LIVING WILL & ADVANCE HEALTHCARE DIRECTIVE

Effective Date

Place

1. Signatory

This document is made on _____ (_____) by:

Declarant

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Life-Sustaining Treatment Wishes

Pain Relief & Comfort Care

Organ Donation Wishes

Other Instructions

3. EXECUTION & SIGNATURES

Declarant

Signature

Full Legal Name

Date