

AFFIDAVIT FOR FRIEND OR OTHER RELATIVE
AS SURROGATE DECISION MAKER

I, _____ hereby declare under penalty of perjury as follows:

1. I am a () relative, () close friend of (Resident)

2. I am over eighteen (18) years of age and am competent to testify to the matter set forth in this Affidavit. This Affidavit is made on the basis of my personal knowledge.

3. The following facts and circumstances of my relationship with _____ (Resident) demonstrate that I have maintained regular contact with _____ (Resident) sufficient to be familiar with () his, () her activities, health and personal beliefs and believe I am qualified to make health care decisions on behalf of the Resident regarding the Resident's health care wishes.

Insert Narrative about Relationship, Facts and Circumstances:

Signature of Friend or Other Relative