

# Health Care Proxy 597460


(1) I, Kevin Eric Saunders 43391507  
hereby appoint Alice H. Richardson  
(name, home address and telephone number)  
1668 Trumansburg Rd. Ithaca NY 14850 607-277-5808

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become unable to make my own health care decisions.

(2) Optional instructions: I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows. (Attach additional pages if necessary.)  
No "psychiatric" or other treatments not based on sound, evidence based science. No ECT. If Alice H. Richardson decides it is in my best interests to end my life in order to ease my suffering, she has my unqualified approval. She may decide matters of nutrition/~~and~~ hydration.  
(Unless your agent knows your wishes about artificial nutrition and hydration (feeding tubes), your agent will not be allowed to make decisions about artificial nutrition and hydration. See instructions on reverse for samples of language you could use.) I wish to be allowed a natural death. In addition, if no measurable brain activity appears a do-not-resuscitate order will be POSTED and RESPECTED.


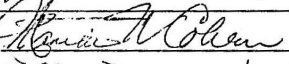
(3) Name of substitute or fill-in agent if the person I appoint above is unable, unwilling or unavailable to act as my health care agent.  
Jean Cox Saunders 242 Kingsrow Dr. Little Rock AR 72207  
(name, home address and telephone number)  
501-663-2121

(4) Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or conditions stated below. This proxy shall expire (specific date or conditions, if desired):  
\_\_\_\_\_  
\_\_\_\_\_

(5) Signature   
Address 1668 Trumansburg Rd.  
Date 4/26/02

Statement by Witness (must be 18 or older)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1  -101 Datedeai, Ithaca NY  
Address \_\_\_\_\_  
Witness 2  Martha W. Cohen  
Address 2990 Farmenter Rd, Lodi, NY 14860

