



GIRO & ASSOCIATES, LLC

ELDER LAW - ESTATE PLANNING - MEDICAID & ASSET PROTECTION

1060 Main Street, Suite 303, River Edge, NJ 07661 - (201) 771-9436 - maurice@girolaw.com

Health Care Directive & Fiduciary Designation Worksheet

Use this to think through who should speak and act for you, and what care you would want. Nothing here is binding - it simply guides the documents we will prepare together.

HEALTH CARE REPRESENTATIVE (MEDICAL PROXY)

The person who makes medical decisions for you if you cannot speak for yourself.

Primary - name Relationship

Phone Email

Alternate - name Relationship

Alternate phone / email

FINANCIAL POWER OF ATTORNEY

The person who manages your finances and property if you become unable to.

Primary - name Relationship

Alternate - name Relationship

When should it take effect?

Immediately upon signing

Only if incapacitated

Discuss with attorney

LIVING WILL - CARE PREFERENCES

Your general wishes about life-sustaining treatment if you are terminally ill or permanently unconscious. We will discuss these in detail - note any strong preferences here.

Prolong life by all means

Comfort care / no heroics

Let attorney explain

Specific wishes, faith-based considerations, or people to consult:

ADDITIONAL AUTHORIZATIONS

HIPAA release to my agents

I wish to be an organ donor

Funeral/burial wishes

DNR discussion requested

Pet care instructions

Digital account access



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DOCUBANK - 24/7 ACCESS TO YOUR DIRECTIVES

Clients who complete an estate plan with Giro & Associates receive a complimentary DocuBank membership: a wallet card that lets hospitals and loved ones instantly access your advance directives, medications, and emergency contacts - anytime, anywhere. Ask Maurice to enroll you.

NOTES FOR MAURICE