

HEALTH CARE DOCUMENTS

Please answer the following questions to the best of your ability. Any specific questions you have can be answered by an attorney at your appointment.

LIVING WILL

Do you wish to have a Living Will prepared for you? Yes or No

In the event you have a terminal condition, become comatose, or enter a persistent vegetative state; do you want

Life Support? Yes or No

Nutrition and Hydration? Yes or No

DURABLE HEALTH CARE POWER OF ATTORNEY

Do you wish to appoint someone to make health Care decisions on your behalf in the event you become incapacitated or unable to communicate your decisions?

Yes or No

If yes, whom do you want to name as your Agent?

Name: _____ Relationship to you: _____

Street Address: _____

City, State: _____ Zipcode: _____

Telephone Number: (____) _____ - _____

Alternate Agent (if you're your first choice is unable or unwilling to serve as your agent)

Name: _____ Relationship to you: _____

Street Address: _____

City, State: _____ Zipcode: _____

Telephone Number: (____) _____ - _____

Do you want your agent authorized to donate your organs? Yes or No

If Yes, is the authority for (Circle one)

Transplant Only

Any Medical Purpose (Research, etc.)

Do you wish to express a preference to die at home, rather than in a hospital?

Yes or No

DURABLE POWER OF ATTORNEY-GUARDIANSHIP

Do you wish to appoint someone to take care of your affairs on your behalf in the event you become incapacitated or unable to communicate your decisions?

Yes or No

If yes, whom do you wish to name as your Agent?

Name: _____ Relationship to you: _____

Street Address: _____

City, State: _____ Zipcode: _____

Telephone Number: (____) _____ - _____

Alternate Agent (if you're your first choice is unable or unwilling to serve as your agent)

Name: _____ Relationship to you: _____

Street Address: _____

City, State: _____ Zipcode: _____

Telephone Number: (____) _____ - _____

Are there any powers you wish to specifically grant or deny to your agent?

Make gifts on your behalf?

Yes or No

If yes, to your descendants only?

Yes or No

Specific powers related to a retirement plan or Individual Retirement Account (IRA)?

Yes or No

To file taxes on your behalf?

Yes or No

To sell real estate on your behalf?

Yes or No

If yes, Street Address: _____

City, State: _____ Zipcode: _____

Street Address: _____

City, State: _____ Zipcode: _____

Any other powers?

Yes or No

If yes, What: _____

INFORMATION ABOUT YOU

Name: _____

Street Address: _____

City, State: _____ Zipcode: _____

Telephone Number: (____) _____