

HEALTH CARE PROXY
Pursuant to Massachusetts General Laws, Chapter 201D

By executing this document, I intend to create a Health Care Proxy by appointing the person designated below to make health care decisions for me, subject to any limitations stated below, as allowed or required by Chapter 201D of the General Laws of Massachusetts.

I, Lawrence G. Jones, of Cambridge, Massachusetts, a Massachusetts resident and at least 18 years of age, of sound mind and acting of my own free will, do hereby designate and appoint Michael Connolly, of Newton, Massachusetts, as my Health Care Agent. This authority becomes effective if my attending physician determines in writing that I lack the capacity to make or to communicate health care decisions. My Health Care Agent then shall have the same authority to make any and all health care decisions on my behalf that I could have made if I had retained sufficient capacity.

I direct my Health Care Agent to make decisions based on my Health Care Agent's assessment of my personal wishes. If my personal wishes are unknown, decisions shall be based on my Health Care Agent's assessment of my best interests.

If at any time my Health Care Agent named above is not available, willing, or competent (as determined by a physician), to serve as my Health Care Agent and is not expected to become available, willing or competent to make a timely decision as my Health Care Agent given my medical circumstances, or if my Health Care Agent named above becomes disqualified under law, then I appoint Notburge Connolly of Newton, Massachusetts to serve as my alternate Health Care Agent with the same authority as is given to the Health Care Agent first named above.

The authority of my agent shall cease if I regain capacity as determined by my physician.

If I become incapacitated, I shall be so notified, in so far as I am capable of understanding. The decisions of my agent on my behalf shall have the same consideration and priority as if I were competent and making the decisions myself, subject to any limitations contained herein. Should I object to a decision made by my agent appointed hereunder, I shall prevail unless a court determines that I lack the capacity to make decisions for myself.

I may revoke this Health Care Proxy at any time upon notice to my health care agent or provider either orally or in writing, or by executing another Health Care Proxy.

Dated: Sept. 21, 2004

Lawrence G. Jones
Lawrence G. Jones

WITNESS STATEMENT

We, the undersigned witnesses, each declare that we know Lawrence G. Jones who signed this Health Care Proxy, that he was at least eighteen years of age, of sound mind and under no constraint or undue influence. Both of us witnessed the signature by Lawrence G. Jones who signed this Health Care Proxy in our presence on Sept. 21, 2004

Witness:

Witness:

Signed: *Sandra Duncan*

Signed: *Richard B. Blyer*

SANDRA DUNCAN
Name (printed)

Richard B. Blyer
Name (printed)

60 Cushman PK
Street

196 Morton St
Street

Roxbury Mass 02129
City and State

Newton MA 02459
City and State