

SENK VOLONTE[®] FIVE WISHES[®]

VOLONTE MWEN KONSÈNAN:

1
Moun mwen vle ki pou pran desizyon swen pou mwen lè mwen pa kapab

2
Kalite Tretman Medikal mwen vle oswa mwen pa vle

3
Jan mwen vle santi m alèz

4
Jan mwen vle pou moun trete m

5
Sa mwen vle moun m renmen anpil yo konnen

ekri non w an lèt detache

print your name

dat nesans

birthdate

Senk Volonte

Gen anpil bagay nan lavi ki pa nan men w. Ti liv Senk Volonte sa a ba w yon mwayen kontwole yon bagay ki enpòtan anpil—fason yo trete w si w vin malad grav. Se yon fòmilè ki fasil-pou-ranpli ki pèmèt ou di egzateman kisa w vle. Yonfwa li fin ranpli epi li siyen kòrèkteman, li valab devan lalwa pifò eta yo.

Kisa Senk Volonte ye?

Senk Volonte se premye testaman sou lavi ki pale de bezwen pèsònèl, emosyonèl ak espiritiyèl ou, ak sa w vle sou plan medikal. Li pèmèt ou chwazi moun ou vle ki pou pran desizyon swen sante pou ou si w pa kapab pran yo poukont ou. Senk Volonte pèmèt ou

di egzaktman kijan w vle yo trete w si w ta vin malad grav. Li te ekri grasa American Bar Association’s Commission on Law and Aging (Komisyon Asosyasyon Bawo Ameriken sou Lalwa nan zafè vyeyès), epitou grasa pi gwo ekspè peyi a nan zafè swen nan fen lavi.

Men nan ki fason Senk Volonte Kapab Ede Oumenm an Fanmi w

- Li pèmèt ou pale ak fanmi w, zanmi w ak doktè w sou kijan w vle yo trete w si w vin malad grav.
- Manm fanmi w p ap oblije ap fè devinèt sa w vle. Li pwoteje yo si w vin malad grav, paske yo p ap gen pou fè chwa ki rès san yo pa menm konnen volonte pa-w.
- Kounyeya, grasa yon testaman Senk Volonte sou lavi, ou ka konnen kisa manman w, papa w, mari oswa madanm ou, osinon zanmi w vle. Ou ka disponib pou yo nan moman yo bezwen w plis. Ou va konprann kisa yo vle reyèlman.

Fason Senk Volonte te Koumanse

Padan 12 lane, yon nonm ki rele Jim Towe te travay tèt kole ansanm ak Mè Teresa, epi, pandan yon lane, li te abite nan yon azil Mè Teresa te dirije nan *Washington, DC*. Gwo kalite eksperyans sa a te bay Msye Towe lide chèche yon fason pou p asyan ak fanmi

yo planifye alavans epi sipòte maladi grav. Rezilta a se Senk Volonte epi bagay sa jwenn yon reyaksyon estanda. Li te parèt sou CNN ak nan *Cho NBC’s Today* nitou nan paj jounal *Times ak Money*. Jounal yo te rele Senk Volonte premye “testaman sou lavi ki sansib.”

Kilès ki dwe sèvi ak Senk Volonte

Senk Volonte la pou kenepòt moun 18 lane oswa plis — marye, selibatè, paran, pitit majè, ak zanmi. Plis pase wit milyon ameriken tout kalite laj sèvi avèk li deja.

Poutèt li fonksyone sitèlman byen, avoka, doktè, lopital ak azil yo, kominote lafwa, patwon nitou gwoup retirete yo ap distribye dokiman sa a.

Eta ki fè pati Senk Volonte

Si w abite nan **Distri Colombia** oswa nan yonn nan **40 eta** ki site anba la a, ou kapab sèvi ak Senk Volonte epi gen lapè nan tèt paske w konnen li respekte an grann pati kondisyon eta pa-w la devan lalwa:

Alaska	Idaho	Missouri	Rhode Island
Arizona	Illinois	Montana	South Carolina
Arkansas	Iowa	Nebraska	South Dakota
California	Louisiana	New Jersey	Tennessee
Colorado	Maine	New Mexico	Vermont
Connecticut	Maryland	New York	Virginia
Delaware	Massachusetts	North Carolina	Washington
Florida	Michigan	North Dakota	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Hawaii	Mississippi	Pennsylvania	Wyoming

Si eta pa-w la pa yonn nan 40 eta ki site la a, Senk Volonte pa annakò ak kondisyon teknik estati eta pa-w la. Kididonk, kèk doktè nan eta pa-w la pa twò dispoze respekte Senk Volonte. Men, anpil moun k ap viv nan eta yo ki pa sou lis sa a ranpli Senk Volonte ansanm ak fòmilè legal eta pa yo. Yo santi Senk Volonte ede yo di tout sa yo vle epi li founi yon gid itil bay manm fanmi yo, zanmi yo, moun k ap ba yo swen ak doktè yo. Pifò doktè ak pwofesyonèl lasante konnen yo oblije koute volonte pa-w kelkeswa jan ou fè konnen yo.

Kijan pou mwen chanje pou m ale nan Senk Volonte?

Petèt ou gen yon testaman sou lavi deja oswa yon manda dirab pou swen sante. Si w vle sèvi ak Senk Volonte pito, sèl sa w dwe fè se ranpli epi siyen yon nouvo Senk Volonte jan yo eksplike li a. Denpi w fin siyen li, li kraze tout desizyon alavans ou te gen anvan. Pou w asire se bon fòmilè a ki sèvi, men sa pou w fè:

- Detwi tout kopi ansyen testaman sou lavi oswa ansyen manda dirab pou swen sante. Oubyen ou kapab make “revoked” (Anile) an gwo lèt sou kopi ou genyen an. Di avoka w sa si li te ede prepare ansyen fòm sa yo pou ou. *EPI*
- Di reprezantan zafè swen sante w, manm fanmi w ak doktè w ke ou te ranpli nouvo Senk Volonte a. Asire yo okouran volonte tounèf ou yo.

VOLONTE 1 — WISH 1

Moun mwen vle ki pou pran desizyon swen sante pou mwen lè mwen pa kapab pran yo poukont mwen.

The Person I Want To Make Health Care Decisions For Me When I Can't Make Them For Myself.

Si mwen pa kapab pran pwòp desizyon swen sante ankò, papyè sa a di moun mwen chwazi an pou fè chwa sa yo pou mwen. Moun sa a pral Reprèzantan Zafè Swen Sante mwen (oswa lòt mo yo kapab sèvi avèk li nan eta pa mwen tankou mandatè, reprèzantan oubyen sibstiti). Moun sa a pral pran desizyon swen sante pou mwen nan toude ka sa yo:

- *Doktè k ap trete mwen an wè mwen pa kapab pran desizyon swen sante m ankò, EPI*
- *Yon lòt pwofesyonèl lasante dakò sa se laverite.*

Si eta mwen abite ladan an gen lòt jan pou konnen mwen pa kapab pran desizyon swen sante m ankò, alòs yo dwe suiv sa eta a di a.

If I am no longer able to make my own health care decisions, this form names the person I choose to make these choices for me. This person will be my Health Care Agent (or other term that may be used in my state, such as proxy, representative, or surrogate). This person will make my health care choices if both of these things happen:

- *My attending or treating doctor finds I am no longer able to make health care choices, AND*
- *Another health care professional agrees that this is true.*

If my state has a different way of finding that I am not able to make health care choices, then my state's way should be followed.

Chwazi yon bon moun kòm Reprèzantan pou zafè swen sante ou **Picking The Right Person To Be Your Health Care Agent**

Chwazi yon moun ou konnen byen, ki renmen w, epi ki kapab pran desizyon ki difisil pou pran. Madanm oswa mari, oubyen yon manm fanmi gen dwa pa pi bon chwa paske kè yo fè yo mal anpil. Pafwa yo se chwa ki pi bon. Se ou ki konnen pi byen. Chwazi yon moun ki kapab kanpe pou ou yon fason pou yo respekte desizyon w. Epitou chwazi yon moun ki gen plis chans la toupre dekwa pou li ede w lè ou bezwen li. Kèlkeswa ou chwazi mari oswa madanm ou, oubyen yon manm fanmi oswa yon zanmi kòm Reprèzantan zafè swen sante ou, pa bliye pale yo de volonte sa yo epi asire w moun sa a dakò respekte epi suiv desizyon w yo. Reprèzantan swen sante w dwe gen **omwen 18 lane oswa plis** (nan Kolorado, 21 lane oswa plis) epi li **pa** kapab:

- Moun k ap ba w swen, nitou pwopriyete oswa moun k ap dirije sèvis sante, rezidans oswa kominote k ap okipe w la.
- Yon anplwaye oswa madanm oubyen mari yon anplwaye kote k ap ba w swen an.
- Sèvi kòm reprèzantan oubyen mandatè pou 10 oswa plis moun amwenske li se madanm oswa mari w osinon yon paran pwòch.

Choose someone who knows you very well, cares about you, and who can make difficult decisions. A spouse or family member may not be the best choice because they are too emotionally involved. Sometimes they **are** the best choice. You know best. Choose someone who is able to stand up for you so that your wishes are followed. Also, choose someone who is likely to be nearby so that they can help when you need them. Whether you choose a spouse, family member, or friend as your Health Care Agent, make sure you talk about these wishes and be sure that this person agrees to respect and follow your wishes. Your Health Care Agent should be **at least 18 years or older** (in Colorado, 21 years or older) and should **not** be:

- Your health care provider, including the owner or operator of a health or residential or community care facility serving you.
- An employee or spouse of an employee of your health care provider.
- Serving as an agent or proxy for 10 or more people unless he or she is your spouse or close relative.

Moun mwen chwazi kòm Repezantan pou Zafè Swen Sante m se: The Person I Choose As My Health Care Agent Is:

Non moun m chwazi anpremye *First Choice Name*

Nimewo Telefòn li *Phone*

Adrès *Address*

Vil/Eta/Kòd Postal *City/State/Zip*

Si moun sa a pa kapab oswa li pa vle pran desizyon sa yo pou mwen, *OUBYEN* mwenmenm avèk li nou divòse oswa nou separe legalman, *OUBYEN* moun sa a mouri, alòs lòt moun mwen chwazi yo se:

If this person is not able or willing to make these choices for me, *OR* is divorced or legally separated from me, *OR* this person has died, then these people are my next choices:

Non moun m chwazi an dezyèm *Second Choice Name*

Non moun m chwazi an twazyèm *Third Choice Name*

Adrès *Address*

Adrès *Address*

Vil/Eta/Kòd Postal *City/State/Zip*

Vil/Eta/Kòd Postal *City/State/Zip*

Nimewo Telefòn *Phone*

Nimewo Telefòn *Phone*

Si mwen chanje lide sou zafè genyen yon Repezantan swen sante, m ap

If I Change My Mind About Having A Health Care Agent, I Will

- Detwi tout kopi pati sa a nan fòmilè Senk Volonte a. *OUBYEN*

- Destroy all copies of this part of the Five Wishes form. *OR*

- Di yon moun tankou doktè oswa fanmi m, mwen vle anile oubyen chanje Repezantan swen sante m lan. *OUBYEN*

- Tell someone, such as my doctor or family, that I want to cancel or change my Health Care Agent. *OR*

- Ekri mo “Revoked” (Anile) an gwo lèt anwo non chak repezante mwen decide anile otorizasyon li genyen an. Siyen non mwen sou paj sa a.

- Write the word “Revoked” in large letters across the name of each agent whose authority I want to cancel. Sign my name on that page.

Mwen konnen Repezantan zafè swen sante mwenm kapab pran desizyon swen sante pou mwen. Mwen vle Repezantan mwen an kapab fè bagay sa yo: (Ou mèt efase tout sa ou pa vle Repezantan w lan fè nan sa ki site anba la a.)

I understand that my Health Care Agent can make health care decisions for me. I want my Agent to be able to do the following: (Please cross out anything you don't want your Agent to do that is listed below.)

- | | |
|--|---|
| <ul style="list-style-type: none"> • Pran desizyon sou zafè swen oswa sèvis medikal mwen tankou egzamen, medikaman oubyen operasyon. Swen oswa sèvis sa a gen dwa pou dekouvri kisa pwoblèm sante m lan ye, oswa kijan pou yo trete l. Li ka gen land tou swen pou kenbe m vivan. Si tretman oswa swen an te deja kòmanse, Repezantan m lan gen dwa kite yo kontinye li oswa fè sispann li. | <ul style="list-style-type: none"> • Make choices for me about my medical care or services, like tests, medicine, or surgery. This care or service could be to find out what my health problem is, or how to treat it. It can also include care to keep me alive. If the treatment or care has already started, my Health Care Agent can keep it going or have it stopped. |
| <ul style="list-style-type: none"> • Entèprete tout desizyon mwen te bay nan fòmilè sa a oswa nan lòt konvèsasyon, dapre jan Repezantan swen sante m lan konprann volonte m yo ak sa m bay plis enpòtans. | <ul style="list-style-type: none"> • Interpret any instructions I have given in this form or given in other discussions, according to my Health Care Agent's understanding of my wishes and values. |
| <ul style="list-style-type: none"> • Bay konsantman pou m entène nan yon rezidans pou ede m okipe tèt mwen, nan lopital, nan yon azil oswa nan mezon sante (nursing home). Repezantan swen sante m lan ka anplwaye kenenpòt travayè lasante mwen ka bezwen pou ede m oubyen okipe m. Li ka revoke tou yon travayè lasante si sa nesèsè. | <ul style="list-style-type: none"> • Consent to admission to an assisted living facility, hospital, hospice, or nursing home for me. My Health Care Agent can hire any kind of health care worker I may need to help me or take care of me. My Agent may also fire a health care worker, if needed. |
| <ul style="list-style-type: none"> • Pran desizyon mande, retire, oswa pa ban mwen tretman medikal nitou ban mwen manje ak bwè atifisyèlman, nitou nenpòt lòt tretman pou kenbe m vivan. | <ul style="list-style-type: none"> • Make the decision to request, take away or not give medical treatments, including artificially-provided food and water, and any other treatments to keep me alive. |
| <ul style="list-style-type: none"> • Gade ak apwouve yo mete deyò dosye medikal ak dosye pèsònèl mwen. Si mwen dwe siyen non mwen pou yo pran kenenpòt nan dosye sa yo a, Repezantan sante m lan kapab siyen nan plas mwen. | <ul style="list-style-type: none"> • See and approve release of my medical records and personal files. If I need to sign my name to get any of these files, my Health Care Agent can sign it for me. |
| <ul style="list-style-type: none"> • Mennen m nan yon lòt eta pou jwenn swen m nesèsite oswa pou egzekite volonte m yo. | <ul style="list-style-type: none"> • Move me to another state to get the care I need or to carry out my wishes. |
| <ul style="list-style-type: none"> • Otorize oswa refize otorize kenenpòt medikaman oubyen pwosedi ki nesèsè pou ede m avèk doulè mwen genyen. | <ul style="list-style-type: none"> • Authorize or refuse to authorize any medication or procedure needed to help with pain. |
| <ul style="list-style-type: none"> • Pran kenenpòt aksyon legal ki nesèsè pou egzekite volonte m yo. | <ul style="list-style-type: none"> • Take any legal action needed to carry out my wishes. |
| <ul style="list-style-type: none"> • Bay ògàn oswa tisi kò mwen ki ka sèvi, dapre jan lalwa pèmèt li. | <ul style="list-style-type: none"> • Donate useable organs or tissues of mine as allowed by law. |
| <ul style="list-style-type: none"> • Aplike pou mwen pou Medicare, Medicaid oswa lòt pwogram oubyen benefis asirans. Repezantan zafè swen sante m lan ka gade dosye pèsònèl mwen tankou dosye labank pou wè kisa ki nesèsè pou ranpli fòmilè sa yo. | <ul style="list-style-type: none"> • Apply for Medicare, Medicaid, or other programs or insurance benefits for me. My Health Care Agent can see my personal files, like bank records, to find out what is needed to fill out these forms. |
| <ul style="list-style-type: none"> • Sa ki site anba la a se tout chanjman, bagay anplis oubyen limit pouvwa Repezantan zafè swen sante m lan. | <ul style="list-style-type: none"> • Listed below are any changes, additions, or limitations on my Health Care Agent's powers. |

VOLONTE 2 — WISH 2

Volonte mwen pou Kalite Tretman Medikal mwen vle oswa mwen pa vle.

My Wish For The Kind Of Medical Treatment I Want Or Don't Want.

Mwen kwè lavi mwen enpòtan e mwen merite yo trete m ak diyite. Lè moman rive kote mwen malad anpil epi mwen pa kapab pale pout tèt pa mwen, mwen vle yo respekte e suiv volonte m di la yo nitou kenepòt lòt endikasyon mwen te bay Reprizantan zafè swen sante m lan.

I believe that my life is precious and I deserve to be treated with dignity. When the time comes that I am very sick and am not able to speak for myself, I want the following wishes, and any other directions I have given to my Health Care Agent, to be respected and followed.

Sa ou dwe kenbe nan tèt ou antanke moun k ap ban m swen

- Mwen pa vle souffri. Mwen vle doktè m ban m ase renmèd pou soulaje doulè m, menm si sa vle di m pral santi m soule oubyen m pral dòmi plis pase jan m ta dòmi nòmalman.
- Mwen pa vle doktè oswa enfimyè yo fè oubyen pa fè kenepòt bagay ak lide pou touye mwen.
- Mwen vle yo ban mwen manje ak likid nan bouch epi kenbe m pwòp e cho.

What You Should Keep In Mind As My Caregiver

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means that I will be drowsy or sleep more than I would otherwise.
- I do not want anything done or omitted by my doctors or nurses with the intention of taking my life.
- I want to be offered food and fluids by mouth, and kept clean and warm.

Si ta va gen yon ijans In Case Of An Emergency

Lè w gen yon ijans medikal epi pèsònèl anbilans vini, yo gen dwa gade pou wè si w gen yon fòmilè **Pa-Fè-Reyanimasyon** oswa yon braslè. Anpil eta egzije yon moun ranpli yon fòmilè **Pa-Fè-Reyanimasyon** epi yon doktè siyen li. Fòmilè sa a pèmèt pèsònèl anbilans la konnen ou pa vle yo itilize tretman pou-kenbe-vivan lè ou pral mouri. Ou mèt tcheke doktè w pou gade èske w oblije ranpli yon fòmilè **Pa-Fè-Reyanimasyon**.

If you have a medical emergency and ambulance personnel arrive, they may look to see if you have a **Do Not Resuscitate** form or bracelet. Many states require a person to have a **Do Not Resuscitate** form filled out and signed by a doctor. This form lets ambulance personnel know that you don't want them to use life-support treatment when you are dying. Please check with your doctor to see if you need to have a **Do Not Resuscitate** form filled out.

Men ki sans mwen bay “Tretman pou-kenbe-vivan”

Tretman pou-kenbe-vivan siyifye tout pwosede medikal, aparèy oswa renmèd pou kenbe m vivan. Tretman pou-kenbe-vivan gen ladan: aparèy yo mete sou mwen pou ede m respire; manje ak dlo yo ban m alèd aparèy medikal (tib); reanimasyon kadyopilmonè (CPR); gwo operasyon; transfizyon san; dyaliz; antibyotik; epitou kenepòt lòt bagay ki la pou kenbe m vivan. Si mwen vle limite siyifikasyon tretman pou-kenbe-vivan poutèt kwayans pèsònèl oswa relijyon m, mwen ekri limit sa a nan espas anba la a. Mwen fè sa pou di trè klèman kisa mwen vle ak nan ki kondisyon.

What “Life-Support Treatment” Means To Me

Life-support treatment means any medical procedure, device or medication to keep me alive. Life-support treatment includes: medical devices put in me to help me breathe; food and water supplied by medical device (tube feeding); cardiopulmonary resuscitation (CPR); major surgery; blood transfusions; dialysis; antibiotics; and anything else meant to keep me alive. If I wish to limit the meaning of life-support treatment because of my religious or personal beliefs, I write this limitation in the space below. I do this to make very clear what I want and under what conditions.

Men kalite tretman medikal mwen vle oswa mwen pa vle nan kat sikonstans ki site anba la a. Mwen vle Repezantan swen sante m, fanmi m, doktè m ak lòt pwofesyonèl lasante, zanmi m epi tout lòt moun konnen desizyon sa yo.

Here is the kind of medical treatment that I want or don't want in the four situations listed below. I want my Health Care Agent, my family, my doctors and other health care providers, my friends and all others to know these directions.

Mwen toupre lanmò:

Si doktè m ak yon lòt pwofesyonèl lasante, yo toude deside mwen pa lwen mouri nan yon ti bout tan, e tretman pou-kenbe-vivan ta annik retade moman lanmò m sèlman (Chwazi *yonn* nan sa ki anba la a):

- Mwen vle tretman pou-kenbe-vivan.**
I want to have life-support treatment.
- Mwen pa vle tretman pou-kenbe-vivan. Si yo te kòmanse li, mwen vle yo sispann li.**
I do not want life-support treatment. If it has been started, I want it stopped.
- Mwen vle tretman pou-kenbe-vivan si doktè m kwè li kapab ede mwen. Men, mwen vle doktè mwen sispann ban mwen tretman pou-kenbe-vivan si sa pa amelyore eta sante m oswa sentom mwen yo.**
I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

Close to death:

If my doctor and another health care professional both decide that I am likely to die within a short period of time, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

Nan Koma epi pa gen okenn espwa pou soti ladan oswa geri:

Si doktè m ak yon lòt pwofesyonèl lasante, yo toude decide mwen nan koma e mwen pa gen espwa reveye oswa geri, mwen gen domaj nan sèvo, e tretman pou-kenbe-vivan ta annik retade moman lanmò m sèlman (Chwazi *yonn* nan sa ki anba la a):

- Mwen vle tretman pou-kenbe-vivan.**
I want to have life-support treatment.
- Mwen pa vle tretman pou-kenbe-vivan. Si yo te kòmanse li, mwen vle yo sispann li.**
I do not want life-support treatment. If it has been started, I want it stopped.
- Mwen vle tretman pou-kenbe-vivan si doktè m kwè li kapab ede m. Men, mwen vle doktè m sispann ban m tretman pou-kenbe-vivan si sa pa amelyore eta sante m oswa sentom mwen yo.**
I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

Domaj pèmanan ak grav nan sèvo epipa gen okenn espwa pou geri:

Si doktè m ak yon lòt pwofesyonèl lasante, yo toude decide mwen gen domaj pèmanan ak grav nan sèvo, (pa egzanp, mwen kapab louvri je mwen, men mwen pa kabab pale oswa konprann) pa gen okenn espwa pou m vin miyò, epi tretman pou-kenbe-vivan ta annik retade moman lanmò m sèlman (Chwazi *yonn* nan sa ki anba la a):

- Mwen vle tretman pou-kenbe-vivan.**
I want to have life-support treatment.
- Mwen pa vle tretman pou-kenbe-vivan. Si yo te kòmanse li, mwen vle yo sispann li.**
I do not want life-support treatment. If it has been started, I want it stopped.
- Mwen vle tretman pou-kenbe-vivan si doktè m kwè li kapab ede m. Men, mwen vle doktè m sispann ban m tretman pou-kenbe-vivan si sa pa amelyore eta sante m oswa sentom mwen yo.**
I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

In A Coma And Not Expected To Wake Up Or Recover:

If my doctor and another health care professional both decide that I am in a coma from which I am not expected to wake up or recover, and I have brain damage, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

Permanent And Severe Brain Damage And Not Expected To Recover:

If my doctor and another health care professional both decide that I have permanent and severe brain damage, (for example, I can open my eyes, but I can not speak or understand) and I am not expected to get better, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

Nan ki lòt eta kote mwen pa vle yo kenbe m vivan:

Si gen yon lòt sikonstans kote mwen pa vle tretman pou-kenbe-vivan, mwen eksplike li anba la a. Nan sikonstans sa a, mwen kwè pri ak fado tretman pou-kenbe-vivan twò lou e li pa vo anyen pou mwen kòm benefis. Kididonk, nan kondisyon sa a, mwen pa vle tretman pou-kenbe-vivan. (pa egzanp, ou kapab ekri “eta estad tèminal.” Sa vle di eta sante w vin pi malouk. Ou pa kapab okipe tèt ou poukont ou nan okenn jan, mantalman oswa fizikman. Tretman pou-kenbe-vivan pa pral ede w geri. Ou mèt kite espas la vid si w pa gen yon lòt kondisyon ou vle eksplike.)

In Another Condition Under Which I Do Not Wish To Be Kept Alive:

If there is another condition under which I do not wish to have life-support treatment, I describe it below. In this condition, I believe that the costs and burdens of life-support treatment are too much and not worth the benefits to me. Therefore, in this condition, I do not want life-support treatment. (For example, you may write “end-stage condition.” That means that your health has gotten worse. You are not able to take care of yourself in any way, mentally or physically. Life-support treatment will not help you recover. Please leave the space blank if you have no other condition to describe.)

*T*wa lòt volontè pi devan yo pale de volontè pèsònèl, espirityèl ak emosyonèl mwen. Yo enpòtan pou mwen. Mwen vle yo trete m ak diyite nan moman mwen pa lwen mouri, konsa, mwen ta renmen yo fè bagay mwen ekri nan Volontè 3, 4, ak 5 yo lè yo ka fèt. Mwen konnen fanmi m, doktè m ak lòt pwofesyonèl lasante, zanmi m ak lòt moun gen dwa pa kapab fè bagay sa yo e lalwa pa egzije yo fè bagay sa yo. Mwen pa espere volontè ki pral site la yo mete obligasyon legal tounèf oubyen anplis sou doktè mwen yo ak lòt moun k ap ban mwen swen sante. Mwen pa atann mwen nonplis volontè sa yo sèvi kòm pretèks pou doktè m oswa lòt pwofesyonèl lasante pa ban mwen swen nòmal lalwa mande.

*T*he next three wishes deal with my personal, spiritual and emotional wishes. They are important to me. I want to be treated with dignity near the end of my life, so I would like people to do the things written in Wishes 3, 4, and 5 when they can be done. I understand that my family, my doctors and other health care providers, my friends, and others may not be able to do these things or are not required by law to do these things. I do not expect the following wishes to place new or added legal duties on my doctors or other health care providers. I also do not expect these wishes to excuse my doctor or other health care providers from giving me the proper care asked for by law.

VOLONTE 3 — WISH 3

Volonte mwen sou jan mwen vle santi mwen alèz.

My Wish For How Comfortable I Want To Be.

(Ou mèt efase kenennpòt bagay ou pa dakò avèk li.)

(Please cross out anything that you don't agree with.)

- Mwen pa vle souffri. Mwen vle doktè m ban m ase renmèd pou soulaje doulè m, menm si sa vle di m pral santi m soule oubyen m pral dòmi plis pase jan m ta dòmi nòmalmman.

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means I will be drowsy or sleep more than I would otherwise.

- Si mwen gen siy depresyon, kèplen, souf kout oswa mwen santi bagay ki pa egziste reyèlman, mwen vle moun k ap ban m swen yo fè tout sa yo kapab pou ede m.

- If I show signs of depression, nausea, shortness of breath, or hallucinations, I want my care givers to do whatever they can to help me.

- Mwen swete yo mete yon konprès fre sou tèt mwen si mwen gen lafyèv.

- I wish to have a cool moist cloth put on my head if I have a fever.

- Mwen vle yo kenbe lè v ak bouch mwen imid pou anpeche yo sèk.

- I want my lips and mouth kept moist to stop dryness.

- Mwen vle pran beny cho souvan. Mwen vle yo toujou kenbe m fre e pwòp.

- I wish to have warm baths often. I wish to be kept fresh and clean at all times.

- Mwen swete yo ban m masaj ak lwil cho tout tan mwen ka pran masaj.

- I wish to be massaged with warm oils as often as I can be.

- Mwen vle yo pase mizik mwen pi renmen yo lè sa posib jiska moman lanmò m.

- I wish to have my favorite music played when possible until my time of death.

- Mwen vle resevwa swen pèsònèl tankou fè labab, koupe zanj, bwose tèt ak bwose dan toutotan yo pa ban m doulè oswa fè m santi m malalèz.

- I wish to have personal care like shaving, nail clipping, hair brushing, and teeth brushing, as long as they do not cause me pain or discomfort.

- Mwen vle yo fè lekti relijye ak li powèm mwen renmen anpil byen fò nan moman mwen toupre lanmò.

- I wish to have religious readings and well-loved poems read aloud when I am near death.

- Mwen vle okouran swen loispis yo ka ban m ak moun mwen renmen anpil yo sou plan medikal, emosyonèl e esprityèl.

- I wish to know about options for hospice care to provide medical, emotional and spiritual care for me and my loved ones.

VOLONTE 4 — WISH 4

Volonte mwen sou jan mwen vle pou moun trete mwen.

My Wish For How I Want People To Treat Me.

(Ou mèt efase kenenpòt bagay ou pa dakò avèk li.)

(Please cross out anything that you don't agree with.)

- | | |
|---|---|
| <ul style="list-style-type: none">• Mwen swete moun kenbe m konpay lè sa posib. Mwen vle yon moun ansanm avè m lè sanble lanmò a kapab vini nan kenenpòt moman. | <ul style="list-style-type: none">• I wish to have people with me when possible. I want someone to be with me when it seems that death may come at any time. |
| <ul style="list-style-type: none">• Mwen swete yo soutni men mwen epi pale ansanm avè m lè sa posib, menm si m pa sanble reyaji lè moun pale oswa touche m. | <ul style="list-style-type: none">• I wish to have my hand held and to be talked to when possible, even if I don't seem to respond to the voice or touch of others. |
| <ul style="list-style-type: none">• Mwen vle gen moun bòkote m pou yo lapriyè pou mwen lè sa posib. | <ul style="list-style-type: none">• I wish to have others by my side praying for me when possible. |
| <ul style="list-style-type: none">• Mwen swete yo di manm nan kominote lafwa m mwen malad epi mande yo lapriyè pou mwen e vizite mwen. | <ul style="list-style-type: none">• I wish to have the members of my faith community told that I am sick and asked to pray for me and visit me. |
| <ul style="list-style-type: none">• Mwen vle yo pran swen m nan bonte ak kè kontan, pa nan tristès. | <ul style="list-style-type: none">• I wish to be cared for with kindness and cheerfulness, and not sadness. |
| <ul style="list-style-type: none">• Mwen vle gen foto moun m renmen anpil yo nan chanm mwen, toupre kabann mwen. | <ul style="list-style-type: none">• I wish to have pictures of my loved ones in my room, near my bed. |
| <ul style="list-style-type: none">• Si mwen pa kapab kenbe tata ak pipi m, mwen vle yo kenbe rad mwen ak dra kabann mwen pwòp e mwen vle yo chanje yo sito yo ka chanje yo si yo sal. | <ul style="list-style-type: none">• If I am not able to control my bowel or bladder functions, I wish for my clothes and bed linens to be kept clean, and for them to be changed as soon as they can be if they have been soiled. |
| <ul style="list-style-type: none">• Mwen swete mouri lakay mwen si sa kapab fèt. | <ul style="list-style-type: none">• I want to die in my home, if that can be done. |

VOLONTE 5 — WISH 5

Volonte mwen sou sa mwen vle moun mwen renmen anpil yo konnen.

My Wish For What I Want My Loved Ones To Know.

(Ou mèt efase kenenpòt bagay ou pa dakò avèk li.)

(Please cross out anything that you don't agree with.)

- | | |
|--|--|
| <ul style="list-style-type: none">• Mwen vle yo fè fanmi m ak zanmi m konnen mwen renmen yo. | <ul style="list-style-type: none">• I wish to have my family and friends know that I love them. |
| <ul style="list-style-type: none">• Mwen swete yo padone m pou lòt mwen te fè fanmi m, zanmi m ak lòt moun mal. | <ul style="list-style-type: none">• I wish to be forgiven for the times I have hurt my family, friends, and others. |
| <ul style="list-style-type: none">• Mwen fè fanmi m, zanmi m ak lòt moun yo konnen mwen padone yo pou lòt yo te pètèt fè mwen mal nan lavi m. | <ul style="list-style-type: none">• I wish to have my family, friends and others know that I forgive them for when they may have hurt me in my life. |
| <ul style="list-style-type: none">• Mwen vle fanmi m ak zanmi m konnen mwen pa pè lanmò limenm. Mwen kwè se pa lafen, se yon lòt koumansman pou mwen. | <ul style="list-style-type: none">• I wish for my family and friends to know that I do not fear death itself. I think it is not the end, but a new beginning for me. |
| <ul style="list-style-type: none">• Mwen swete tout kòt fanmi m fè lapè antreyo anvan m mouri, si yo kapab. | <ul style="list-style-type: none">• I wish for all of my family members to make peace with each other before my death, if they can. |
| <ul style="list-style-type: none">• Mwen vle fanmi m ak zanmi m yo reflechi sou sa mwen renmen anvan m te vin malad grav. Mwen vle yo sonje m nan fason sa a apre lanmò mwen. | <ul style="list-style-type: none">• I wish for my family and friends to think about what I was like before I became seriously ill. I want them to remember me in this way after my death. |
| <ul style="list-style-type: none">• Mwen vle fanmi m, zanmi m yo ak moun k ap okipe m yo respekte volonte m menm si yo pa dakò avèk yo. | <ul style="list-style-type: none">• I wish for my family and friends and caregivers to respect my wishes even if they don't agree with them. |
| <ul style="list-style-type: none">• Mwen vle fanmi m ak zanmi m wè lanmò m tankou yon moman kwasans pèsònèl pou tout moun, ni pou mwenmenm. Sa va ede m viv yon vi ki gen sans nan dènje jou m yo. | <ul style="list-style-type: none">• I wish for my family and friends to look at my dying as a time of personal growth for everyone, including me. This will help me live a meaningful life in my final days. |

• Mwen vle fanmi m ak zanmi m yo al pran asis-
tans-konsèy si lanmò m nan ba yo pwoblèm.
Mwen vle souvni yo genyen de lavi m pote
lajwa pou yo, e non pa chagren.

• I wish for my family and friends to get
counseling if they have trouble with my death.
I want memories of my life to give them joy
and not sorrow.

• Apre lanmò m, mwen ta renmen kò mwen
(ansèkle youn): antere oswa boule.

• After my death, I would like my body to be
(circle one): buried or cremated.

• Yo dwe mete kò m oswa rèz mwen nan kote sa a

• My body or remains should be put in the
following location

_____.

_____.

• Moun ki pral site la a konnen volonte m pou
lantèman mwen:

• The following person knows my
funeral wishes:

_____.

_____.

Si kenepòt moun mande ki souvni mwen vle yo genyen de mwen, tanpri di yo sa sou mwen:

If anyone asks how I want to be remembered, please say the following about me:

Si dwe gen yon sèvis finèb pou mwen, mwen swete sèvis sa a gen bagay sa yo ladan
(fè lis mizik, chante, lekti oswa lòt demann espesyal ou genyen):

*If there is to be a memorial service for me, I wish for this service to include the following
(list music, songs, readings or other specific requests that you have):*

(Ou mèt sèvi ak espas ki anba la a pou kenepòt lòt volonte. Pa egzanp, ou gen dwa vle fè don yon pati
oswa tout pati kò w lè w mouri. Ou mèt ajoute yon lòt fèy papye si w bezwen plis espas.)

*(Please use the space below for any other wishes. For example, you may want to donate any or all parts of
your body when you die. Please attach a separate sheet of paper if you need more space.)*

Siyen Fòmilè Senk Volonte a

Tanpri, pa bliye siyen fòmilè Senk Volonte ou an devan de temwen.

Mwenmenm, _____, mwen mande fanmi m, doktè yo ak lòt moun k ap ban m swen sante, zanmi m e tout lòt moun, respekte volonte m yo jan Repezantan Swen Sante m lan kominike yo a (si mwen gen youn ak si li disponib), oswa nan lòt fason fòmilè sa a eksplike li. Fòmilè sa a vin valab lè mwen pa kapab pran desizyon oswa pale poukont mwen. Si yo pa kapab suiv yon pòsyon nan fòmilè sa a legalman, mwen mande pou yo suiv tout lòt pati yo ki nan fòmilè sa a. Mwen anile tou kenepòt desizyon alavans sou zafè swen sante mwen te pran avansa.

Siyati *Signature:* _____

Adrès *Address:* _____

Nimewo Telefòn *Phone:* _____ Dat *Date:* _____

Deklarasyon Temwen • (2 temwen nesesè):

Mwenmenm, ki se temwen an, mwen deklare moun-nan ki te siyen oswa ateste fòmilè sa (“moun-nan” annapre la a), mwen konnen li pèsònèlman, ke li te siyen oswa ateste [Repezantan Swen Sante avèk/oswa fòmilè Testaman sou lavi] sa devan mwen, epi li sanble ak tout bon sans li, yo pa fòse li, ni li pa gen presyon moral.

Mwen deklare tou mwen gen plis pase 18 lane epi mwen PA:

- Moun ki nonmen kòm (ajan/mandatè/sibstiti/defansè pasyan/repezantan) nan dokiman sa a, nitou siksesè moun-nan,
- Moun ki bay moun-nan swen sante, nitou pwopriyetè oswa dirijan yon sèvis sante dire-long oswa lòt sèvis rezidansyèl oubyen kominotè ki okipe moun-nan,
- Yon anplwaye nan kote moun-nan resevwa swen sante,
- Reskonsab swen sante moun-nan pou zafè finans,
- Yon anplwaye konpayi asirans maladi oswa asirans vi moun-nan,
- Mwen pa fanmi moun-nan ni pa san, ni pa maryaj oswa pa adòpsyon epi,
- Yon kreyansye moun-nan ni gen dwa nan okenn pati byen moun-nan depa yon testaman oswa yon chanjman-testaman selon sa mwen konnen byen.

(Kèk eta gen dwa gen mwens règleman konsènan moun ki kapab sèvi kòm temwen. Amwenske w konnen règleman eta pa w la, tanpri, suiv sa ki anwo la a.)

Signing The Five Wishes Form

Please make sure you sign your Five Wishes form in the presence of the two witnesses.

I, _____, ask that my family, my doctors, and other health care providers, my friends, and all others, follow my wishes as communicated by my Health Care Agent (if I have one and he or she is available), or as otherwise expressed in this form. This form becomes valid when I am unable to make decisions or speak for myself. If any part of this form cannot be legally followed, I ask that all other parts of this form be followed. I also revoke any health care advance directives I have made before.

Witness Statement • (2 witnesses needed):

I, the witness, declare that the person who signed or acknowledged this form (hereafter “person”) is personally known to me, that he/she signed or acknowledged this [Health Care Agent and/or Living Will form(s)] in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence.

I also declare that I am over 18 years of age and am NOT:

- The individual appointed as (agent/proxy/surrogate/patient advocate/representative) by this document or his/her successor,
- The person’s health care provider, including owner or operator of a health, long-term care, or other residential or community care facility serving the person,
- An employee of the person’s health care provider,
- Financially responsible for the person’s health care,
- An employee of a life or health insurance provider for the person,
- Related to the person by blood, marriage, or adoption, and,
- To the best of my knowledge, a creditor of the person or entitled to any part of his/her estate under a will or codicil, by operation of law.

(Some states may have fewer rules about who may be a witness. Unless you know your state’s rules, please follow the above.)

Siyati Temwen #1 *Signature of Witness #1*

Non Temwen an, an lèt detache *Printed Name of Witness*

Adrès *Address*

Nimewo Telefòn *Phone*

Siyati Temwen #2 *Signature of Witness #2*

Non Temwen an, an lèt detache *Printed Name of Witness*

Adrès *Address*

Nimewo Telefòn *Phone*

Legalizasyon Notè (notary public) • Notarization •

Li obligatwa pou moun ki abite Missouri, North Carolina, South Carolina ak West Virginia sèlman
Only required for residents of Missouri, North Carolina, South Carolina and West Virginia

- *Si w abite Missouri, se siyati pa w sèlman ki dwe legalize.*
- *Si w abite North Carolina, South Carolina oswa West Virginia, ni siyati pa w, ni siyati temwen yo dwe legalize.*
- *If you live in Missouri, only your signature should be notarized.*
- *If you live in North Carolina, South Carolina or West Virginia, you should have your signature, and the signatures of your witnesses, notarized.*

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20____, the said _____,
_____, and _____, known to me (or satisfactorily proven) to be the person named in the
foregoing instrument and witnesses, respectively, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and
acknowledged that they freely and voluntarily executed the same for the purposes stated therein.

My Commission Expires:

Notary Public

Moun ki rete WISCONSIN dwe tache WISCONSIN notice statement (avi deklarasyon WISCONSIN) lan nan Five Wishes la.

Residents of WISCONSIN must attach the WISCONSIN notice statement to Five Wishes.

Plis enfòmasyon ak avi deklarasyon an disponib nan www.agingwithdignity.org.

More information and the notice statement are available at www.agingwithdignity.org.

Rezidan Enstitisyon ki nan CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, NEW YORK, NORTH DAKOTA, SOUTH CAROLINA AK VERMONT dwe suiv Règleman espesyal pou temwayaj yo.

Residents of Institutions In CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, NEW YORK, NORTH DAKOTA, SOUTH CAROLINA, AND VERMONT Must Follow Special Witnessing Rules.

Si w abite nan yon seri enstitisyon (yon mezon sante, yon lòt sèvis swen dire-long lisansye, yon kay pou retade mantal oswa andikape sou plan devlopman, oubyen nan sant sante mantal) nan yonn nan eta ki sot site la yo, ou ka petèt oblije suiv “kondisyon sètifikasyon” espesyal pou Senk Volonte w la kapab valab. Pou plis enfòmasyon, ou mèt kontakte yon travayè sosyal oswa yon defansè pasyan nan enstitisyon w lan.

If you live in certain institutions (a nursing home, other licensed long term care facility, a home for the mentally retarded or developmentally disabled, or a mental health institution) in one of the states listed above, you may have to follow special “witnessing requirements” for your Five Wishes to be valid. For further information, please contact a social worker or patient advocate at your institution.

Kisa pou w fè lè ou fin ranpli Senk Volonte

- Pa bliye siyen ak sètifye fòmilè a egzakteman jan li eksplike a. Apresa, Senk Volonte ou an ap legal e valab.
- Pale de volonte ou yo ak reprezante pou zafè sante w, manm fanmi w ak lòt moun ki renmen w. Ba yo kopi Senk Volonte ou te ranpli a.
- Kenbe orijinal ou siyen an nan yon kote espesyal lakay ou. PA mete li nan kòfrefò. Konsève li yon kote toupre pou yon moun kapab jwenn li lè ou bezwen li.
- Mwen te bay moun sa yo kopi Senk Volonte mwen te ranpli a:
- Ranpli ti kat pou mete nan bous ou ki anba la a. Mache ansanm avèk li sou ou. Fason sa, moun va konnen ki kote ou mete Senk Volonte w.
- Pale ak doktè w nan pwochè vizit ou genyen nan klinik li. Ba doktè w yon kopi Senk Volonte w la. Siveye li mete li nan dosye medikal ou. Asire doktè w konpran volonte ou yo epi li aksepte suiv yo. Mande li pou li pale lòt doktè k ap trete w pou yo respekte yo.
- Si w entènè lopital oubyen nan mezon sante, ale ak yon kopi Senk Volonte w lan. Mande pou yo mete li nan dosye medikal ou.
- I have given the following people copies of my completed Five Wishes:

Senk Volonte la pou ede w planifye pou lavni. Li pa la pou ba w konsèy legal. Li pa eseye reponn tout kesyon sou tout bagay ki kapab prezante. Tout moun pa menm, e chak sityasyon se yon sityasyon diferan. Lwa yo chanje detanzantan. Si w gen yon kesyon oswa yon pwoblèm espesyal, mande yon pwofesyonèl medikal oubyen legal konsèy.

Five Wishes is meant to help you plan for the future. It is not meant to give you legal advice. It does not try to answer all questions about anything that could come up. Every person is different, and every situation is different. Laws change from time to time. If you have a specific question or problem, talk to a medical or legal professional for advice.

Kat Senk Volonte pou mete nan bous.

<p>Important Notice to Medical Personnel: I have a Five Wishes Advance Directive. <i>Enfòmasyon enpòtan pou Pèsònèl Medikal: Mwen genyen yon Desizyon Alavans Senk Volonte.</i></p> <hr/> <p>Signature <i>Siyati</i></p> <p>Please consult this document and/or my Health Care Agent in an emergency. My Agent is: <i>Nan ka ijans, tcheke dokiman sa a ak/oubyen Reprezantan Swen Sante m. Reprezantan mwen se:</i></p> <p>Name <i>Non</i></p> <p>Address <i>Adrès</i> City/State/Zip <i>Vil/Eta/Kòd Postal</i></p> <p>Phone <i>Nimewo Telefòn</i></p>	<p>My primary care physician is: <i>Non doktè pèsònèl mwen se:</i></p> <p>Name <i>Non</i></p> <p>Address <i>Adrès</i> City/State/Zip <i>Vil/Eta/Kòd Postal</i></p> <p>Phone <i>Nimewo Telefòn</i></p> <p>My document is located at: <i>Dokiman mwen sere kote sa a:</i></p> <p>_____</p> <p>_____</p> <p>_____</p>
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Dekoupe Kat la, Pliye li epi Plastifye li pou li byen konsève

Men kisa moun ap di osijè Senk Volonte:

“Sa pral fè yon ane depi manman m mouri. Nou te konnen kisa li te vle paske li te gen testaman sou lavi Senk Volonte a. Lè li te prèt pou mouri, frè m ansanm avèk mwen, nou pa te gen ankenn pwoblèm konsènan sa nou gen pou nou fè. Nou te gen lapè nan tèt.”

*Cheryl K.
Longwood, Florida*

“Mwen ka di m renmen Senk Volonte. Li klè, fasil pou konprann epi li pa pale de pwoblèm konkrè swen medikal, li pale de pwoblèm ki vrèman enpòtan—swen imen. Mwen sèvi avèk li pou mwen ak mari m.”

*Susan W.
Flagstaff, Arizona*

“Mwen pa vle pitit mwen yo oblije pran desizyon yo m ap pran pou manman m. Mwen pa te janm konnen si te gen yon pakèt chwa medikal pou fè. Mèsi pou fòmilè afeksyon ak sansiblite sa a. Mwen kapab annik ranpli li epi konsève li pou pitit mwen yo.”

*Diana W.
Hanover, Illinois*

Se Aging with Dignity ki te kreye Senk Volonte. Se yon òganizasyon ki pa pou fè pwofi ki gen misyon ede moun planifye epi resevwa swen yo vle resevwa lè yo ta vin gen yon maladi grav. Devlopman Senk Volonte te posib grasa yon sibvansyon ki soti nan The Robert Wood Johnson Foundation.

Five Wishes was created by Aging with Dignity, a nonprofit organization with a mission to help people plan and receive the care they want in case of a serious illness. Development of Five Wishes was made possible by a grant from The Robert Wood Johnson Foundation.

Aging with Dignity

*P.O. Box 1661
Tallahassee, Florida 32302-1661
www.agingwithdignity.org
1-888-594-7437*

Tradiksyon Senk Volonte te posib
grasa sipò ki soti bòkote

Translations of Five Wishes made
possible through support from



United Health FoundationSM

Pwofesyonèl ki te founi sèvis tradiksyon yo se

Professional translation services provided by

Language Services Associates

Senk Volonte se yon Mak-komès Aging with Dignity. Tout Dwa Rezève. Kontni piblikasyon sa a pwoteje pa dwadotè Aging with Dignity genyen. Yo pa kapab repwodui oswa transmèt ankenn pati piblikasyon sa a nan okenn fòm oubyen mwayen, elektwonik oswa mekanik, nitou pa fotokopi, anrejistremant oubyen kenepòt sistèm estokaj ak destokaj enfòmasyon san otorizasyon alekri Aging with Dignity. Menm si kontni dokiman sa a pwoteje pa dwadotè, ou otorize fotokopye fòmilè Senk Volonte ou fin ranpli a pou renmèt yon kopi bay doktè w, kote k ap ba w swen, Reprèzantan zafè Sen Sante w, manm fanmi w ak lòt moun ou remmen anpil yo. Tout lòt repwodiksyon oswa itilizasyon Senk Volonte oblije jwenn otorizasyon nan men Aging with Dignity. Aging with Dignity vle di Oregon Health Decisions mèsi pou kontribisyon li nan avanpwajè volonte nimewo de, nitou Kate Callahan, Charles Sabatino, ak Tere Saenz pou èd yo.

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