

# ADVANCE HEALTH CARE DIRECTIVE

Commonwealth of Pennsylvania

20 Pa.C.S. §§ 5451-5465

## PART I: APPOINTMENT OF HEALTH CARE AGENT

I, Dorothy Mae Fitzgerald of Reading, Berks County, PA

hereby appoint the following individual as my health care agent:

Agent Name: Catherine E. Fitzgerald-Walsh  
Address: 314 Penn Ave., West Reading, PA 19611  
Phone: (610) 555-0276 Relationship: Daughter

Successor Agent: Thomas J. Fitzgerald Jr.  
Address: 2200 Perkiomen Ave., Mt. Penn, PA 19606  
Phone: (610) 555-0194 Relationship: Son

## PART II: HEALTH CARE TREATMENT INSTRUCTIONS

### A. Treatment Preferences (check one):

- ☐ I want all medically appropriate treatment to prolong my life  
☒ I do not want treatment to prolong my life if I am in a terminal condition or permanently unconscious  
☐ I want my agent to make all treatment decisions for me

### B. Specific Instructions (check all that apply):

- ☒ I do NOT want cardiopulmonary resuscitation (CPR)  
☒ I do NOT want mechanical ventilation / breathing machines  
☒ I do NOT want tube feeding or IV fluids for nutrition  
☐ I do NOT want dialysis  
☒ I DO want maximum pain relief even if it shortens my life  
☒ I DO want comfort care (palliative care) at all times  
☒ I DO want hospice care when appropriate

### C. Mental Health Treatment:

- ☐ I authorize my agent to consent to mental health treatment  
☒ I DO NOT authorize mental health treatment decisions by my agent

DMF

### D. Organ and Tissue Donation:

- ☒ I consent to organ/tissue donation for:  
☐ Transplant ☒ Research ☒ Education  
☐ I DO NOT consent to organ/tissue donation

Updated per D. Fitzgerald 9/2024

### PART III: SIGNATURE

By signing here, I indicate that I am emotionally and mentally competent to make this advance directive and that I understand the purpose and effect of this document.

Principal's Signature: 

Printed Name: Dorothy Mae Fitzgerald

Date: October 3, 2024

### WITNESSES

I declare that the person who signed this document, or asked another to sign on their behalf, did so in my presence, that they appear to be of sound mind and not under duress or undue influence.

Witness 1: 

Date: 10/03/2024

Print: Barbara K. Moyer

Address: 56 Tulpehocken St., Reading, PA

Witness 2: 

Date: 10/03/2024

Print: Richard P. Stoudt

Address: 1120 Centre Ave., Reading, PA

---

### NOTARIZATION

Commonwealth of Pennsylvania, County of Berks

Sworn and subscribed before me on this 3rd day of October, 2024.

Notary: 

Commission Expires: November 12, 2026

