

APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I, JEANNE M. FORTRIEDE, of DELAWARE County, Indiana, being a person who may consent to health care under Indiana Code 16-36-1-3, hereby appoint

DANIEL K. FORTRIEDE, my HUSBAND (hereinafter called the "Representative"), as my representative to act for me in matters affecting my health care.

The term "health care," as used in this Appointment, means any medical care, treatment, services, or procedure to maintain, diagnose, treat, or provide for my physical or mental well-being. Unless I expressly provide otherwise in a valid and existing Living Will Declaration, the term includes the providing of nutrition and hydration through intravenous, endotracheal, or nasogastric tubes.

My Representative is authorized to act for me in all matters of health care in accordance with Indiana Code 16-36-1 *et seq.* My Representative shall have the power and authority to consent to or refuse health care for me and to ask, in my name, for health care to be withdrawn or withheld when it is not beneficial, or when any benefit is outweighed by the demands of the treatment and death may result. I authorize my Representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my preferences expressed herein and the diagnosis and prognosis, my 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is or would be excessively burdensome, then my Representative may express my will that such health care be withheld or withdrawn and may direct on my behalf that any and all health care be discontinued or not instituted even if death may result.

My Representative must try to discuss this decision with me. However, if I am unable to communicate, my Representative may make such decision for me, after consultation with my physicians and other relevant health care givers. To the extent appropriate, my Representative may also discuss this decision with other members of my family and others, to the extent they are available.

This appointment shall become effective upon execution, but the authority granted may not be exercised until such time as, in the good faith judgment of the Attending Physician, I am incapable of making a decision with respect to the giving, withholding or withdrawing of proposed health care. This appointment shall remain in effect until I notify the health care provider or the Representative otherwise, either orally or in writing.

Jeanne M. Fortriede
Signature

4/7/11
Date

I declare that at the request of the above named individual making the appointment, I witnessed the signing of this document.

Witness: [Signature]

Date: 4/7/11

Witness: [Signature]

Date: 04/07/2011