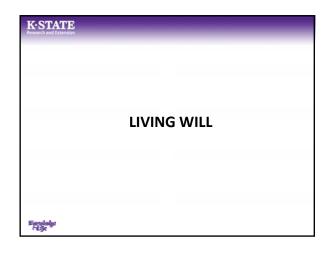
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DURABLE POWER OF ATTORNEY
FOR HEALTHCARE

Appoint an "agent" to speak on your behalf The agent: Will speak for you only if you become incapacitated due to illness or injury Can make treatment decisions (how/who), medical facilities, organ donation, autopsy, and what to do with your body after death Cannot revoke wishes from a living will

K-STATE Research and Extension	Who sho	uld I appoint?
Your agent shou You trust Who knows you Who will advo	ou well ocate for you	
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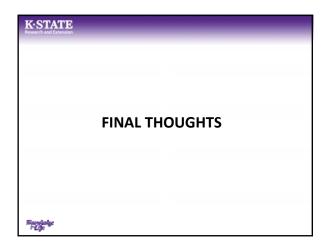
K-STATE Living Will • An instruction list to your physician, family, and friends that outlines what type of lifesustaining procedures you want at the end of your life • Essentially a request to die naturally utilizing only comfort measures **K-STATE** Living Will • "...I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care" K-STATE **PRE-HOSPITAL DNR**

K-STATE Pre-Hospital DNR • Written communication of your desire to not have resuscitation attempted should you stop breathing or your heart stops beating • Typically only terminally ill or incredibly frail elderly have a DNR P.Lip **K-STATE HOW CAN I COMPLETE THESE DOCUMENTS?** Employee Light

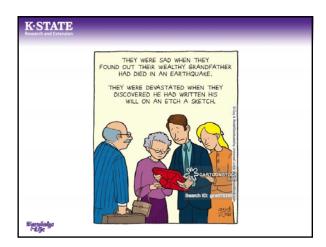
K-STATE

- Fill-in-the-blank forms
- Must be:
 - Signed and dated
 - Notarized
 - OR
 - Signed by two witnesses
- Pre-Hospital DNRs must be signed by your physician as well

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How to sign up: • Register online: donatelifekansas.com/join • Say "yes" at the DMV • Call 1-888-744-4531 to request a form



K-STATE Research and Extension	Storing your Documents
 House Vehicle Any place the periods of the period of the periods of the period of the period	nat you frequently visit for long ime se friends
Secretaries -	Y

FOR HEALTH CARE in these places: My Name: My Health Care Agent:
My Health Care Agent:
My Agent's Phone #: Other copies of my document are held by:
My Doctor: Name: Phone:
My Doctor's Phone #: Name: Phone:

