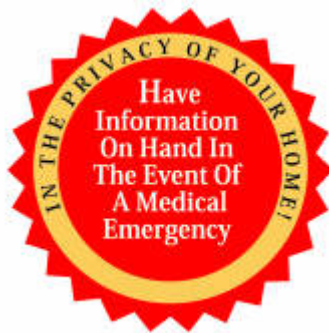




# *CareManager Home Special Request Forms*



Affidavit  
Death with Dignity Request  
Revocation of Document  
Special Wishes Request

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Orlando, Florida

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# Statement of Wishes Of

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I, \_\_\_\_\_, do hereby, this day \_\_\_\_\_  
Set forth certain wishes and requests to my personal representatives, heirs, family,  
friends and other who may carry out these wishes. I understand that these wishes  
are advisory only and not mandatory.

My wishes are:

---

Signature

# Affidavit

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Before me, the undersigned, on this day personally appeared: \_\_\_\_\_  
and \_\_\_\_\_ known to me to be the Testator and the  
witnesses, respectively, whose names are signed to the foregoing instrument. I first duly swore  
all of these persons.

\_\_\_\_\_ the Testator, declared  
to me and to the witnesses, in my presence, that the foregoing instrument is the Testator's Will  
and that the Testator willingly signed and executed such instrument (or expressly directed  
another person to sign the instrument for the Testator in the Testator's presence) in the presence  
of the witnesses, as the Testator's free and voluntary act for the purposes expressed in the  
instrument.

Each of the witnesses declared in the presence and hearing of the Testator that the foregoing  
instrument was executed and acknowledged by the Testator as the Testator's Will in their  
presence and that they, in the Testator's presence, hearing and sight and at the Testator's request,  
and in the presence of each other, did subscribe their names to the instrument as attesting  
witnesses on the date of the instrument. The Testator, at the time of the execution of such  
instrument, was of full age, of sound mind, and the witnesses were sixteen years of age or older  
and otherwise competent to be.

Testator Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Print Full Name \_\_\_\_\_ Print Full Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Acknowledgment: (Notarize if required by State Law)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this date \_\_\_\_\_ before me personally appeared \_\_\_\_\_  
to me known to be the person described in and who executed the foregoing instrument and  
acknowledged to me that (she/he) \_\_\_\_\_ executed the same as (her/his) \_\_\_\_\_ free act and deed.  
(Notary Public) \_\_\_\_\_ My commission expires: \_\_\_\_\_

# Revocation of Document

I, \_\_\_\_\_ of \_\_\_\_\_  
(Full name) (Full Address)  
\_\_\_\_\_ hereby revoke my:

\_\_\_\_\_

Name of Document

\_\_\_\_\_

Date of Document

The power and authority granted under the above named document for making health care decisions on my behalf is revoked and withdrawn and this document provides notice of such revocation.

Dated this \_\_\_\_\_ day of: \_\_\_\_\_, \_\_\_\_\_.

Declarant's Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Names of institutions / individuals who have been provided a copy of this revocation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Notification of Request Death with Dignity

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to advise you that I have executed a Living Will in which I have expressed my wishes to die with dignity should I become terminally ill and mentally and/or physically incapable of providing instructions to discontinue medical care.

I wish my loved ones to avoid the agony of seeing me linger near death. I also want to eliminate unnecessary medical expense so my heirs can benefit from my estate.

I request that you honor my Living Will as best you can according to your own medical and professional ethics, the laws of this state, and your best judgment in cooperation with those I have designated to make the decision to terminate care as named below:

Name: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

My Living Will is located at: \_\_\_\_\_

---

I thank you in advance for honoring my instructions to allow me to die with dignity.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_