

# THINKING AHEAD

**My Way,  
My Choice,  
My Life at the End**



"There is life, and there is death. You don't know what's going to happen today or tomorrow so you have to be prepared."

*Connie Martinez, 2008*



# Personal Requests

These are my personal requests, but not a Will.

Name: \_\_\_\_\_

## (1) Where I want to be

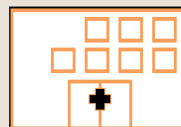
This is my choice about where I want to spend my final days.



My Home



With My Family

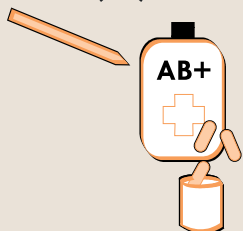


Hospital

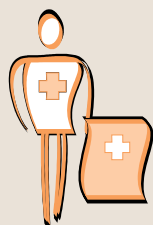
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Place

## (2) How I want to be cared for



- Have my family and friends near.
- Have personal care that helps me feel comfortable.
- Have my favorite things around me.
- Have my favorite music playing.
- Have my religion respected.
- Other ways I want to be cared for:



\_\_\_\_\_  
\_\_\_\_\_

## (3) Where I want my things to go



Money

\_\_\_\_\_

Clothing

\_\_\_\_\_

Furniture

\_\_\_\_\_



Equipment

\_\_\_\_\_



Pet

\_\_\_\_\_

Other

\_\_\_\_\_



# Personal Requests



## (4) Gifts I want to give

Item: \_\_\_\_\_

To: \_\_\_\_\_

Item: \_\_\_\_\_

To: \_\_\_\_\_



## (5) My body

I want to be buried. Where: \_\_\_\_\_

I want to be cremated. Where I want my ashes to go:  
\_\_\_\_\_



## (6) Being remembered

I want a funeral service  Yes  No

At my place of worship \_\_\_\_\_

At a funeral home \_\_\_\_\_

Other place \_\_\_\_\_

I want people to remember me by doing this: \_\_\_\_\_  
\_\_\_\_\_



Sign Your Name

Date

Street Address

City

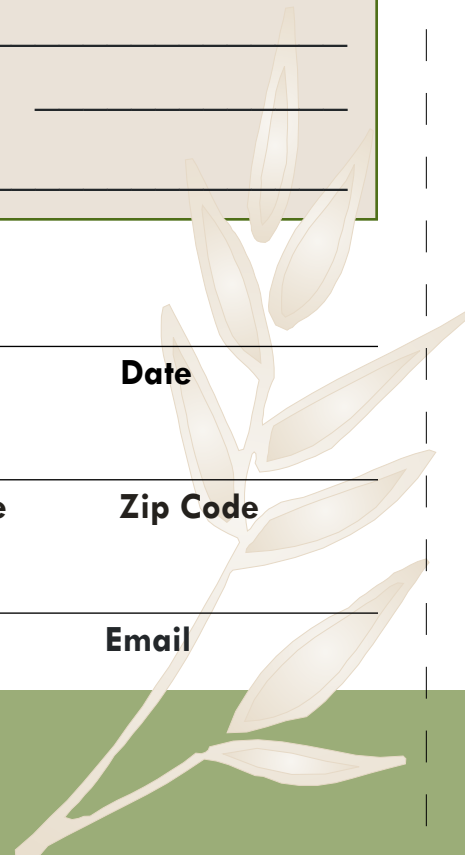
State

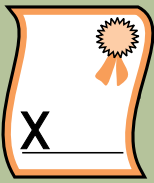
Zip Code

Home Phone

Work Phone

Email





# Advance Directive

(Name) \_\_\_\_\_ is my  
**End-of-Life Advocate (Health Care Agent).**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**My End-of-Life Advocate will make decisions for me only if I cannot make my own decisions.**



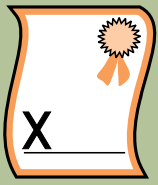
## My End-of-Life Choices

**During my final days, my quality of life means:**

- Being awake and thinking for myself.
- Communicating with family or friends.
- Being free from constant and severe pain.
- Not being connected to a machine all the time.
- \_\_\_\_\_

**During my final days, my life support treatment decision is:**

- I want life support treatment as long as possible.
- I do not want any life support treatment.
- I want life support treatment **only** if my doctor thinks it could help.
- I want my End-of-Life Advocate to decide for me.



# Advance Directive



\_\_\_\_\_  
**Sign Your Name**

\_\_\_\_\_  
**Date**



\_\_\_\_\_  
**Print Your Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

For Witnesses:

As a witness, I promise that (person) \_\_\_\_\_,  
signed this form while I watched. He/she was not forced to sign it.

I also promise that:

- I know this person and he/she can confirm their identity.
- I am 18 years or older.
- I am **not** this person's End-of-Life Advocate (Health Care Agent).
- I am **not** this person's health care provider or work for this person's health care provider.
- I do **not** work where this person lives.



\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**



\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**

**One witness** must not be related by blood, marriage or adoption and not receive any money or property from this person after he/she dies.

