



ADVANCE DIRECTIVES CHECKLIST

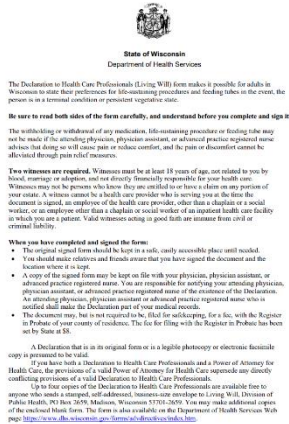
- [] Talk with family members, friends, spiritual advisors, physicians, other healthcare providers and other trusted persons about what would be important to you if you become terminally or irreversibly ill or injured and you can no longer communicate your health-care decisions or other wishes.
- [] Ask someone you trust and whom you can count on to be your health-care agent and discuss your wishes with this person. Select an alternate health-care agent in case your agent is unable to serve.
- [] Complete the forms below, change or cross out provisions or make an entirely different document. Add pages if you like.
- [] Have two qualified witnesses or a notary witness your signature. Make copies of the documents to distribute.
- [] Inform family members, spouse, parents, children, siblings, friends, physicians and other health-care providers that you have executed an advance health-care directive and that you expect them to honor your instructions. Keep them informed about your current wishes.
- [] Give copies of the document to your health-care agent, health-care providers, family or any other individuals who might be involved in caring for you.
- [] Place the executed document in your medical files. Be sure it is filed with each medical system.
- [] Make plans to review the document annually—make a new document, if necessary, and keep people informed of any changes.



WHERE TO ACCESS WISCONSIN FORMS

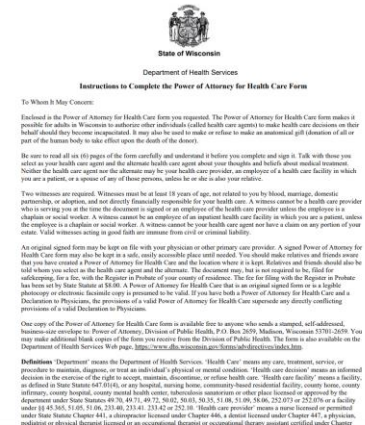
- Declaration to Physicians (Living Will):

<https://www.dhs.wisconsin.gov/forms/advdirectives/f00060.pdf>



- Power of Attorney for Health Care:

<https://www.dhs.wisconsin.gov/forms/advdirectives/f00085.pdf>



- Hmong: <https://www.dhs.wisconsin.gov/forms/advdirectives/f00085h.pdf>
- Spanish: <https://www.dhs.wisconsin.gov/forms/advdirectives/f00085s.pdf>
- Vietnamese: <https://www.dhs.wisconsin.gov/forms/advdirectives/f00085v.pdf>



- Power of Attorney for Finance and Property:
<https://www.dhs.wisconsin.gov/forms/advdirectives/f00036.pdf>

This document is effective immediately when executed unless you state a future date or occurrence that will activate the powers expressed in this form.

This Power of Attorney for Finance and Property is "revocable" (does not terminate upon the principal's incapacity unless you specifically state that it terminates if you become incapacitated).

If you name your spouse or domestic partner as your agent and the marriage or domestic partnership is terminated (annulment or divorce), this document becomes invalid unless the special instructions in this document state that such an action will not terminate the authority given to the agent.

If you used a former state Power of Attorney for Finance form, that form is still valid. Executing a new Power of Attorney for Finance does not, automatically, revoke a prior document.

If you wish to change this Power of Attorney for Finance in the future, you must complete a new document and revoke this one. You may revoke this document at any time. A suggested method is a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your agent and any other persons or entities that have a copy.

In general, an agent who is not the principal's spouse or domestic partner may not use the principal's property for the benefit of the agent or a person to whom the agent owes an obligation of support, gift, or other benefit, unless the principal has specifically authorized such use in writing.

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions. This document does not give your agent the power to make medical, long term care or other health care decisions for you.

Once your Power of Attorney for Finance form is completed and signed, send a copy of this document to your financial contacts (e.g. your bank, stockbroker, mortgage company, insurance agent, etc.). Give a copy to your agent and alternate agents as well as to trustworthy family members and/or to your attorney. Finally place a copy in a safe place in your home along with a list of who has a copy of the document.

- Authorization for Final Disposition:
<https://www.dhs.wisconsin.gov/forms/advdirectives/f00086.pdf>

STATE OF WISCONSIN
Wis. Stat. Chapter 154.30 (8) (f)
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AUTHORIZATION FOR FINAL DISPOSITION INSTRUCTIONS

Purpose of the Authorization for Final Disposition:

When properly completed and signed in the presence of two competent adult witnesses or a notary public, this voluntary document allows a competent adult (the declarant) to designate another competent adult (the representative or an alternative representative) to make funeral arrangements on behalf of the declarant.

This document allows the declarant to give his or her chosen representative information about the declarant's preferences for final disposition and funeral service.

Please read and understand the following information and the form before completing the form.

Definitions from Wisconsin State Statutes, Chapter 154, Section 154.30 (8) (f):

- "Authorization for final disposition" means a document that satisfies the conditions under sub. (8) (d) or (8)(g) and that is voluntarily executed by a declarant under sub. (8), but is not limited in form or substance to that provided in sub. (8).
- "Cemetery authority" has the meaning given in s. 157.003 (2).
- "Credentialed" has the meaning given in s. 445.01 (2) (a).
- "Crematory authority" has the meaning given in s. 440.70 (3).
- "Declarant" means an individual who executes an authorization for final disposition.
- "Exchange" means being physically and emotionally attended for a period of time, at the time of the declarant's death, and clearly demonstrating an absence of due affection, trust, and regard.
- "Final disposition" means disposition of a decedent's remains, including any of the following:
 1. Arrangements for a viewing.
 2. A funeral ceremony, memorial service, graveside service, or other last rite.
 3. A burial, cremation and burial, or other disposition, or donation of the decedent's body.
- "Funeral director" has the meaning given in s. 445.01 (5).
- "Health care provider" means any individual who has a credential to provide health care.
- "Representative" means an individual specifically designated in an authorization for final disposition or, if that individual is unable or unwilling to carry out the declarant's decisions and preferences, a successor representative designated in the authorization for final disposition to do so.

154.30 (8) (g). If any of the following has a direct professional relationship with or provides professional services directly to the declarant and is not related to the declarant by blood, marriage, or adoption, that person may not serve as a representative under the requirements of this subsection:

1. A funeral director.



Extension

UNIVERSITY OF WISCONSIN-MADISON
WOOD COUNTY

TO REQUEST INDIVIDUAL PRINTED COPIES

You may request individual Advanced Directive forms by mailing a self-addressed, stamped, business-size envelope to:

Division of Public Health
ATTN: POA
PO Box 2659
Madison, WI 53701-2659

Please note which forms you would like to have mailed to you.

Postage: For a single stamp (current rate) you may request the following:

Four (4) Declaration to Physician (Living Will), OR
One (1) Power of Attorney for Health Care, OR
One (1) Declaration to Physician (Living Will) AND one (1) Power of Attorney for Health Care

To request the Power of Attorney for Finances and Property, please mail a self-addressed, stamped envelope with postage of at least \$0.69 per form requested.

TO REQUEST 100 OR MORE PRINTED COPIES

Forms are available in quantities of 100 or more at a cost of:

- \$15 per hundred for the Power of Attorney for Health Care
- \$13 per hundred for the Living Will

Make check payable to DHS, and mail to:

Division of Public Health
ATTN: POA
PO Box 2659
Madison, WI 53701-2659