

By writing this advance directive, I inform those who may become responsible for my health care of my wishes and intend to ease the burdens of decisionmaking which this responsibility may impose. I have discussed the terms of this designation with my health care representative(s) and my representative(s) has/have willingly agreed to accept the responsibility for acting on my behalf in accordance with this directive and my wishes. I understand the purpose and effect of this document and sign it knowingly, voluntarily and after careful deliberation.

Signed this 15 day of December 2000
Signature [Signature]
Address [Redacted]
City [Redacted] State NJ

I declare that the person who signed this document or asked another to sign this document on his or her behalf, did so in my presence, that he or she is personally known to me and that he or she appears to be of sound mind and free of duress or undue influence. I am 18 years of age or older, and am not designated by this or any other document as the person's health care representative or alternate health care representative.

1. Witness [Redacted]
Address [Redacted]
City Teaneburg State N.J.
Signature [Redacted]
Date Dec 6th 2000

2. Witness [Redacted]
Address [Redacted]
City [Redacted] State N.J.
Signature [Redacted]
Date Dec 17 2000

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SIGN AND DATE YOUR DOCUMENT
PRINT YOUR ADDRESS

WITNESSING PROCEDURE
YOUR WITNESSES MUST SIGN BELOW
WITNESS #1

WITNESS #2
TURN TO THE NEXT PAGE TO NOTARIZE YOUR DOCUMENT INSTEAD