



# QUESTIONNAIRE FOR YOUNG ADULT

## DECISION MAKING ESTATE PLANNING

### Young Adult/Principal

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Present Age \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

### Parent/Fiduciary #1

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Present Age \_\_\_\_\_

Are they a U.S. Citizen?  Yes  No

### Parent/Fiduciary #2

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Present Age \_\_\_\_\_

Are they a U.S. Citizen?  Yes  No

## POWER OF ATTORNEY

I want to prepare and execute a **power of attorney**.  Yes  No

I would like to appoint the following individual as my **agent** (**NOTE - if this is a parent or fiduciary named on page 1 then just enter their name since all other info was previously provided**):

Agent Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

I would like to appoint the following individual as the  **co-agent** OR  **alternate agent**  
(See FAQ below and **NOTE - if this is a parent or fiduciary named on page 1 then just enter their name since all other info was previously provided**):

Co-Agent/Alternate Agent Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### FAQ's

#### What's the difference between the co-agent and the alternate agent?

Co-agents can act together so you have two agents serving at the same time able to act separately. This offers your agents a lot of flexibility so if one isn't available the other can take action on your behalf right away. An alternate agent is a second person who would only be able to help if the first agent listed can't help due to death, disability or some other reason that makes them unavailable. They would have to jump through hoops to show the primary agent can't serve. Which is better? That depends on your personal situation. We can discuss this if you have any questions about which scenario is right for you.

## LIVING WILL PART 1 – HealthCare Representative

I want to prepare and execute a **living will**.  Yes  No

I would like to appoint the following individual as my **primary healthcare representative** (***NOTE - if this is a parent or fiduciary named on page 1 then just enter their name since all other info was previously provided***):

Primary Healthcare Representative Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

In the event my primary health care representative cannot serve as my health care representative, I would like to appoint the following individual as my **alternate healthcare representative** (***NOTE - if this is a parent or fiduciary named on page 1 then just enter their name since all other info was previously provided***):

Alternate Healthcare Representative Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### FAQ's

[What is the difference between the primary healthcare representative and the alternate healthcare representative?](#)

Unlike a power of attorney where you can have co-agents (i.e. two people serving as your agent at the same time), a living will can only have one healthcare representative at a time. Co-healthcare representatives are not allowed. Your primary healthcare representative is first and your alternate healthcare representative would only serve in that position if your primary healthcare representative can't do the job due to death, disability or some other reason.

## LIVING WILL PART 2 – Medical Instruction Directive

As part of my living will I would like to prepare a **medical instruction directive**.  Yes  No

If yes, then please complete the following questions. *Please note: (1) you do not have to prepare an instructive directive in order to appoint healthcare representative; and (2) considering these questions can be difficult and uncomfortable you should only answer what you want and disregard the others as it's more important you appoint a healthcare representative rather than abandon this process because of these questions.*

1. **I direct that my medical care givers/providers:** *(initial one of the choices below)*

\_\_\_ **may** employ or use devices such as, but not limited to, cardiopulmonary resuscitation, mechanical ventilation, or feeding tubes for the purpose of sustaining my life.

\_\_\_ **may** employ or use devices such as, but not limited to, cardiopulmonary resuscitation, mechanical ventilation, or feeding tubes for the purpose of sustaining my life only if the use of such devices will be temporary and will enable me to resume a normal and meaningful life in keeping with the manner previously enjoyed.

\_\_\_ **may not** employ or use devices such as, but not limited to, cardiopulmonary resuscitation, mechanical ventilation, or feeding tubes for the purpose of sustaining my life even if the use of such devices will only be temporary.

\_\_\_ Specify other instructions: \_\_\_\_\_

2. **I direct that my medical care givers/providers:** *(initial one of the choices below)*

\_\_\_ **may** employ or use dialysis for the purpose of sustaining my life.

\_\_\_ **may** employ or use dialysis for the purpose of sustaining my life only if the use of such devices will enable me to resume a normal and meaningful life in the manner previously enjoyed.

\_\_\_ **may not** employ or use dialysis.

\_\_\_ Specify other instructions: \_\_\_\_\_

3. **I direct that my medical care givers/providers:** *(initial one of the choices below)*

\_\_\_ **may** employ or use transplant surgery for the purpose of sustaining my life.

\_\_\_ **may** employ or use transplant surgery for the purpose of sustaining my life **only** if the use of such devices will enable me to resume a normal and meaningful life in the manner previously enjoyed.

\_\_\_ **may not** employ or use transplant surgery.

\_\_\_ Specify other instructions: \_\_\_\_\_

## LIVING WILL PART 2 – Medical Instruction Directive

Continued...

4. In the event my medical condition is terminal and such that there is no realistic prospect for a cure or improvement and continued medical care and treatment would only serve to prolong the dying process then, in that/those event(s), I direct as follows:

*(initial one of the choices below)*

\_\_\_\_\_ (A) My medical care givers/providers are to take all extraordinary measures to resuscitate me and extend my life.

\_\_\_\_\_ (B) My medical care givers/providers are to take all reasonable efforts to resuscitate me in the event of cardiac or respiratory arrest if, in the exercise of their medical opinion, I will most likely not have suffered irreversible brain damage.

\_\_\_\_\_ (C) No life-sustaining treatment, as defined by the New Jersey Advance Directive for Health Care Act, of any kind shall be employed. The New Jersey Advance Directive for Health Care Act defines life-sustaining treatment as “the use of any medical device or procedure, artificially provided fluids and nutrition, drugs, surgery or therapy that uses mechanical or other artificial means to sustain, restore or supplant a vital bodily function, and thereby increase the expected life span of a patient.”

\_\_\_\_\_ (D) I am not to be resuscitated in the event of a cardiac or respiratory arrest.

\_\_\_\_\_ Specify other instructions: \_\_\_\_\_

5. Pain Management - Include following paragraph?  Yes  No

In the event my medical condition is **terminal** and such that there is no realistic prospect for a cure or improvement I direct that my Health Care Representative is to take all reasonable steps to insure that I am, as much as possible, comfortable and pain free. In exercising this authority pain free shall extend, if necessary, to the use of narcotics or addictive drugs even at the risk of addiction or dependence. If I am in the dying process nothing can be gained by trying to avoid addiction or dependence.

6. Organ Donation - Include following paragraph?  Yes  No

I wish, if feasible, to donate for transplant any part or all of any organ, tissue, eyes, bone, arteries or other parts or portions of my body which may be useful to another person. My health care representative may take any action in furtherance of this gift (which I intend to be an anatomical gift in accordance with NJSA 26:6-57, et seq. or similar law). Consistent with this gift “life-sustaining treatment” may be temporarily continued or modified if I am brain dead so as to preserve and protect for transplant the useful portions of my body.

7. Please list any other specific instructions which you would like to have included here:

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