

WILLS FUNDAMENTALS

Date: _____

PERSONAL DIRECTIVE

Your Name: _____

Address & Postal Code: _____

Phone: _____ Fax: _____ e-mail: _____

- 1. Name an agent (This is the person(s) that will make personal decisions for you if you should lose the capacity to make them for yourself).**

Name of agent: _____

Address & Postal Code: _____

Phone: _____ Fax: _____ e-mail: _____

Relationship: _____ Age: _____

- 2. If you want more than one agent to act together (joint agents), name the other agent or agents here:**

Name of agent: _____

Address & Postal Code: _____

Phone: _____ Fax: _____ e-mail: _____

Relationship: _____ Age: _____

Name of agent: _____

Address & Postal Code: _____

Phone: _____ Fax: _____ e-mail: _____

Relationship: _____ Age: _____

- 3. If you are naming more than two agents, do they make decisions on a majority basis or do they all have to agree?**

_____ on a majority basis _____ they all have to agree

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4. If you are not naming joint agents and your first-named agent can not or will not act, name your second choice here:

Name of agent: _____

Address & Postal Code: _____

Phone: _____ Fax: _____ e-mail: _____

Relationship: _____ Age: _____

5. If your second-named agent can not or will not act, name your third choice here:

Name of agent: _____

Address & Postal Code: _____

Phone: _____ Fax: _____ e-mail: _____

Relationship: _____ Age: _____

6. Indicate who should decide whether or not you have lost the capacity to make decisions about any personal matter:

_____ your attorney _____ your attending physician

_____ other - Name: _____

7. Do you want to donate your organs and tissue for transplantation purposes if at the time of your death you have any that would be useful for this purpose?

_____ donate all organs or _____ heart / liver / kidneys / skin / eyes

_____ transplant _____ medical education _____ scientific research

_____ do not consent

8. What are your views about being kept alive artificially if there is no known hope of recovery?

