

Health Care Proxy and Living Will

The following checklist facilitates the efficient preparation for the upcoming notarisation. We therefore kindly ask you to complete the list as far as possible and submit it to us. Of course we are available for any further questions or personal assistance. We thank you in advance for contacting Schwab | Weiler | Notare and look forward to our further cooperation.

Principal	
Name	
(all) First Names	
Maiden Name	
Date / Place of Birth	
Street, No.	
ZIP Code, Place	
Nationality	
Profession	
Phone / Fax	
E-Mail	
Marital status	<input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> married <input type="checkbox"/> widowed
Marital Property Regime (if married)	<input type="checkbox"/> married without marriage contract <input type="checkbox"/>

Authorized Representatives	Authorized Representative 1	Authorized Representative 2	Authorized Representative 3
First Names, Name			
Maiden Name			
Date of Birth			
Street, No.			
ZIP Code, Place			
Relationship Degree	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/>
Hierarchy	<input type="checkbox"/> prior representative <input type="checkbox"/> equally authorized	<input type="checkbox"/> prior representative <input type="checkbox"/> equally authorized	<input type="checkbox"/> prior representative <input type="checkbox"/> equally authorized
Power of Representation	<input type="checkbox"/> solely <input type="checkbox"/> jointly with other representative	<input type="checkbox"/> solely <input type="checkbox"/> jointly with other representative	<input type="checkbox"/> solely <input type="checkbox"/> jointly with other representative

Living Will	<input type="checkbox"/> requested <input type="checkbox"/> not requested
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Draft	<input type="checkbox"/> Post <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Pick-up
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Preferred Appointment Date	
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