



Health Care Proxy and Living Will (NY)
Preparation Form

This Preparation Form is designed to help you easily navigate the Helix Wills online Questionnaires, and to make the process of creating your custom estate planning documents more efficient. Please complete all applicable sections as completely as possible. **If any information is not readily available, we recommend you gather this information prior to commencing the online session to complete your documents.**

If you have any questions as you work on the questionnaire, please contact us at info@helixcompliance.com.

Your General Information

Your Full Legal Name: _____

County of Residence: _____

Agent Information

Agent's Full Legal Name: _____

Agent's Address: _____
(street, city, state, and zip)

Agent's Phone Number: _____

Alternate Agent Information

Alt. Agent's Full Legal Name: _____

Alt. Agent's Address: _____
(street, city, state, and zip)

Alt. Agent's Phone Number: _____

Duration of Health Care Proxy

When would you like your health care proxy to expire?

- I would like the proxy to remain in effect indefinitely.
- I would like the proxy to expire on a specific date: _____



Health Care and Living Will Questions

If I am in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying, such as:

CHECK ALL THAT APPLY

- I do not want cardiac resuscitation (CPR).**
- I do not want mechanical respiration (Intubation).**
- I do not want artificial nutrition or hydration (Feeding Tubes).**
- I do not want antibiotics.**

Note: Unless your desires regarding Artificial Nutrition and Hydration (feeding tubes) are known, a hospital or institution must administer artificial hydration and nutrition.

If I am in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, I direct my attending physician to provide maximum pain relief, even if it hastens my death?

- Yes**
- No**

Some people making Living Wills want to avoid delay and allow for the opinion of one physician to control, while others prefer the security of having two physicians determine that they are not going to recover.

How many physicians do you want to personally examine you, to confirm you are in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery?

- One**
- Two**

Do you wish to donate your organs, tissues, and other parts on your death?

- Yes**
- No**

If Yes, do you want to donate all needed organs, or only specific organs?

- I wish to give any needed organs, tissues, or parts on my death.**
- I wish to give the following organs, tissues, or parts only:**
