

LIVING WILL/HEALTH CARE DIRECT INFORMATION
SHEET

A Living Will is to provide direction of use of life sustaining measures in the event of a terminal or hopeless illness or injury.

1). Full legal name of Grantor: _____
Address of Grantor: _____

Telephone# of Grantor: _____

2). Full legal name of Agent: _____
Address of Agent: _____

Telephone# of Agent: _____
Relationship to Grantor: _____

3). Full legal name of Alternate Agent: _____
Address of Alternate Agent: _____

Telephone# of Alternate Agent: _____
Relationship to Grantor: _____

4.) Primary Physician: _____
Address of Primary Physician: _____

Telephone# of Physician: _____

5). For Females, if pregnant during hospitalization do you desire the effects of the living will to be suspended until after the course of the pregnancy?

6). Do you wish to be revived even if you are terminally ill with no hope for recovery?

7). Do you wish to be provided with nutrition through an intravenous tube even if you are terminally ill with no hope for recovery?

8). Will you permit life-sustaining surgery even if you are terminally ill with no hope for recovery?

9). Will you allow your physician to try new medical discoveries or procedures?

10). Where do you prefer to spend your last days if a choice is possible:

- at the hospital
- at home
- no preference

11). Autopsy:

- I consent to an autopsy.
- I do not consent to an autopsy.
- My agent may give or refuse consent for an autopsy.

12). Burial/Cremation:

- I have already made burial/cremation arrangements.
- I want my agent to decide these arrangements.
- I do not authorize my agent to make these arrangements.

Are you of sound mind and under no constraint or undue influence? yes no

Date: _____

Signature: _____

DISCLOSURE FROM NONLAWYER

I, _____, certify that Jennifer M. Kerns of Professional Services by Jenn & Jenn, LLC, explained to me that he or she is not an attorney who is a member in good standing of the Florida Bar and that he or she CANNOT: 1) give me legal advice; 2) tell me what my legal rights or remedies are; 3) represent me in court; or 4) tell me how to testify in court.

This nonlawyer further explained to me that he or she CAN ONLY: 1) help me fill out forms that have been approved by the Supreme Court of Florida; 2) ask me questions to fill in the form(s); and 3) show or explain to me how to file the form(s).

I can read English.

I can not read English, but this disclosure was read to me by _____ in _____

Dated: _____

Signature of Party

Jennifer M. Kerns
Professional Services by Jenn & Jenn, LLC
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Jacksonville, FL 32210
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