



PART 1

ADVANCED PERSONAL CARE DIRECTIVE

WE ARE DELIGHTED TO BRING YOU THE ADVANCE PERSONAL CARE DIRECTIVE FORM CREATED WITH YOU IN MIND PURPOSED FOR EXPRESSING ALL OF YOUR PERSONAL AND PARTICULAR LIKES AND DISLIKES. IN THE CASE OF INCAPACITY YOU WILL SPEAK FOR YOURSELF.

THE ADVANCE PERSONAL CARE DIRECTIVE IS DISTINCTLY INDIVIDUAL AND AS UNIQUE AS YOU ARE.

YOU HAVE THE LEGAL RIGHT TO GIVE INSTRUCTIONS ABOUT YOUR PERSONAL CARE AND TREATMENT. YOU ALSO HAVE THE RIGHT TO CHOOSE SOMEONE OTHER THAN YOURSELF TO FOLLOW AND MAKE SURE YOUR INSTRUCTIONS ARE HONORED IN THE CASE OF YOUR INCAPACITY, PHYSICALLY, MENTALLY OR BOTH.

NAME PERSON(S) YOU DEEM LOVING-CARING-RESPONSIBLE ALSO WILLING AND ABLE TO MANAGE YOUR WISHES BOTH LIKES AND DISLIKES.

I NOMINATE _____ AS THE PERSON(S) I WOULD LIKE TO MAKE SURE MY LIKES AND DISLIKES ARE HONORED.

PRINT NAME _____

SIGNATURE _____

PART 4

NOTARY PUBLIC

STATE OF CALIFORNIA

COUNTY OF

ON (date) _____, before me, (name and title of officer)

Personally appeared (name of signer)

Personally Known to me OR Proved to me on the basis of satisfactory evidence

To be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument of the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal. (Civil Code Section 1189)

Signature of Notary

Notary Seal