

BROWNING, MEYER & BALL CO., LPA

A Legal Professional Association

Toll Free: (866) 88-ELDER

www.elderlaw.us

William J. Browning, CELA*
Richard F. Meyer, Esq.**
8101 North High Street, Suite 370
Columbus, Ohio 43235
Phone: (614) 471-0085
Fax: (614) 430-8132

John R. Ball, Esq.
Dean S. Lucal, Esq. – Of Counsel
165 East Washington Row, Suite 311
Sandusky, Ohio 44870
Phone: (419) 609-9720
Fax: (419) 609-9721

--EXECUTION INSTRUCTIONS--
PLEASE READ THESE INSTRUCTIONS CAREFULLY
BEFORE YOU EXECUTE YOUR HEALTH CARE POWER OF ATTORNEY AND LIVING WILL

1. Living Will Declaration. At the top of page 2, please fill in your full name and date of birth. If you want your agent to have the authority to withdraw nutrition and hydration if you are in a permanently unconscious state as determined by two physicians, please initial on the space provided on the top of page 4. On the bottom of page 4, please provide the names, addresses, and phone numbers of the individuals that you are nominating to serve as your agent and successor agent(s). Then, you need to sign your name on page 5 on the line provided and fill in the date and city where executed. Please note that this document must be signed in the presence of two adult witnesses **OR** a notary public. If you elect to utilize two witnesses, please note that the individuals serving *cannot* be related to you and *cannot* be healthcare professionals. The witnesses should sign on the lines provided and fill in the rest of the requested information on page 6. If you elect to sign this document in the presence of a notary public, the notary should complete the information in the Acknowledgment section and sign and affix their seal in the space provided on page 6. We usually have this document signed by two witnesses *and* notarized rather than one or the other.
2. Durable Power of Attorney for Health Care. At the top of page 1, please fill in your full name and date of birth. On page 3, please complete the information pertaining to your agents. It is our recommendation that you nominate at least one successor agent who will serve for you in the event that the first person listed is unavailable or unable to make health care decisions for you. Please provide your agents' full names, addresses, and phone numbers. On page 5, affix your initials on the line provided if you want your agent to have the authority to withdraw nutrition and hydration if you are in a permanently unconscious state, as determined by two physicians. You may add additional authority or instructions for your agent on page 6. On page 7, please fill in the date the document will be signed, the city of execution, and sign above the line designated "Principal." Please note that this document requires the signatures of two witnesses **OR** a notary public on page 8. If you sign this document in the



*Certified Elder Law Attorney by the National Elder Law Foundation
**OSBA Certified Specialist in Estate Planning, Trusts and Probate Law



presence of two witnesses, please have them sign and print their names, addresses, and the date on the top of page 8. If you elect to use witnesses, please note that they *cannot* be health care professionals and must be 18 years of age and unrelated to you. If you elect to sign this document in the presence of a notary public, please have him or her complete the notary clause on the bottom of page 8, which includes the county and date of execution. They should then sign and affix their seal to the bottom of the page. We usually have this document signed by two witnesses *and* notarized rather than one or the other.