



Your Name \_\_\_\_\_

Advance Directives Documents you have signed:

- ☐ Medical Directive (*Living Will*)
- ☐ Durable Power of Attorney for Health Care Decisions

Other Documents:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

Where and with whom legal documents can be found:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Information about your health care advocate, the person who will make health care decisions on your behalf if you are not able to:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Successor advocate named in your durable power of attorney document:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_