

**DESIGNATION AND APPOINTMENT OF
JOINT SURROGATES AND HEALTH CARE AGENTS
FOR HEALTH CARE DECISIONS**

I, JEFFREY E. EPSTEIN, residing at Little St. James in the United States Virgin Islands, in the event that I am incapacitated to provide informed consent for medical treatment, surgical diagnostic procedures and surgical procedures, do hereby designate and appoint as my joint surrogates and my joint health care agents for all health care decisions regarding such medical treatment, surgical diagnostic procedures and surgical procedures:

DARREN K. INDYKE, residing at 6030 Le Lac Road, Boca Raton, Florida 33496, Telephone: (561) 419-7668, Mobile: (973) 908-9233, and Work: (561) 781-8238;

and

EVA ANDERSSON DUBIN, residing at 1040 Fifth Avenue, 15th Floor, New York, New York 10028, Telephone: (212) 288-4844, Mobile: (646) 388-0059;

Both of them to serve in such capacity and to make all such decisions jointly.

I fully understand that this Designation and Appointment will permit my designated joint surrogates and health care agents to jointly make all health care decisions and to jointly provide, withhold, or withdraw consent to medical treatment, surgical diagnostic procedures and/or surgical procedures, and to jointly authorize my admission to or transfer from any health care facility; provided, however, to the extent that I have provided express and clear direction as to any specific health care decisions, medical treatment, surgical diagnostic procedures and/or surgical procedures and/or treatment at any specific health care facility, such express and clear direction must be followed by my designated joint surrogates and health care agents, and each and every treating health care worker and each and every treating health care facility to whom I have communicated such express and clear direction.

Unless I revoke this Designation and Appointment, or hereafter provide an expiration date or specify any circumstances under which it shall expire, this Designation and Appointment shall remain in effect perpetually. I hereby direct my designated joint surrogates and health care agents to make all health care decisions, including, without limitation, decisions regarding providing, withholding or withdrawing consent to medical treatment, surgical diagnostic procedures and surgical procedures, and authorizing admission to or transfer from any health care facility, in accordance with my wishes as expressed to them from time to time.

I further affirm that this Designation and Appointment is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following person other than my designated joint surrogates and health care agents, so that

the following person will be aware of the identities and contact information of my designated joint surrogates and health care agents:

Richard Kahn, 575 Lexington Avenue, 4th Floor, New York, New York 10022 .

IN WITNESS WHEREOF, the undersigned has executed this Designation and Appointment this ____ day of February, 2019.

JEFFREY E. EPSTEIN

STATEMENT BY WITNESSES:

Each of the undersigned, being 18 years of age or older, declares that Jeffrey E. Epstein is personally known to the undersigned, appears to be of sound mind and acting of his own free will, and executed this document in the presence of the undersigned.

Name: _____

Name: _____

Address: _____

Address: _____

Signature: _____

Signature: _____