

# POWER OF ATTORNEY / LIVING WILL QUESTIONNAIRE

A Living Will makes your wishes known to family and doctors regarding life support and the following decisions in the event you become terminally ill or injured with no hope for recovery. Do you want a living will?	You <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please answer the following for your Living Will:

	You	Your Spouse
If you have a terminal condition, diagnosed by two (2) doctors, do you want		
Your life artificially prolonged by machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition and Hydration (Food and Water) by tube?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Transfusions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organ Transplants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upon your death, do you wish to donate your organs?		
For transplants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For science or medical research	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to die at home rather than in a hospital or nursing home?	<input type="checkbox"/> At home <input type="checkbox"/> Hosp / Nur Home	<input type="checkbox"/> At home <input type="checkbox"/> Hosp / Nur Home

A **Durable Power of Attorney For Health Care** gives broader protection. Do you want to appoint someone (spouse, child, friend) to make health care decisions for you when you are unable to, but not necessarily terminal? If so provide the following:

**For You**

**For Your Spouse**

1st Choice: Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
2nd Choice: Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

A **Durable General Power of Attorney** appoints an agent that can make any decision and do any act that you can, and it will continue to be in force even after you become incapacitated. It is a very powerful document and should only be granted with great care, and then only to a person that you have the utmost trust in. If you wish a Durable General Power of Attorney provide the following

**For You**

**For Your Spouse**

1st Choice: Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
2nd Choice: Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____