

INSTRUCTIONS: Health Care Documents

In Maine, your written directions for health care are called your Advance Health Care Directive. In addition, Quicken WillMaker produces a notice to your health care providers urging them to carefully read and follow these directions. Since you named a health care representative, you also have a separate document which authorizes your representative to enforce your health care directions. See below for instructions concerning your document appointing a health care representative.

WARNING

This document was generated using an older—and potentially out-of-date—software program that may or may not agree with the laws of your state. We recommend obtaining the latest version in order to ensure this document's validity. To upgrade at a significant discount, please call Nolo at 1-800-728-3555, Monday through Friday, from 7:00 AM to 7:00 PM PST.

Before You Sign

This section lists the steps to take before you finalize your Quicken WillMaker document and put it to use.

Review Your Document

Read your document carefully. Is everything printed as you intended? Do you understand the meaning of every word?

Signing Your Advance Health Care Directive

You must sign and date your Directive in the spaces provided at the end. If you are not able to sign the document, another person may sign for you. You must direct this person to sign and then watch as he or she does so.

Before you sign your Directive, carefully read and follow the instructions set out below in regard to having your signature witnessed.

Witnessing Your Advance Health Care Directive

Two people must observe you sign your Directive, but they need not read it.

Your Durable Power of Attorney for Health Care

Because you named a person to supervise the carrying out of your health care wishes, Quicken WillMaker has produced a document that gives that person the necessary authority. In Maine this document is called a Durable Power of Attorney for Health Care.

Signing Your Durable Power of Attorney for Health Care

You must sign and date your Durable Power of Attorney for Health Care in the spaces provided at the end of it. If you are not physically able to sign the document, someone other than a person who has witnessed the document may sign for you. You must direct this person to sign and then watch as he or she does so.

Before you sign your Durable Power of Attorney for Health Care, carefully read and follow the instructions set out below in regard to having your signature witnessed.

Witnessing Your Durable Power of Attorney for Health Care

Two witnesses must observe you sign your Durable Power of Attorney for Health Care, but they need not read it. Every witness must sign his or her name and print an address on the lines provided.

Witnesses must meet certain qualifications in Maine, which are set out in your Durable Power of Attorney for Health Care just above the signature lines. Read these requirements before asking anyone to serve as your witness. See the Quicken WillMaker Legal Manual, Chapter 23, for an explanation of any unfamiliar terms.

Keep Your Health Care Documents Together

Be sure to attach your Durable Power of Attorney for Health Care to your Directive and make copies of these documents to distribute to the people listed in the "After You Sign" section below. Keep the originals of these documents with your other valuable papers. If you change your mind concerning any part of your health care directions, be sure to cancel both your Directive and your Durable Power of Attorney for Health Care by following the "If You Change Your Mind" instructions below.

After You Sign

The doctors and other health care personnel attending you must be aware of your written health care directions. The best way to ensure this is to take the IMPORTANT NOTICE—TO MY HEALTH CARE PROVIDER and attach it to your health care directions. Then make several photocopies of your signed, original documents and give one set to each of the following people:

- your regular doctor, if you have one
- the patient representative of your HMO or other medical plan
- the person you name to supervise your health care if you have named one, and

- any other trusted friend or relative.

Place the original with your other valuable papers, such as a will, living trust, deed or insurance policy.

If You Change Your Mind

You may always change your mind and cancel your health care documents. While there are several legal ways to do this, we recommend that you tear up the original documents and all copies. In addition, if your health care provider is aware of your documents, Maine law requires that the health care provider be informed of the revocation. As a practical matter, it is always important to inform those who know about your documents that you have revoked them — especially your health care providers and your health care agent, if you have named one. Make sure that all people who have copies of your documents return them to you to be destroyed.

You are not required to revoke your documents in writing, but if you wish to make a written revocation notice to deliver to those who are aware of your health care documents, this program provides a revocation form that you can use.

A Note About Document Formatting

In some Quicken WillMaker documents, hash marks [////] automatically appear at the bottom of a page. These marks are both a precaution and a legal necessity. In many legal documents, it is a requirement that a few lines setting out something of substance appear on the same page as the signatures. In others, the signatures, or sometimes other material, must simply be kept together on one page. These formatting requirements may result in a page break that leaves less than a full page of text on one or more pages of a document. The hash marks prevent someone from inserting additional language into the blank spaces after you have signed the document.

Quicken WillMaker Doesn't Provide Legal Advice

Nolo, provider of legal content for Quicken WillMaker, publishes legal forms that are useful in many situations. But we can't tell you whether or not a form is right for you, given your circumstances. If you want advice geared to your specific situation, consult an expert. No general legal form is a substitute for personalized advice from a knowledgeable lawyer licensed to practice law in your state.

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Health Care Directive version 4.0.0.0

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IMPORTANT NOTICE

TO MY HEALTH CARE PROVIDER

Please carefully read the attached formal health care document. I have health care instructions that may be different and more extensive than provided for in standardized forms. The attached document contains specific instructions about the health care that I want — or do not want — if I am terminally ill or permanently unconscious and unable to communicate my wishes.

My wishes may be summarized as follows:

If I am terminally ill, I direct that:

- the artificial administration of food and water be withheld.
- medicines and treatments be administered to ease my pain and keep me comfortable.
- all additional life-sustaining treatment be withheld, including: blood and blood products, cardio-pulmonary resuscitation (CPR), diagnostic tests, dialysis, drugs, respirator and surgery.

If I am permanently unconscious, I direct that:

- the artificial administration of food and water be withheld.
- medicines and treatments be administered to ease my pain and keep me comfortable.
- all additional life-sustaining treatment be withheld, including: blood and blood products, cardio-pulmonary resuscitation (CPR), diagnostic tests, dialysis, drugs, respirator and surgery.

Thank you for taking the time to understand my health care instructions.

Linda Ann Steadman

ADVANCE HEALTH CARE DIRECTIVE

If I, Linda Ann Steadman, become incapacitated and am unable to direct my physician as to my own health care, this statement of my wishes should be respected and followed.

These instructions shall prevail even if they conflict with the desires of my relatives, hospital policies, or principles of those providing my care.

I wish to direct my health care if I am diagnosed to have a terminal condition or to be permanently unconscious. For each of these medical conditions, I have specific directions about whether I want life-sustaining treatment, and artificially administered food and water provided.

DEFINITIONS

For purposes of this document:

- Terminal condition means an incurable and irreversible condition that, without the administration of life-sustaining treatment, would, in the opinion of the attending physician, result in death within a relatively short time.
- Permanently unconscious means I am unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness.
- Persistent vegetative state means a state that occurs after coma in which the individual totally lacks higher cortical and cognitive function, but maintains vegetative brainstem processes, with no realistic possibility of recovery, as diagnosed in accordance with accepted medical standards. Vegetative brainstem processes may include one or more of the following: cycles of sleeping and waking, spontaneous eye opening and movements, some motor activity, vocalization, blood pressure, respiration and heart beat.
- Life-prolonging procedures or life-sustaining treatments mean any medical procedure or intervention that will only prolong the process of dying.
- Artificially administered food and water — also called nutrition and hydration — means a mix of nutrients and fluids given through tubes inserted into veins or various body parts, depending on the patient's condition.

DIRECTING MEDICAL CARE

Specifically, if I am diagnosed to have a terminal condition, I direct that:

- the artificial administration of food and water be withheld.

WITNESSES

The Declarant voluntarily signed this writing in my presence.

Witness: _____

Address: _____

Witness: _____

Address: _____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

To my family, friends, physicians, health care providers, community care facilities and any other person who may have an interest in my medical care:

I, Linda Ann Steadman, being of sound mind, voluntarily create this Durable Power of Attorney for Health Care.

APPOINTMENT OF AGENT

If I become unable to make health care decisions for myself, I appoint the following person as my agent with authority to make health care decisions for me as I direct in this document.

Name: Richard Russell Steadman

Address: 50 Village Street, Lisbon, Maine, 04250

Day telephone: 207-353-7331

Evening telephone:

APPOINTMENT OF ALTERNATE AGENT

If that person is unable or unwilling to act as my agent for the purpose of making health care decisions, I appoint the following person to serve.

Name: Randy Irwin Garcia

Address: 27 Park Street, Lisbon, Maine, 04250

Day telephone:

Evening telephone:

WHEN EFFECTIVE

This Durable Power of Attorney for Health Care shall:

- become effective when I sign it.
- not be affected by my subsequent disability or incompetence.
- remain in effect until my death, or until I revoke it.

AUTHORITY I GRANT MY AGENT

I grant my agent full authority to enforce the instructions I have set out in the Advance

Health Care Directive to which this Durable Power of Attorney for Health Care is attached. However, I do not authorize my agent to act on my behalf for any other purpose. The authority I grant to my agent shall include the authority to:

- hire and fire medical personnel.
- visit me in a hospital or other medical care facility.
- review and receive any information regarding my physical or mental health, including medical and hospital records.
- sign any releases or other documents required to obtain this information.
- sign any documents required to request, withdraw or refuse medical treatment or to be released or transferred from a hospital or other medical facility.
- sign any waiver or release from liability required by a hospital or physician.

SIGNATURE

Executed this _____ day of _____, _____

Signature: _____

Place: _____

(City or County and State)

DECLARATION OF WITNESSES

I am at least 18 years old. I declare that the person who signed or asked another to sign this document in my presence is personally known to me, and appears to be of sound mind and acting willingly and free from duress.

Witness: _____

Address: _____

Witness: _____

Address: _____

Important: Do not use or sign this document unless you want to revoke your Advance Health Care Directive.

Although Maine does not require a written revocation of your Advance Health Care Directive, you can use this document to provide written evidence of your decision to revoke it.

Notice of Revocation of Advance Health Care Directive

I, _____, of the City of _____, State of _____, revoke my Advance Health Care Directive dated _____.

Date: _____

Signature: _____

Print Name: _____

Important: Do not use or sign this document unless you want to revoke your Durable Power of Attorney for Health Care.

Although Maine does not require a written revocation of your Durable Power of Attorney for Health Care, you can use this document to provide written evidence of your decision to revoke it.

Notice of Revocation of Durable Power of Attorney for Health Care

I, _____, of the City of _____, State of _____, revoke the Durable Power of Attorney for Health Care dated _____, empowering _____ and _____ (as alternate) to make health care decisions for me. I revoke and withdraw all power and authority granted under that document.

Date: _____

Signature: _____

Print Name: _____