

Certification of No Directive for Life-Sustaining Procedures

This document certifies that, to the best of my knowledge, the individual named below has not executed a directive regarding life-sustaining procedures as defined by applicable law.

Name of Individual:

Date of Birth:

Name of Certifier:

Relationship to Individual:

Date of Certification:

Signature of Certifier:

I declare under penalty of perjury that the foregoing is true and correct.