

Personal Advance Care Plan Document (Version 1) (May 1, 2020, 2:25:34PM -0600)

Patient Legal: Betsy SMITH-JOHNSON **Date of Birth:** November 15, 1950 (69yr) **Gender:** Female
Patient-ID: 87f37989294a408897aacd1fc5d8fd16 (2.16.840.1.113883.4.823.1)
Author Legal: Betsy SMITH-JOHNSON, **Authored On:** May 1, 2020, 2:25:34PM -0600

Appointment of a Primary Healthcare Agent and Alternate Healthcare Agents

IF THIS PART OF THE uADD™ IS LEFT BLANK, I DO NOT WANT TO DESIGNATE A HEALTHCARE AGENT AT THIS TIME, AND I DO NOT WANT A DEFAULT HEALTHCARE AGENT DESIGNATED FOR ME UNDER APPLICABLE LAW. I TRUST THE DOCTORS AND NURSES TREATING ME TO MAKE MEDICAL TREATMENT DECISIONS REGARDING MY TREATMENT AND CARE.

I am appointing the person or persons below as my healthcare agent and, if applicable, as my alternate healthcare agent(s), and I am granting to each of them the legal authority to make medical treatment decisions on my behalf and to consult with my physician and others. The power to make medical treatment decisions that I am granting to my healthcare agent(s) is expressly subject to, and limited by, the choices that I have expressed elsewhere in my uADD. If my medical treatment choices are not clear, I am authorizing and directing my healthcare agent to make decisions in my best interests and based on what is known of my wishes.

Primary Healthcare Agent

The person I choose as my Primary Healthcare Agent is:

Debra Johnson (Daughter)

1-214-674-1111

DebraSJ@example.com

[SELECTED to act as a healthcare agent on 5/1/2020, at 2:25 PM CDT]

[As of 5/1/2020, at 2:25 PM CDT, a response is still PENDING]

First Alternate Healthcare Agent

If this healthcare agent is unable or unwilling to make medical treatment decisions for me, or if my spouse is designated as my primary healthcare agent and our marriage is annulled, or we are divorced or legally separated, then my next choice for a healthcare agent is:

Chales Johnson (Son)

1-313-222-3333

CharlesSJ@example.com

[SELECTED to act as a healthcare agent on 5/1/2020, at 2:25 PM CDT]

[As of 5/1/2020, at 2:25 PM CDT, a response is still PENDING]

My Healthcare Agent's General Authority

Subject to my medical treatment choices expressed elsewhere in this uADD™ and applicable law that requires otherwise, I grant to my healthcare agent the power to make all choices and medical treatment decisions for me.

If I cannot express my own wishes for medical treatment, I would like the doctors treating me, as well as my healthcare agent if I have chosen one, to make decisions based as much as possible and appropriate on my instructions below. If at some point in the future I am declared incompetent, I DO NOT want to be allowed to override these preferences. I want my doctors to follow the preferences I express in this document.

Unless I have stated otherwise somewhere else in this uADD™, I understand that my healthcare agent may reconsider my medical treatment choices expressed above in light of my other instructions contained elsewhere in this uADD™ or new medical information.

Expression of Healthcare Treatment Preferences

My Treatment Preferences in Specific Circumstances

If I am so sick or seriously injured that I cannot express my own medical treatment preferences, and if I am not expected to live without additional treatment for my illness, disease, condition or injury, then I want my medical care team to know that these are the things that are most important to me: These would be my health care goals:

1. Avoiding prolonged dependence on machines
2. Not being a physical burden to my family

3. Dying at home

If I am having significant pain or suffering, I would like my doctors to consult a Supportive and Palliative Care Team to help treat my physical, emotional and spiritual discomfort, and to support my family.

If my health ever deteriorates due to a terminal illness, and my doctors believe I will not be able to interact meaningfully with my family, friends, or surroundings, I would like for them to keep trying life-sustaining treatments until my healthcare agent decides it is time to stop and such treatments and let me die gently.

If I have a severe, irreversible brain injury or illness and can't dress, feed, or bathe myself, or communicate my medical wishes, but doctors can keep me alive in this condition for a long period of time, I would like for them to keep trying life-sustaining treatments until my healthcare agent decides it is time to stop and such treatments and let me die gently.

Although I understand that, depending on the situation and circumstances, medical personnel may not be able to follow my wishes, here are my general thoughts on cardiopulmonary resuscitation (CPR): I would want CPR.

I understand that, in certain jurisdictions, if I have been diagnosed as pregnant and that diagnosis is known to my attending physician, medical treatment providers MAY REFUSE to follow my directives and provide life-sustaining treatment including artificially administered nutrition and hydration, as well as CPR and other resuscitation measures.

Goals, Preferences and Priorities upon Death

Consent to Donate

I consent to donate all organs and tissues.

Autopsy

I want an autopsy only if there are questions about my death.

Here are my thoughts on funeral or burial plans:

If I were to pass away:

Please call Jim Houston, my lawyer, for arrangements I have already made.

Care Experience Preferences

MyDirectives® offers people a list of optional questions that can be answered by typing text in a text box or by uploading a video or audio file for each question. Only those questions answered by Betsy Smith-Johnson appear here. For a complete list of questions in My Thoughts, please visit www.MyDirectives.com.

In case I'm being cared for by a person(s) who doesn't know me very well, I'd like my following thoughts to be known.

My likes / joys: Here are some examples of the things that I would like to have near me, music that I'd like to hear, and other details of my care that would help to keep me happy and relaxed:
I love the smell of lavender and the feeling of sunshine on my face.

My dislikes / fears: Here is a list of things that I would like to avoid if at all possible, people that I don't wish to see, and concerns I have about particular family members, pets, and so on:
I do not like my feet to be cold.

How to care for me: If I become incapacitated and cannot express myself, here is what I would like to tell my healthcare agent, family and friends about how I would like for them to care for me:
I want photos of my family where I can see them.

My religion: If I appear to be approaching the end of my life, here are some things that I would like for my caregivers to know about my faith and my religion.
Please call Father Mark if my condition warrants the services of a priest.

Please attempt to notify someone from my religion at the following phone number: If I have included one Catholic

Other Care Experience Preferences

If it were possible to choose, here is where I would like to spend my final days: At home. I would like to receive

hospice care at home if possible.

Care Experience Preference

Here are some thoughts that I would like for my medical care team and my healthcare agent(s) to know about the role that religion, faith or spirituality play in my life:

I am Catholic, please call Father Mark at Saint Catherine's on Main Street.

My unfinished business: If it appears that I am approaching the end of my life, and I cannot communicate with persons around me, I would want my doctors and nurses, my family, and my friends to know about some unfinished business that I need to address:

I want my sister and I to talk again, and miss her. I wish we hadn't disagreed all those years ago and regret the time it has cost us. I'd like to see her face if I were very ill and needed the comfort of family at my side.

Laughter: These are some of my fondest memories from life that have always brought a smile to my face or made me laugh:

My dogs make me laugh when they play together, and my grandchildren make me laugh when they put on plays for me. They bring me great joy.

Administrative Information

Signature of Author

Signature: Betsy Smith-Johnson
Date: 05/01/2020, at 2:29pm PDT



Author Name: Betsy Smith-Johnson
Author Address: 111 Maple Court, San Antonio, OR, US 97229
Author Telecom: 12146745539
Author Email: BetsySJ@example.com

Witnesses and Notary

Statement and Signature of Witness

I declare that the person who signed this personal advance directives document, or who asked another to sign this personal advance directives document on his/her behalf, is the individual identified in the document, and he/she did so in my presence or otherwise provided satisfactory proof to me of his/her identity. I believe him/her to be of sound mind and at least 18 years of age. I personally witnessed him/her sign this document or ask the person indicated to do so, or I received proof of his/her identity that I believe is adequate, and I believe that he/she did so voluntarily. By signing this document as a witness, I certify that I am:

- At least 18 years of age.
- Not related to the person signing this document by blood, marriage or adoption.
- Not a healthcare agent appointed by the person signing this document.
- Not directly financially responsible for that person's healthcare.
- Not a healthcare provider directly serving the person at this time.
- Not an employee (other than a social worker or chaplain), officer, director, or partner of a healthcare provider (or any parent organization of such healthcare provider) directly serving the person at this time.
- Not aware that I am entitled to or have a claim against the person's estate.

Signature: Will Smith

Date:

05/01/2020, at 2:35pm PDT



Witness Name:

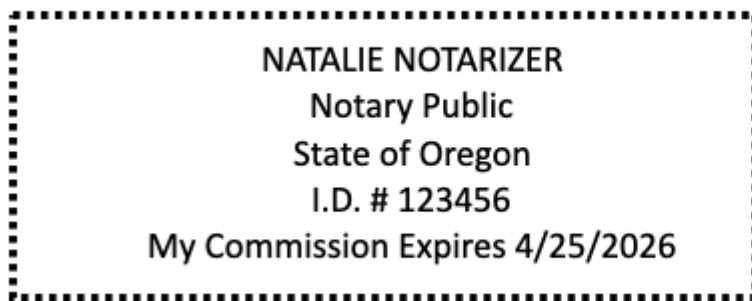
Will Smith

Witness Email:

Willsmith@jettelabs.com

Notary Statement

Signed (or subscribed or attested) before me on (date) May 1st, 2020 by (name of person) Natalie Notarizer.



Notary Name:

Natalie Notarizer

Date:

05/01/2020, at 2:29pm PDT

Notary ID#:

123456

Commission Jurisdiction:

TX

Commission Expires:

4/25/2026

Document Authenticity

Document authenticated and sealed on (date) May 1st, 2020.



Information Exchange Document Authenticator:

ADVault, Inc.

Date:

05/01/2020, at 2:29pm PDT

Additional Documentation

I DO HAVE a Medical Order regarding Life-Sustaining Treatment (MOLST) Effective Time: 05/1/2020 17:22 [Access to MOLST](#)

Document	<i>ID</i> 20130607100315-CCDA-CCD-999 (2.16.840.1.113883.3.3208.101.889.12) <i>Version</i> 1 <i>Set-ID</i> 20130607100315-CCDA-999 (2.16.840.1.113883.3.3208.101.737)	Created On	May 1, 2020, 2:25:34PM -0600
Custodian	ADVault Inc	Contact Details	Workplace: 740 E. Campbell Rd. Suite 825 Richardson, TX 75081 US Tel Workplace: +1(202)776-7700
Patient	Legal: Betsy SMITH-JOHNSON	Contact Details	Home Primary: 111 Maple Court San Antonio, TX 78212 US Tel Mobile: +12146743955, Mail Home Primary: BetsySJ@example.com
Date of Birth	November 15, 1950 (69yr)	Gender	Female
Race	no information	Ethnicity	no information
Patient-IDs	87f37989294a408897aacd1fc5d8fd16 (2.16.840.1.113883.4.823.1)	Language Communication	eng, no information, no information, preferred: yes
Author	Legal: Betsy SMITH-JOHNSON - Code: Self	Contact Details	Home Primary: 111 Maple Court San Antonio, TX 78212 US
Device - owned entity	assembler, Organization: Legal: ADVault, Inc., ID: 44444 (6b7db8a2-1c53-42aa-b4c4-c49c05406f97)at May 1, 2020, 2:25:34PM -0600		
Data Enterer	Legal: Betsy SMITH-JOHNSON	Contact Details	Home Primary: 111 Maple Court San Antonio, TX 78212 US Mail Home Primary: BetsySJ@example.com
Authenticator	ADVault Inc signed at May 1, 2020, 2:29PM -0700	Contact Details	Workplace: 740 E. Campbell Rd. Suite 825 Richardson, TX 75081 US Tel Workplace: +1(202)776-7700
Authenticator	Legal: Natalie NOTARIZER signed at May 1, 2020, 2:29PM -0700	Contact Details	Home Primary: 5555 Busy Ave. San Antonio, TX 78212 Bexar County US Tel Workplace: +1(210)555-1234
Authenticator	Legal: Will SMITH signed at May 1, 2020, 2:29PM -0700	Contact Details	Home Primary: 75 Main Street San Antonio, OR 97229 US Tel Workplace: +1(301)555-1234

Authenticator	Legal: Betsy SMITH-JOHNSON signed at May 1, 2020, 2:29PM -0700	Contact Details	Home Primary: 111 Maple Court San Antonio, OR 97229 US Tel Mobile: +12146745539
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