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A PROFESSIONAL CORPORATION

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January 18, 2018

Advance Health Care Directive Durable Power of Attorney Questionnaire

**Advance Health Care Directive**

Your health care agent will make decisions for you if you are incapacitated and unable to do so for yourself. In what order would you like your agents listed? You must choose one, but you can choose two alternates as well:

- 1)
- 2)
- 3)

Do you want Advance Health Care Directive to take effect immediately or only upon your incapacity? The default is usually upon one's incapacity, but if you want the power to spring with your first agent now to help with any current medical services, you may elect to have it effective immediately. Please select:

- Immediately Effective.
- Effective upon my incapacity.

Do you want to authorize your agent to donate your organs after your passing? Y/N. (If yes, any limitations of the gift?):

Do you have any desires for the disposition of your remains? (Cremation and/or any special instructions):

Have you made any Funeral/Memorial Arrangements? If so, please send us information concerning any contracts you have entered into, or describe to us the details including: contract number, location, and any other pertinent information:

Do you have a religious preference for any memorial service? (If so please indicate):

Would you authorize your agent to allow an autopsy? Y/N



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“Do Not Resuscitate Order” – Do you agree and are you willing to initial this statement in the Advance Health Care Directive? Y/N

***END-OF-LIFE DECISIONS.** I recognize that modern medical technology has made possible the artificial prolongation of my life beyond natural limits. I **do not** wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery or otherwise enable me to live a productive and/or enjoyable life. Therefore, I **do not** want efforts made to prolong my life and I **do not** want life-sustaining treatment, including hydration and nutrition unless necessary for my comfort and alleviation of pain, to be provided or continued (1) if I am in an irreversible coma or persistent vegetative state; or (2) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances in which the burdens of the treatment outweigh the expected benefits. By “an irreversible coma,” I mean a coma from which the treating physicians have reasonably concluded I will never regain consciousness. In making decisions about life-sustaining treatment under provision (3) above, I want my agent to consider the relief of suffering and quality of remaining life as well as the extent of the possible prolongation of my life. At the same time that I am signing this advance health care directive, I am entering my initials in the space immediately below this provision to show that I have read this provision and that it reflects my desires. \_\_\_\_\_ (**INITIALS**)*

Do you need to modify the foregoing language in any manner? (If so, please indicate):

Is there anything else about health care decisions we should know about?

### **Durable Power of Attorney for Management of Property and Personal Affairs**

Your Durable Power of Attorney is designed to give your agent the authority to access and manage any aspect of your personal life. Is there any area of your life you do not want to grant this management power or do you need to limit this power? If so please explain. Please note: your Power of Attorney will not have the power to change your will or trust.

In what order would you like your attorney-in-fact listed for your Durable Power of Attorney? It can be the same as your Advance Health Care Directive or it can be totally different people.

- 1)
- 2)
- 3)