



EVERYBODY'S BUSINESS 825, LLC

PERSONAL BUSINESS SOLUTIONS

LIVING WILL WORKSHEET¹

- (1) **HEALTH CARE AGENT** I select the following person as my health care agent to make health care decisions for me: Name:

Address: _____

Telephone Numbers:

(Home) _____

(Work) _____

(Mobile/Cell) _____

E-Mail Address: _____

- (2) **First Back-up** Agent Name:

Address: _____

Telephone Numbers:

(Home) _____

(Work) _____

(Mobile/Cell) _____

E-Mail Address: _____

- (3) **Second Back-up** Agent Name:

Address: _____

Telephone Numbers:

(Home) _____

(Work) _____

(Mobile/Cell) _____

E-Mail Address: _____

¹ I am not an attorney, nor do I represent myself to be an attorney. I am not authorized to give legal advice.

(4) My health care agent will have the power to authorize: {INITIAL ALL THAT APPLY}

_____ an autopsy of my body

_____ make a disposition of any part or all of my body for medical purposes

_____ I wish for my body to be: _____ CREMATED OR _____ BURIED

(5) The following must be a factor to determine whether YOU are unable to communicate your treatment preferences: **{INITIAL ONE LINE OR BOTH LINES}

_____ A terminal condition, which means I have an incurable or irreversible condition that will result in my death in a relatively short period of time.

_____ A state of permanent unconsciousness, which means I am in an incurable or irreversible condition in which I am not aware of myself or my environment and I show no behavioral response to my environment.

(6) TREATMENT PREFERENCES: {INITIAL ONLY ONE CHOICE}

_____ Try to extend my life for as long as possible, using all medications, machines, or other medical procedures.

OR

_____ Allow my natural death to occur. I do not want any medications, machines, or other medical procedures

OR

_____ I do not want any medications, machines, or other medical procedures that in reasonable medical judgment could keep me alive but cannot cure me, except as FOLLOWS:

_____ nutrition by mouth

_____ fluids by tube or other medical means

_____ I want to have a ventilator used

_____ I want to have cardiopulmonary resuscitation (CPR) used