

# Health Care Proxy

I, Franklin Lucas Webber, hereby appoint

William O Webber  
6000 Merriweather Drive, Unit 3090  
Columbia, MD 21044

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 only when and if I become unable to make my own health care decisions.

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint

Susan Claire Lerner  
504 South Plain Street,  
Ithaca, NY 14850

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely.

## Instructions

I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions:

If I am mentally capable, I wish to live by any available means. Otherwise, if medical science offers no reasonable chance of recovering mental capability, I wish to die painlessly and as soon as possible. "Mentally capable" means I usually remember key events of the previous day and I can usually factor a given number less than 289 in my mind. If my mental capability cannot be determined, I ask my health care proxy to make an educated guess.

## **Identification**

My Name and Address: Franklin Webber, 525 Spencer Road, Ithaca, NY 14850

My Signature:

Date Signed:

## **Organ, Eye, and/or Tissue Donation**

I hereby make an anatomical gift, to be effective upon my death, of any needed organs, eyes and/or tissues.

My Signature:

Date Signed:

## **Statement By Witnesses**

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 this document in my presence.

### **Witness 1**

Name (printed):

Address:

Witness Signature:

Date Signed:

### **Witness 2**

Name (printed):

Address:

Witness Signature:

Date Signed: