsible for her medical care.

I am competent and at least eighteen (18) years of age.



Date Dec, 10, 2012

Witness Virginia D. Henty

Date Dec. 10, 2012

Witness Jorie D. Bracken