



Personal Directive Questionnaire

Date: _____

Name: _____

Address & Postal Code: _____

Phone/fax/email: _____

- 1. Name an agent (this is the person(s) that will make personal decisions for you should you lose the capacity to make them yourself.**

Name of Agent: _____

Relationship: _____ Age: _____

Address: _____

- 2. If you want more than one agent to act together (joint agents), name the other agent or agents here:**

Name of Agent: _____

Relationship: _____ Age: _____

Address: _____

Name of Agent: _____

Relationship: _____ Age: _____

Address: _____



3. If you are naming more than two agents, do they make decisions on a majority basis or do they all have to agree?

- On a majority basis
- They all have to agree

4. If you are not naming joint agents and your first-named agent cannot or will not act, name your second choice here:

Name of Agent: _____

Relationship: _____ Age: _____

Address: _____

5. If your second named agent cannot or will not act, name your third choice here:

Name of Agent: _____

Relationship: _____ Age: _____

Address: _____

6. Indicate who should decide whether or not you have lost the capacity to make decisions about any personal matter:

- One doctor
- Two doctors
- _____ together with: one doctor or two doctors



Others – Name and Address:

7. Do you want to donate your organs and tissue for transplantation purposes if at the time of your death you have any that would be useful for this purpose?

Yes

No

8. What are your views about being kept alive artificially if there is no known hope of recovery?



Schedule "A" to the Personal Directive
for _____

Family members and or interested persons whom I want my Agent to notify

(Note: Please keep the information on this Schedule up to date)

SPOUSE

Name	
Address	
Phone No.	

CHILDREN

Name	
Address	
Phone No.	

Name	
Address	
Phone No.	



CHRISTOPHER G. TASKEY

— EXPERIENCE, INTEGRITY, RESULTS —

Name	
Address	
Phone No.	

Name	
Address	
Phone No.	

PHYSICIAN

Name	
Address	
Phone No.	

DENTIST

Name	
Address	
Phone No.	



ATTORNEY IN ENDURING POWER OF ATTORNEY

Name	
Address	
Phone No.	

LAWYER

Name	
Address	
Phone No.	

OTHER INTERESTED PARTIES

Name and Relationship	
Address	
Phone No.	

Name and Relationship	
Address	
Phone No.	



Family members and other persons that I direct my Agent NOT to notify

(Note: please keep the information on this Schedule up to date)

Name	
Address	
Phone No.	

Name	
Address	
Phone No.	