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## LIVING WILL - Questionnaire

Name of Declarant: Person drafting the Living Will
Name of Surrogate: Person to make medical decisions
Address of Surrogate:
Phone Number(s) of Surrogate:
Email Address of Surrogate:
Name of Alternate Surrogate: In the event that the primary surrogate is unavailable
Address of Alternate Surrogate:
Phone Number(s) of Alternate Surrogate:
Email Address of Alternate Surrogate: