

Provide this information if you want a Living Will or a Health Care Power of Attorney.

Your full name: _____

Social Security Account Number: _____

Your status (check all that apply):

- Active Duty Military Retiree Civilian Employee Family member
- Single Married Separated/divorcing Divorced
- U.S. Citizen Non-U.S. Citizen Male Female

Sponsor: Rank _____ Unit _____

Current mailing address: _____

Telephone numbers: _____

Electronic mail address: _____

Spouse full name: _____

Your state of legal residence: _____

- | | | |
|--|--------------------------|--------------------------|
| Upon your death, do you wish to donate organs or tissue for transplant? | Yes | No |
| Upon your death, do you wish to donate organs or tissue for science or medical research? | <input type="checkbox"/> | <input type="checkbox"/> |
| If practical, do you prefer to die at home rather than in a medical facility? | <input type="checkbox"/> | <input type="checkbox"/> |

YOUR HEALTH CARE ATTORNEY
Provide this information to identify your Health Care Attorney.

Primary Health Care Attorney:

- My spouse. Go to Alternate Health Care Attorney section, below.
- Other. Complete the following:

Full name of Attorney: _____

Relationship to you: _____

Complete address: _____

Telephone numbers: _____

Alternate Health Care Attorney:

Full name of Attorney: _____

Relationship to you: _____

Complete address: _____

Telephone numbers: _____

Identify your Alternate Health Care Attorney's participation:

- (B) Either health care attorney may act separately
- (C) The health care attorneys must act jointly, unless one is incapacitated
- (D) The alternate health care attorney is to act only if the first is incapacitated

Office Use Only

- Drafted
- Telephoned
- Emailed
- Scanned



USASETAF LIVING WILL QUESTIONNAIRE

Privacy Act Statement (5 USC § 522a): AUTHORITY: 10 USC § 8072. PRINCIPAL PURPOSE: To assist USASETAF legal personnel who advise about and prepare estate planning documents. ROUTINE USES: To provide legal personnel with sufficient information to advise on and prepare estate planning documents. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION: Disclosure is voluntary. Nondisclosure prohibits effective estate planning assistance.

Read this questionnaire carefully, answer all questions completely, and print all information clearly. Do not fold, spindle, or mutilate: We must be able to read your handwriting!

Return this completed questionnaire to the legal office for preparation of estate planning documents. You will be contacted at the telephone number or email address you list for an appointment to review and sign your documents as soon as they have been prepared.

You can contact Legal Assistance at DSN 634.7041 or commercial 0444.717041

A Living Will makes your wishes known to family and doctors regarding life support and other medical decisions in the event you become terminally ill or injured with no hope for recovery. Living Wills are also known as Advanced Medical Directives, "do not resuscitate" orders (DNR), or abatement orders. Use of these directives means life-sustaining treatment may be stopped when you have a terminal condition, injury, or illness that has no cure and will cause death even with medical care. Care may be stopped if you are in a persistent vegetative state, or a permanent unconscious condition, where your condition of permanent non-responsiveness continues even with medical care.

A Durable Power of Attorney for Health Care lets you appoint an adult (spouse, adult child, or friend) to make health care decisions for you when you are unable to participate in those decisions. Your Power of Attorney may be used even though you are not in a terminal condition. If you appoint a Power of Attorney, you should appoint someone you trust, who knows your preferences concerning health care and your Living Will, and has the personal strength to carry out your preferences.

A durable power of attorney is durable, and remains in force during periods of incompetence or incapacity. Non-durable powers of attorney are invalid when the grantor (you) is legally incapable of handling personal affairs.



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Complete address: _____

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Alternate Health Care Attorney:

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Relationship to you: _____

Complete address: _____

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