



Advance Directive Worksheet

Client: _____ **Date:** _____

INSTRUCTIONS: Review this document after receipt and the attorney will have a more in-depth discussion with you regarding your individual selections. After your meeting with the attorney, we will send this document to you again for you to initial the selected Living Will items. The selections for the Health Care Surrogate and Durable Power of Attorney will be initialed at the final meeting to sign the documents.

Living Will

This document, in short, is used by your family and medical professionals to determine what **your** wishes are regarding life prolonging procedures and who is to carry out those wishes during the **last hours or days of your life**. This document is **only** utilized if at least two medical doctors have determined that nothing further can reasonably be done to keep you alive and assist in your recovery.

Regarding the selections below, "**Incapacity**" or "incompetent" means you are unable to communicate a willful and knowing health care decision. For the purposes of making an anatomical gift, the term also means you're dead. "**Life-prolonging procedures**" includes, but is not limited to, certain medical interventions such as CPR, artificial intake of sustenance and hydration, and other therapeutic and surgical procedures.

To better enable us to customize the document to you, please check the box next to the paragraphs that you agree with (we will send you an electronic or provide a paper version for your initials):

1. _____ If I do not already have a Do Not Resuscitate Order (DNR), I authorize a DNR Order created for me.
2. _____ If I am in the last hours or days of my life, I do not want to make **my own** end of life decisions known. I have decided to leave my end-of-life decision making to my **designated health care surrogate** whose judgment I trust implicitly. (This leaves the decisions to someone else. You are done. Do not mark any of the other selections below.)
3. _____ If I am in the last hours or days of my life, I want all life-prolonging procedures be continued to prolong my life as long as it is reasonably possible to do so [*until my death*] or [*but for no longer than _____ days*]. (You may be done unless you have selected a certain number of days. If so, continue on. Otherwise, do not mark any of the other selections below.)
4. _____ If I am in the last hours or days of my life, in a "**terminal condition**" and **incapacitated**, I do not want life-prolonging procedures continued. Here, a terminal condition means a condition caused by injury, disease, or illness from which there is no reasonable medical probability of recovery and which, **without treatment, can be expected to cause death**.
5. _____ If I am in the last hours or days of my life, in an "**end-stage condition**" and **incapacitated**, I do not want life-prolonging procedures continued. Here, an end-stage condition is an irreversible condition that is caused by injury, disease, or illness which has

resulted in **progressively severe and permanent deterioration**, and for which, to a reasonable degree of medical probability, **treatment of the irreversible condition would be ineffective**.

6. _____ Whether in an "end-stage condition" or not, if I am in the last hours or days of my life, in a **"persistent vegetative state" and incapacitated**, I do not want life-prolonging procedures continued. Here, a **persistent vegetative state** is a **permanent and irreversible condition of unconsciousness** in which there is the **absence of voluntary action or cognitive behavior of any kind**, and an inability to communicate or interact purposefully with the environment.
7. _____ If I am in the last hours or days of my life, unconscious and have little chance of recovering consciousness and if I would almost certainly be **severely brain damaged if I did recover consciousness**, I do not want life-prolonging procedures continued.
8. _____ If I am in the last hours or days of my life, incapacitated, and have a permanent condition that makes me completely dependent on others for my daily needs (for example, eating, bathing, toileting), I do not want life-prolonging procedures continued.
9. _____ If I am in the last hours or days of my life, incapacitated and confined to bed and need a breathing machine for the rest of my life, I do not want life-prolonging procedures continued.
10. _____ If I am in the last hours or days of my life, incapacitated and I have pain or other severe symptoms that cannot be relieved, I do not want life-prolonging procedures continued.
11. _____ Even if I have checked any of items 4-10 above, I specifically desire and direct that the following life-prolonging procedures BE CONTINUED [until my death] or [but for no longer than ____ days]:
- Artificial nutrition (providing food through tubes in the nose or stomach)
 - Artificial hydration (providing water through tubes in the veins)
 - Cardiopulmonary resuscitation (CPR)
 - Mechanical ventilation or other use of mechanical breathing devices
 - Use of an endotracheal tube to assist breathing
 - Chemotherapy or radiation therapy
 - Renal dialysis
 - Blood transfusions
 - Invasive diagnostic tests
 - Use of antibiotics
 - Active treatment of a new reversible condition such as newly-discovered cancer, heart disease, or pneumonia
 - Surgical procedures, major or minor
 - Any other medical procedure, treatment, or intervention which sustains, restores, or supplants a spontaneous vital function

Declaration Regarding Anatomical Gifts

About Anatomical Gifts: When making the selections below, keep in mind that: a) you are choosing only to either authorize or not the making of such a gift; it is not a direct instruction to utilize your organs or tissues. This will only be determined on a case-by-case basis at the time of your death, based on your health at the time; b) the authorization to use such organs or tissues or to donate your body for scientific use will be ultimately made by your health care surrogate or family at the time; c) be aware that your body, while technically brain dead, may be kept alive until the harvesting of your organs and/or tissues can be completed; and d) all costs associated with organ and tissue donation are borne by the recipient.

I hereby (check & initial one): [___ make] [___ refuse to make] an anatomical gift, if medically acceptable, to take effect on my death. If I have made an anatomical gift in the immediately preceding sentence, then I give (check and initial all that apply):

NOTE: Check both 1 & 2 if you would like to donate your organs and tissues.

1. _____ All or any needed organs (heart, kidneys, pancreas, lungs, liver, and intestines), but not tissues, unless otherwise specified, for the purpose of transplantation.
2. _____ All or any needed tissues and bone marrow (cornea, skin tissue, heart valves, bone, blood vessels, and connective tissue), but not organs, unless otherwise specified, for the purpose of transplantation.
3. _____ My body for the purpose of anatomical study, therapy, medical research or education. *In general, you will need to contact a particular organization regarding the type of study you'd like to participate in, prior to your incapacity or death.*
4. _____ **Only** the following organs, tissues or parts for the purpose of transplantation:

5. _____ **Excluding** the following organs, tissues or parts for the purpose of transplantation:

Any other limitations or special wishes, if any (e.g., designation of donee or physician to carry out procedure):

Health Care Surrogate

A person's health care surrogate's authority becomes effective when their primary physician determines that you are unable to make their own health care decisions, meaning you are incapacitated or unable to make the decision on your own, **UNLESS** you select either one or both of the following boxes (You will be asked to initial the same selections in the actual Health Care Surrogate document):

By selecting this option, you are **immediately** giving your designated health care surrogate the authority to receive your health information, whether you are incapacitated or not.

By selecting this option, your designated health care surrogate can **immediately** make choices regarding your health care decisions, whether you are incapacitated or not.

Durable Power of Attorney

Under Florida law, a Durable Power of Attorney (“DPA”) is effective as soon as it is executed (signed). The person you appoint (your “Agent”) is authorized to only perform actions if it is mentioned in the text of the document itself. It is “Durable” because it has language in the document that allows it to be used even if you are determined to be incapacitated. A DPA ends when you die. Your Agent only has the power to act on your behalf, not to prevent you from acting.

By statute, you may revoke a power of attorney by expressing the revocation in a subsequently executed power of attorney that specifically revokes prior powers of attorney or other writing signed by you. You may give notice of the revocation to an Agent who has accepted authority under the revoked power of attorney. Note that the execution of a new power of attorney does not revoke a power of attorney previously executed by you unless it has the revocation language within that document.

Even though your Agent can do all the things mentioned in the document, there are certain actions that must be specifically permitted by you. If you wish to allow your Agent to perform these acts on your behalf, please mark the selections below (You will be asked to initial the same selections in the actual Durable Power of Attorney document).

1.01 **Create Trusts:**

While you are living, you give your Agent the authority to make a new revocable or irrevocable trust. Your Agent can choose any person or corporation to act as trustee of that new trust. The trust can be funded with any property you own. Permitted trusts include, but are not limited to family trusts, first and third party supplemental (or special) needs; qualified income trusts; life insurance trusts; and qualified domestic trusts.

This provision shall not be applicable to any revocable or irrevocable trust of which you are the creator of a trust that has language explicitly preventing such action.

1.02 **Amend, Modify, Revoke or Terminate a Trust Created By, or on Your Behalf:**

You also give your Agent the authority to take any action with regard to any such trusts that you could take on your own if personally present and competent, such as modifying a trust by amending, terminating or even revoking that trust on your behalf if they deem it best.

1.03 **Make a Gift:**

You grant to your Agent the power to make gifts of money to

- any family member of mine related by blood or marriage, and to their spouses; or
- to a trust for the benefit of any of the foregoing individuals; or
- on behalf of any of the foregoing individuals to pay tuition for education or training directly to an educational organization, including paying into any qualified State tuition program maintained by any State or agency or instrumentality; or
- pay directly to any person or medical facility who provides medical care as payment for such medical care.

You grant your Agent the authority to make gifts to themselves or to any one the Agent is legally obligated to support, but not to exceed the annual dollar limits of the federal gift tax exclusion under 26 U.S.C. s. 2503(b), as amended, without regard to whether the federal gift tax exclusion applies to the gift, or if your spouse agrees to consent to a split gift pursuant to 26 U.S.C. s. 2513, as amended, in an amount per person per calendar year not to exceed twice the annual federal gift tax exclusion limit. This provision may be waived if my Agent is spending-down for government benefit purposes.

My Agent has the authority to continue any pattern of gift-making to any charity, person, or both that I may have established during my lifetime.

1.04 **Create or Change Rights of Survivorship:**

You grant your Agent the authority to create or modify your rights of survivorship, joint ownership, as it relates to any real property that I may now own. This means your Agent can execute real estate deeds transferring property in and out of your name. The Agent is granted a limited authority to exceed the gift limitations as it pertains to real property.

1.05 **Create or Change a Beneficiary Designation:**

With respect to any *Individual Retirement Account* or any *Qualified Retirement Plan* which you are a participant and/or own, you grant your Agent the authority to make a beneficiary designation and to authorize a rollover on your behalf and in your name of the proceeds of any such Individual Retirement Account or Qualified Retirement Plan into one or more Individual Retirement Accounts in your name, and to designate one or more beneficiaries of such accounts, in such amounts and proportions as your Agent deems best.

You grant to your Agent the authority to designate or change the beneficiary of any *insurance* or *annuity* contract owned by you or by your Agent on your behalf and to designate or change the manner in which the death benefit of any insurance or annuity policy shall be paid to the beneficiary.

You grant to your Agent the authority to designate or change the beneficiary of any other *financial account* owned by you or by your Agent on your behalf and to designate or change the manner in which account shall be paid to a beneficiary.

1.06 **Waive Your Right to be a Beneficiary of a Joint and Survivor Annuity, Including a Survivor Benefit Under a Retirement Plan:**

Here, you grant your Agent the authority to legally prevent any proceeds from annuities or retirement plans from being distributed to you. This is generally beneficial if you are receiving government or other such benefits that would be reduced or terminated if you were to have a windfall income or higher asset level.

1.07 **Disclaim Property and Powers of Appointment:**

When your Agent “disclaims” property, then that assertion is the same as if you had predeceased, and such property would then go to your then living descendants.

A “Power of Appointment” grants to your Agent the authority to select another person to dispose of certain property that you may own or have an interest in, in whole or in part.

Such disclaimers and disposal of the property should be considering such matters as your ability to receive government or other such benefits; any reduction in estate or inheritance taxes on your estate; and the effect of such renunciation or disclaimer upon persons interested in your estate and persons who would receive the renounced or disclaimed property.