

LIVING WILL INFORMATIONAL SHEET

A Living Will is to provide direction of use of life sustaining measures in the event of a terminal or hopeless illness or injury.

1). Full legal name of Grantor: _____
Address of Grantor: _____

Telephone # of Grantor: _____

2). Full legal name of Agent: _____
Address of Agent: _____

Telephone # of Agent: _____

3). Full legal name of Alternate Agent: _____
Address of Alternate Agent: _____

Telephone # of Alternate Agent: _____

4). For Females, if pregnant during hospitalization do you desire the effects of the living will to be suspended until after the course of the pregnancy?

5). Do you wish to be revived even if you are terminally ill with no hope for recovery?

6). Do you wish to be provided with nutrition through an intravenous tube even if you are terminally ill with no hope for recovery?

7). Will you permit life-sustaining surgery even if you are terminally ill with no hope for recovery?

8). Will you allow your physician to try new medical discoveries or procedures?

9). Where do you prefer to spend your last days if a choice is possible:

- at the hospital
- at home
- no preference

Please read the information sheet carefully and check for correct spelling of names and correct dates. Any wrong information or changes due to misspellings or changes by you will require a \$15.00 charge. You must notify us within 30 days if there are any errors or omissions. After 30 days there will be a charge for changes.