

LIVING WILL OF Ora L. Baker, I,
Ora L. Baker, a resident of the City of
Gary, Lake County, State of IN, being of sound
and disposing mind, memory and understanding, do hereby willfully and voluntarily make,
publish and declare this to be my LIVING WILL, making known my desire that my life shall not
be artificially prolonged under the circumstances set forth below, and do hereby declare: 1. This
instrument is directed to my family, my physician(s), my attorney, my clergyman, any medical
facility in whose care I happen to be, and to any individual who may become responsible for my
health, welfare or affairs. 2. Death is as much a reality as birth, growth, maturity and old age.
the one certainty of life. Let this statement stand as an expression of my wishes now that I am
still of sound mind, for the time when I may no longer take part in decisions for my own future.
3. If at any time I should have a terminal condition and my attending physician has determined
that there can be no recovery from such condition and my death is imminent, where the
application of life-prolonging procedures and "heroic measures" would serve only to artificially
prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be
permitted to die naturally. I do not fear death itself as much as the indignities of deterioration,
dependence and hopeless pain. I therefore ask that medication be mercifully administered to me
and that any medical procedures be performed on me which are deemed necessary to provide me
with comfort, care or to alleviate pain. 4. In the absence of my ability to give directions regarding
the use of such life-prolonging procedures, it is my intention that this declaration shall be
honored by my family and physician as the final expression of my legal right to refuse medical
surgical treatment and accept the consequences for such refusal. 5. In the event that I am
diagnosed as comatose, incompetent, or otherwise mentally or physically incapable of
communication, I appoint Cheryl Ursey & Darryl Baker to make binding decisions
concerning my medical treatment. 6. If I have been diagnosed as pregnant and that diagnosis is
known to my physician, this declaration shall have no force or effect during the course of my
pregnancy. 7. I understand the full import of this declaration and I am emotionally and mentally
competent to make this declaration. I hope you, who care for me, will feel morally bound to
follow its mandate. I recognize that this appears to place a heavy responsibility upon you, but it
is with the intention of relieving you of such responsibility and of placing it upon myself, in
accordance with my strong convictions, that this statement is made.

The foregoing instrument was acknowledged by me this 6 day of July, 20
12 by: Ora Baker who is/are personally known by me or who
has/have produced: State ID (Indiana) as identification and who did not take an
oath. Indiana (SEAL) Notary Public State of My Commission

Expires: Copies of this instrument have been given to: Receipt and acknowledged & date:



DANIEL PERO JEFTICH
Notary Public- Seal
State of Indiana
My Commission Expires Jan 16, 2020

Ora L. Baker
Declarant

[Handwritten Signature]
Cory Com CAG

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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