

Special Witnessing Requirement Document pertaining to
the FIVE WISHES of _____
(written name)

Residents of California who are residents of a skilled nursing facility must attach this notice statement to each copy of FIVE WISHES. You may copy this form.

Part 6 — Special Witness Requirement if in a Skilled Nursing Facility

(6.1) The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OF OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by section 4675 of the Probate Code:

Print Name: _____ Signature: _____

Address: _____ Date: _____