

LAURA W. ANDERSON, ESQ LLC

Please be advised that this questionnaire is designed to assist us in creating documents on your behalf and is not a substitute for individualized legal advice.

ADVANCE DIRECTIVE QUESTIONNAIRE

The Advance Directive for Healthcare was established under Georgia Code in July 2007. This document is designed to replace the need for a living will and a power of attorney for healthcare. Upon execution of such a directive, a previously executed living will and/or power of attorney for healthcare will be replaced by your elections on the directive.

Your healthcare agent will make healthcare decisions for you when you cannot or do not want to make healthcare decisions for yourself. You may also have your healthcare agent make decisions for you after your death with respect to an autopsy, organ donation, body donation, and final disposition of your body.

Please provide name, address and telephone number for each:

Agent to make healthcare decisions: _____

Alternate: _____

Your guardian will be responsible for making decisions for you regarding your personal support, safety, and or welfare in the event a court decides you are unable to make those decisions for yourself. Your guardian may be the same as your healthcare agent but does not have to be the same.

Please provide name, address and telephone number for each:

Guardian: _____

Alternate: _____

This directive includes your ability to express your preferences on the following issues: Autopsy, Organ Donation, Donation of Body and Final Disposition of Body including Burial or Cremation.

Further you will be able to choose under what conditions this directive will take effect.

Please consider which treatment preferences you would prefer in the event you are no longer able to communicate those preferences. The three preferences set out in the directive are: (circle one)

- A. Extend my life for as long as possible OR
- B. Allow my natural death to occur OR
- C. I do not want any medical procedures that in reasonable medical judgment could keep me alive but can not cure me except as specified.

This directive shall take effect upon execution and shall remain in effect until death and after death to the extent allowed. However, you may choose to specify an effective date and/or termination date. If this is applicable please specify those dates:

Effective date: _____

Termination date: _____