

I wish to place my order for a personalized Health Care Organizer Binder including a Living Will and Durable Power of Attorney for Health Care Decisions for \$29.95 includes s/h in U.S.

Personalized Name on Binder:

Design (pick one): Pansies Iris Stars Citrus

State of Residency: _____

Please print legibly the following information to complete a Living Will and Durable Power of Attorney for Health Care:

Declarant:

Your Name: _____

Street Address: _____

City, St Zip: _____

Home Phone: _____

Designation of Health Care Agent:

Name: _____

Street Address: _____

City, St Zip: _____

Home Phone: _____

Alternate Attorneys-in-Fact (not required but optional)

Secondary Name: _____

Street Address: _____

City, St Zip: _____

Home Phone: _____

Tertiary Name: _____

Street Address: _____

City, St Zip: _____

Home Phone: _____