

Will Information Sheet for (full name of client/testator) _____

Immediate Family Group (and addresses if they are being used in Will):

Executor of the Will and Personal Representative:

If that Executor is unable or unwilling to act then appoint:

Guardian of minor children (if not survived by a spouse) with name and address

If that Guardian is unable or unwilling to act then appoint:

Durable Power of Attorney (for financial purposes)

___ a general or special power of attorney or ___ expressly to survive incompetence

Name(s) and address(es) of attorney-in-fact, and if more than one whether they are successors or alternate:

If that person is unwilling, then who?

Health Care Agent:

___ an appointment of a health care agent - enter names, addresses and tele. no. of agent or agents, in order, to act if testator is incapacitated, and whether agents are successor or alternate agents, whether any organs are to be donated, and whether agents are to handle funeral arrangements:

To consider prior to estate plan execution meeting:

For the “living will” and appointment of agent for medical purposes, you will need to make elections after the following language:

I choose not to receive care for the purpose of prolonging life, including food and fluids by tube, antibiotics, cardiopulmonary resuscitation, or dialysis being used to prolong my life. I always want comfort care and routine medical care that will keep me comfortable and functional as possible, even if that care may prolong or shorten my life. My health care provider should withhold or withdraw life-sustaining care if at least one of the following INITIALED conditions is met:

- I am in a persistent vegetative state
- I am close to death and am unlikely to recover
- I cannot communicate and it is unlikely that my condition will improve
- I do not recognize my friends or family and it is unlikely that my condition will improve
- I have a progressive illness that will cause death

for the appointment of agent for medical purposes, you will also need to make elections after the following language:

If none of the above conditions has been initialed, I put no limits on the ability or discretion of my health care provider or agent to withhold or withdraw life-sustaining care. [Note that if you do not want emergency medical service providers to provide CPR or other life sustaining measures, you must work with a physician or APRN to complete an order that reflects your wishes on a form approved by the Utah Department of Health.]

My agent shall have the powers below ONLY IF I INITIAL the "YES" option that precedes the statement:

YES NO I authorize my agent to get copies of my medical records at any time, even when I can speak for myself.

YES NO I authorize my agent to admit me to a licensed health care facility, such as a hospital, nursing home, assisted living, or other facility for long-term placement other than convalescent or recuperative care.

YES NO I, being of sound mind and not acting under duress, fraud or other undue influence, do hereby nominate my agent or, if my agent is unable or unwilling to serve, my alternative agent(s), to serve as my guardian in the event that, after the date of this instrument, I become incapacitated. [Note: Even though appointing an agent should help in avoiding a guardianship, a guardianship may still be necessary. Initial the "YES" option if you want the court to appoint your agent or, if your agent is unable or unwilling to serve, your alternative agent, to serve as your guardian, if a guardianship is ever necessary.]

YES _____ NO _____ I authorize my agent to consent to my participation in medical research or clinical trials, even if I may not benefit from the results.