

1. Name

(first, middle, last)
Date of Birth _____
Address _____
Phone Number (w) _____ (h) _____ (c) _____
Email Address _____

2. Spouse Name

(first, middle, last)
Date of Birth _____
Address _____
Phone Number (w) _____ (h) _____ (c) _____
Email Address _____

3. Children (legal name)	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Guardian appointment for minor children

If you have minor children, who would you want to care for them after you pass-away?

<u>Name</u>	<u>Address</u>	<u>Phone Number(s)</u>
_____	_____	_____
_____	_____	_____

5. EXECUTOR

Who do you want to be responsible for managing your estate after your pass away?

Primary Executor (usually spouse) _____	_____
	Phone Number (s)
First Successor Executor _____	_____
(in the event that your primary is not able)	Phone Number (S)

6. **TRUSTEE**

Who do you want to control assets under your will that would go to a minor child?

<u>Name (Primary)</u>	<u>Address</u>	<u>Phone Number(s)</u>
_____	_____	_____
<u>Name (Secondary)</u>	<u>Address</u>	<u>Phone Number(s)</u>
_____	_____	_____

6. **Healthcare Durable Power of Attorney (HDPOA)**

If you are unable to, who do you want to make health care decisions on your behalf?

<u>Name</u>	<u>Address</u>	<u>Phone Number(s)</u>
_____	_____	_____
Initial Agent (Usually spouse first)		
_____	_____	_____
Successor Healthcare Agent		
_____	_____	_____
Second Successor Healthcare Agent		

7. **Durable Power of Attorney (for financial decisions also known as DPOA)**

If you are unable, who do you want to make financial decisions on your behalf?

<u>Name</u>	<u>Address</u>	<u>Phone Number(s)</u>
_____	_____	_____
Initial Agent (Usually spouse first)		
_____	_____	_____
Successor Agent		
_____	_____	_____
Second Successor Agent		

8. Living Will

If you have a terminal condition or in a persistent vegetative state do you want the following (please choose one):

a. ☐ No Life-sustaining Treatments

I do not want life-sustaining treatment (including CPR) started. If life-sustaining treatments are started, I want them stopped.

☐ **Doctor's Discretion**

I want the life-sustaining treatments that my doctors think are best for me.

b. ☐ No Artificial Nutrition and Hydration

I do not want artificial nutrition and hydration started if they would be the main treatments keeping me alive. If artificial nutrition and hydration are started, I want them stopped.

☐ **Artificial Nutrition and Hydration**

I want artificial nutrition and hydration, even if they are the main treatments keeping me alive.

☐ **Comfort Care**

I want to be kept as comfortable and free of pain as possible, even if such care prolongs my dying or shortens my life.

Additional Notes and/or requests:

******* THIS QUESTIONNAIRE DOES NOT CONSTITUTE A WILL, LIVING WILL OR A POWER OF ATTORNEY. THIS DOCUMENT IS FOR INFORMATION PURPOSES ONLY. PLEASE RETURN THIS COMPLETED FORM TO OUR OFFICE . *******

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