

**LIVING WILL (ADVANCE MEDICAL DIRECTIVE)  
WORKSHEET**

**10th Support Group Legal Assistance Office  
Building 218, Room 219 (644-4332)**

**Note: Please fill out this form completely before your appointment with an attorney.**

1. Do you want a Healthcare Power of Attorney and/ or a Living Will (Advance Medical Directive)?
2. Name (First, Middle, Last):
3. Spouse's Name:
4. Home and Work Phone Numbers:
5. What is your state of legal residence?
6. Health Care Agent (If you want someone to be able to make health care decisions for you when you are unable to, but not necessarily terminal):
  - a. First choice (Name/Relationship/Address/Phone Number):
  
  - b. Second choice (Name/Relationship/Address/Phone Number):
7. In which state do you vote?
8. Which state issued your driver's license?
9. In which state is your car registered?
10. In which state(s) do you own real estate?
11. In which state(s) do you file tax returns?
12. In which state do you plan to retire/live permanently?
13. Upon your death, do you wish to donate your organs for transplants?
14. Do you want to donate your organs for science or medical research?
15. Do you want to express a preference to die at home?

November, 2009