

**Missouri Durable Power of Attorney for
Health Care Decisions & Advance Health Care Directive
Request Form**

1. Full Legal Name of the Principal

2. Mailing Address of the Principal (no P.O. Boxes)

3. Is the Principal married ? _____ have children ? _____

Full Legal Name of Spouse _____

4. Full Legal Name of the Individual to Serve as Initial Attorney in Fact

5. Mailing Address of the Initial Attorney in Fact (no P.O. Boxes)

6. Relationship of the Initial Attorney in Fact to the Principal

7. In the Advance Health Care Directive portion of the document the standard provision included states as follows... in the event the Principal enters into a terminal illness or persistent vegetative state whereby even with the application of medical procedures and administration of medicine there is no hope of recovery and death will occur within a relatively short period of time, then the Principal requests all life-prolonging procedures be withheld or withdrawn, except for hydration (in all forms) and pain medication.

As such, by signing here _____ the Principal fully understands such provision and agrees to such provision being included in the document.

8. Full Legal Name of the Individual to Serve as First Successor Attorney in Fact

9. Mailing Address of the First Successor Attorney in Fact (no P.O. Boxes)

10. Relationship of the First Successor Attorney in Fact to the Principal

11. Full Legal Name of the Individual to Serve as Second Successor Attorney in Fact

12. Mailing Address of the Second Successor Attorney in Fact (no P.O. Boxes)

13. Relationship of the Second Successor Attorney in Fact to the Principal

14. Your Full Legal Name

15. Your Mailing Address (no P.O. Boxes) and Telephone Number

16. Your Relationship to the Principal

17. Your Signature*

18. Signature of the Principal*

(*Signatures Required – by signing this form you acknowledge and agree to the important Notes as set forth below.)

IMPORTANT NOTES*

- 1. By signing this form you agree this form will serve as the complete written agreement between yourself and Missouri Estate Planning, LLC, to provide you with one (1) Missouri Durable Power of Attorney for Health Care Decisions & Advance Health Care Directive (at the cost of \$235) per your request and based upon the information you provide on this request form.**
- 2. The proper signing of your Missouri Durable Power of Attorney for Health Care Decisions & Advance Health Care Directive in the presence of a notary public and two disinterested witnesses will be and is your responsibility.**
- 3. You understand and agree no legal advice has been provided to you and no legal services have been provided to you. Consult with an Attorney of your choice for legal advice and a review of your particular legal concerns and affairs.**
- 4. In your behalf and on behalf of your estate you hereby release and hold harmless Missouri Estate Planning, LLC, and Michael J. Denk, Attorney at Law, from any and all claims relating to your request, use and implementation of such Missouri Durable Power of Attorney for Health Care Decisions & Advance Health Care Directive.**

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Fill in all information requested on this Request Form and mail to:

**Missouri Durable Power of Attorney c/o
Michael J. Denk, Attorney at Law
P.O. Box 6464
Chesterfield, Missouri 63006**

Include a personal check made payable to “Michael J. Denk” in the amount of \$235.

(Form Edition 9/20)