ADVANCE DIRECTIVE

(LIVING WILL AND DESIGNATION OF HEALTH CARE SURROGATE) OF RALPH CRAMDEN

1. Designation of Surrogate. In the event that I have been determined to be incapable of providing informed consent regarding medical treatment and surgical and diagnostic procedures, I hereby designate my wife, ALICE CRAMDEN, as my surrogate for health care decisions.

If my surrogate is unwilling or unable to perform such surrogate's duties, I designate my friend, EDWARD NORTON, as my alternate surrogate.

This designation is not being made as a condition of treatment or admission to a health care facility.

- 2. Powers. I fully understand that this designation will permit my surrogate:
- a. to make health care decisions on my behalf which my health care surrogate believes I would have made under the circumstances, including giving informed consent, refusing consent or withdrawing consent to any and all health care (including life-prolonging procedures in accordance with paragraph 3 herein), and applying for public benefits to defray the cost of health care;
- b. to have access to all of my records which are reasonably necessary for making health care decisions;
- c. to authorize the release of any information to appropriate persons to (i) ensure the continuity of my health care or (ii) determine my capacity for any purpose;
 - d. to authorize my admission to, discharge from or transfer from any health care facility;
 - e. to consent to the performance of an autopsy; and
 - f. to direct my physician to write a "do not resuscitate" order.
- 3. Life-Prolonging Procedures. I willfully and voluntarily make known my desire that my dying not be artificially prolonged under the following circumstances, and do hereby declare that, if at any time, I am both mentally and physically incapacitated and (i) I have a terminal condition, (ii) I have an end-stage condition, or (iii) I am in a persistent vegetative state, and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures, including the provision of nutrition and hydration (food and water), be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

It is my intention that this declaration be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of such refusal. I understand the full import of *this* declaration, and I am emotionally and mentally competent to make this declaration.

• •	•	ble for health care decisions made pursuant to provider shall be liable for carrying out such
Date: March 1, 2005		L.S.
,	RALPH PRINCI	CRAMDEN PAL
The Principal signed the foregoing Advance Directive in my presence. I am an adult, and I am neither the spouse, nor a blood relative, nor an heir of the Principal, nor a surrogate designated therein.		
		Signature of Witness
		Signature of Witness
STATE OF FLORIDA)	
COUNTY OF COLLIER) ss: Naples)	
On the 1st day of March, in the year 2005, before me, the undersigned, personally appeared RALPH CRAMDEN, personally known to me or proved to me on the basis of a driver's license or other satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged before me that he executed the same as his free act and deed in his capacity therein stated, that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument for the purposes therein contained, and that such individual made such appearance before the undersigned in Naples, Florida.		
		Notary Public
Copies furnished to: Alice Cramden Edward Norton		
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