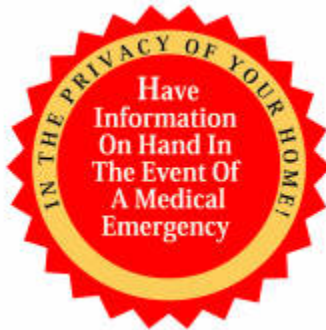


CareManager Home ©



"Your Personal Health & Medical History ©"

Special Request Forms



Affidavit
Death with Dignity Request
Revocation of Document
Special Wishes Request

Developed, Published & Distributed by:



Statement of Wishes Of

I, _____, do hereby, this day _____

Set forth certain wishes and requests to my personal representatives, heirs, family, friends and other who may carry out these wishes. I understand that these wishes are advisory only and not mandatory.

My wishes are:

Signature

Affidavit

State of: _____

County of: _____

Before me, the undersigned, on this day personally appeared: _____
and _____ known to me to be the Testator and the
witnesses, respectively, whose names are signed to the foregoing instrument. I first duly swore
all of these persons.

_____ the Testator, declared
to me and to the witnesses, in my presence, that the foregoing instrument is the Testator's Will
and that the Testator willingly signed and executed such instrument (or expressly directed
another person to sign the instrument for the Testator in the Testator's presence) in the presence
of the witnesses, as the Testator's free and voluntary act for the purposes expressed in the
instrument.

Each of the witnesses declared in the presence and hearing of the Testator that the foregoing
instrument was executed and acknowledged by the Testator as the Testator's Will in their
presence and that they, in the Testator's presence, hearing and sight and at the Testator's request,
and in the presence of each other, did subscribe their names to the instrument as attesting
witnesses on the date of the instrument. The Testator, at the time of the execution of such
instrument, was of full age, of sound mind, and the witnesses were sixteen years of age or older
and otherwise competent to be.

Testator Signature: _____

Print Full Name: _____

Address: _____

City / State / Zip: _____

Witness Signature: _____ Witness Signature: _____

Print Full Name _____ Print Full Name _____

Address: _____ Address: _____

City / State / Zip: _____ City / State / Zip: _____

Acknowledgment: (Notarize if required by State Law)

State of: _____

County of: _____

On this date _____ before me personally appeared _____
to me known to be the person described in and who executed the foregoing instrument and
acknowledged to me that (she/he) _____ executed the same as (her/his) _____ free act and deed.
(Notary Public) _____ My commission expires: _____

Revocation of Document

I, _____ of _____
(Full name) (Full Address)
_____ hereby revoke my:

Name of Document

Date of Document

The power and authority granted under the above named document for making health care decisions on my behalf is revoked and withdrawn and this document provides notice of such revocation.

Dated this _____ day of: _____, _____.

Declarant's Signature: _____

Print Full Name: _____

Address: _____

City / State / Zip: _____

Names of institutions / individuals who have been provided a copy of this revocation

Notification of Request Death with Dignity

Date: _____

To: _____

This is to advise you that I have executed a Living Will in which I have expressed my wishes to die with dignity should I become terminally ill and mentally and/or physically incapable of providing instructions to discontinue medical care.

I wish my loved ones to avoid the agony of seeing me linger near death. I also want to eliminate unnecessary medical expense so my heirs can benefit from my estate.

I request that you honor my Living Will as best you can according to your own medical and professional ethics, the laws of this state, and your best judgment in cooperation with those I have designated to make the decision to terminate care as named below:

Name: _____

Street Address: _____

City / State / Zip: _____

Telephone: _____

Relationship: _____

My Living Will is located at: _____

I thank you in advance for honoring my instructions to allow me to die with dignity.

Signature: _____

Name: _____

Address: _____

City / State / Zip: _____

Statement of Wishes Of

I, _____, do hereby, this day _____

Set forth certain wishes and requests to my personal representatives, heirs, family, friends and other who may carry out these wishes. I understand that these wishes are advisory only and not mandatory.

My wishes are:

Signature

Affidavit

State of: _____

County of: _____

Before me, the undersigned, on this day personally appeared: _____
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witnesses, respectively, whose names are signed to the foregoing instrument. I first duly swore
all of these persons.

_____ the Testator, declared
to me and to the witnesses, in my presence, that the foregoing instrument is the Testator's Will
and that the Testator willingly signed and executed such instrument (or expressly directed
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witnesses on the date of the instrument. The Testator, at the time of the execution of such
instrument, was of full age, of sound mind, and the witnesses were sixteen years of age or older
and otherwise competent to be.

Testator Signature: _____

Print Full Name: _____

Address: _____

City / State / Zip: _____

Witness Signature: _____ Witness Signature: _____

Print Full Name _____ Print Full Name _____

Address: _____ Address: _____

City / State / Zip: _____ City / State / Zip: _____

Acknowledgment: (Notarize if required by State Law)

State of: _____

County of: _____

On this date _____ before me personally appeared _____
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Name: _____

Address: _____

City / State / Zip: _____