GUAM FAMILY LAW OFFICE

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LIVING WILL/DURABLE POWER OF ATTORNEY FOR HEALTHCARE WORKSHEET

INSTRUCTIONS: *Before you meet with Attorney Bill Pesch, please complete the following worksheet. Fill out all questions to the best of your knowledge. You may attach additional sheets of paper, if needed.*

INFORMATION ABOUT PERSON WISHING TO OBTAIN A LIVING WILL AND HEALTHCARE DPOA:

Name: *(Please do not use initials)*

First:_____ Middle:_____ Last:_____

Date of Birth:_____ Email address: _____

Home phone #:_____ Work phone #:_____ Cell phone #: _____

Residential Address:_____

Mailing Address: _____

INFORMATION ABOUT PERSON TO BE DESIGNATED AS HEALTH CARE AGENT:

Name: *(Please do not use initials)*

First:_____ Middle:_____ Last:_____

Date of Birth:_____ Email address: _____

Home phone #:_____ Work phone #:_____ Cell phone #: _____

Residential Address:_____

Mailing Address: _____

PROVISION FOR ANATOMICAL GIFTS: Which one of the following provisions concerning anatomical gifts would you want your healthcare agent to follow?

I hereby authorize the following acts with regard to donation of my organs, tissue, bone, corneas, and other components of my body. ***(Choose paragraph 1, or 2, or 3, if desired; or choose number 4 only).***

1. _____ I authorize my agent to make anatomical gifts on my behalf for any purpose s/he deems appropriate, and to execute such papers and do such acts as shall be necessary, appropriate, incidental, or convenient in connection with such gifts.

2. _____ I authorize my agent to make anatomical gifts on my behalf for the limited purpose of transplantation, which shall take effect upon my death, to such persons and organizations as my agent shall deem appropriate, and to execute such papers and do such acts as shall be necessary, appropriate, incidental, or convenient in connection with such gifts.

3. _____ I authorize my agent to make anatomical gifts on my behalf for the limited purposes of transplantation to members of my immediate family, and to execute such papers and do such acts as shall be necessary, appropriate, incidental, or convenient in connection with such gifts.

4. _____ I do not authorize my agent to make any anatomical gifts on my behalf following my death.

PROVISION FOR DIRECTIVE TO WITHHOLD TREATMENT: Which one of the following provisions concerning the use of artificial means to prolong life would you want your healthcare agent to follow?

1). If at any time my attending physician and one (1) other qualified physician certify in writing that:

a. I have an injury, disease or illness which is not curable or reversible and which, in their judgment, is a terminal condition; and

b. for a period of seven (7) consecutive days or more, I have been unconscious, comatose, or otherwise incompetent so as to be unable to make or communicate responsible decisions concerning my person; then

_____ **Directive to Withhold Treatment.** I direct that life-sustaining procedures shall be withdrawn and withheld pursuant to the terms of this declaration; it being understood that the term "life-sustaining procedures" shall not be interpreted to include any medical procedure or intervention for nourishment considered necessary by the attending physician to provide comfort or alleviate pain. However, I may specifically direct that artificial nourishment be withdrawn or withheld pursuant to the terms of this declaration.

_____ **Directive for Maximum Treatment**. I want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery, or the cost of the procedures.

_____ **Directive in My Own Words. _____**

_____

_____

_____

PROVISION FOR NUTRITION AND HYDRATION: Which of the following provisions concerning the use of nutrition and hydration would you want your healthcare agent to follow?

With respect to Nutrition and Hydration provided by means of nasogastric tube in the stomach, intestines, or veins, I wish to make it clear that in the event that the only procedure I am being provided is artificial nourishment, I direct that one of the following actions be taken:

_____ Artificial nourishment shall not be continued when it is the only procedure being provided; or

_____ Artificial nourishment shall be continued for ____ days when it is the only procedure being provided; or

_____ Artificial nourishment shall be continued when it is the only procedure being provided.

PROVISION FOR CARDIOPULMONARY RESUSCITATION (CPR): Which of the following provisions concerning the use of Cardiopulmonary resuscitation (CPR) would you want your healthcare agent to follow?

In the event that I have been removed from life support pursuant to paragraph 1, above, and in the event that only procedure I am being provided is artificial nourishment, or if artificial nourishment has been withdrawn, I direct that the following Cardiopulmonary resuscitation Directive be implemented:

_____ I desire and consent to cardiopulmonary resuscitation; or

_____ I do not want cardiopulmonary resuscitation which means measures to restore cardiac functions or to support breathing in the event of cardiac or respiratory arrest or malfunction, shock to the chest, or placing tubes in the airway to assist breathing.

RELATIONSHIP BETWEEN THE DPOA FOR HEALTHCARE AND THE LIVING WILL: Sometimes provisions between the living will and the durable power of attorney for healthcare are interpreted to be in conflict. If this should occur, which provision would you want to prevail?

To the extent that any provisions of the durable power of attorney for healthcare are deemed to conflict with my living will, the following shall prevail:

_____ My agent's authority (final decision made by agent subject to legal constraints).

_____ My living will (final decision made by Doctor subject to legal constraints).