



PLAN DE PREPARACIÓN FAMILIAR EN CASO DE UNA REDADA DE ICE

Como preparar a su familia en caso de una detención o deportación de ICE (Servicio de Inmigración y Control de Aduanas de los Estados Unidos)

TABLA DE CONTENIDO

BUSQUE UN ABOGADO.....	2
ASESORAMIENTO ESPECÍFICO DEL ABOGADO PARA DETECTAR UNA ESTAFA.....	3
LÍNEA NACIONAL DE DETENCIÓN DE INMIGRACIÓN.....	3
PLAN DE CUIDADO INFANTIL.....	4
REÚNA LOS DOCUMENTOS IMPORTANTES.....	5
CREAR UN ÁRBOL DE TELÉFONOS	7
ATENCIÓN A LAS NECESIDADES INMEDIATAS.....	8
MOVILIZAR EL APOYO COMUNITARIO.....	8
FORMULARIOS.....	9

Este plan de preparación fue desarrollado por Kansas Appleseed Center para Leyes y Justicia en asociación con Center for Community Change.

Para obtener más información sobre Kansas Appleseed, visite www.kansasappleseed.org.



BUSQUE UN ABOGADO

Si usted o algún otro miembro de su familia está en riesgo de deportación, establezca una relación estable con su abogado de confianza. Tener una relación con un abogado antes de que algo suceda hará que el proceso sea más sencillo en caso de una detención. Memorice el número de teléfono de su abogado y mantenga su información con usted. Si está detenido, deberá poder comunicarse con su abogado. Es de mucha ayuda para su abogado discutir su caso con un miembro de confianza de su familia. Para poder hacer esto, su abogado le pedirá que firme un formulario de información en donde usted está dando su consentimiento para que lo haga.

Cuando busque ayuda legal, tenga cuidado con las posibles estafas. La Comisión Federal de Comercio enumera los siguientes consejos para detectar una estafa en su sitio web (<https://www.consumer.ftc.gov/articles/0141-scams-against-immigrants>):

- No acuda a un notario público para obtener asesoramiento legal. En los Estados Unidos, los notarios públicos no son abogados. Un notario no puede darle asesoramiento legal o hablar con las agencias del gobierno por usted, por ejemplo, con U.S. Citizenship and Immigration Service (USCIS) o con Board of Immigration Appeals (BIA). Un notario público no tiene que ser un abogado y no les es permitido dar asesoría legal.
- Nunca pague por formularios del gobierno en blanco. Los formularios del gobierno son gratis, aunque es muy probable que tenga que pagar al enviarlos a USCIS. Puede obtener los formularios gratuitos de inmigración en www.uscis.gov/forms. También los puede obtener llamando a USCIS al 1-800-870-3676 o visitando su oficina local de USCIS.
- Obtenga información sobre inmigración en los sitios web del gobierno de EE. UU. Algunos estafadores crean sitios web destinados a parecer administrados por el gobierno, pero no lo son. Asegúrese de que la URL del sitio web que parece un sitio del gobierno termine en un "punto gov" (.gov). Eso verifica que es del gobierno de Estados Unidos.
- No permita que nadie se quede con sus documentos originales, como su acta de nacimiento o pasaporte. Los estafadores podrían quedarse con ellos hasta y pedirle dinero para devolvérselos.
- Nunca firme un formulario en blanco. Nunca firme un formulario que tiene información falsa. Nunca firme un documento que no entienda.
- Saqué una copia de cada documento que envié, así como de cada carta del gobierno sobre su aplicación o petición.
- Usted recibirá un recibo de USCIS cuando envié sus formularios. ¡Guárdelo! Esto prueba que USCIS recibió su aplicación o formulario. Usted necesitara este recibo para revisar el estatus de su aplicación, así que asegúrese de sacarle una copia.

ASESORAMIENTO ESPECÍFICO DEL ABOGADO PARA DETECTAR UNA ESTAFA:

- Conserve siempre sus documentos originales.
- Nunca firme algo que no entienda.
- El abogado debe ofrecerle un contrato de representación. El contrato debe estar disponible para usted en su idioma. Revise el contrato antes de firmarlo. El abogado también debe firmar el contrato y entregarle una copia del contrato firmado.
- Si el abogado le pide un pago, pida una segunda opinión para asegurarse que sus servicios son razonables. Asegúrese de pedir un recibo. Es mejor pagar con cheque o con una orden de pago (money order) y no con efectivo.

LÍNEA NACIONAL DE DETENCIÓN DE INMIGRACIÓN

Si usted o su familia se enfrentan a una acción inmediata de las autoridades de inmigración, puede comunicarse con la Línea Directa Nacional de Detención de Inmigración.

Esta es la línea directa de detención de inmigrantes más grande del país, que conecta a los inmigrantes detenidos con su familia, recursos y soporte de documentación de abuso sin costo para ellos.

Llame al: 9233 (desde dentro de la detención)

Llame al: 209-757-3733 (desde afuera)

Para más información visite: freedomforimmigrants.org/hotline

PLAN DE CUIDADO INFANTIL:

Primero, identifique a una persona de confianza que pueda intervenir y cuidar a sus hijos si usted no puede. Deberá formalizar esta decisión a través de un documento llamado "poder notarial duradero". Un poder notarial duradero designa a otra persona para que tome decisiones de salud y educación para sus hijos en su ausencia. Este proceso no terminará sus derechos de paternidad. Se debe completar un poder notarial duradero para cada niño. El documento deberá estar notariado.

Consulte los formularios de poder notarial duradero al final de este documento. Este formulario se obtuvo de Kansas Legal Services: www.kansaslegalservices.org/

Consideraciones al decidir quién debe cuidar a sus hijos en su ausencia:

- ¿Tienen los recursos económicos para mantener a sus hijos?
- ¿Tienen una vivienda estable y espacio suficiente para albergar a sus hijos?
- ¿Gozan de buena salud física?
- ¿Podrán apoyar emocionalmente a sus hijos durante este proceso?



REÚNA LOS DOCUMENTOS IMPORTANTES

Ponga todos los documentos importantes en una carpeta y póngala en un lugar seguro. Aquí hay una lista no-exhaustiva de documentos que debe de guardar.

- Pasaportes de los niños
 - Si sus hijos son elegibles para una ciudadanía doble y pasaportes de países adicionales, también es necesario obtenerlos. Hacer esto facilita que sus hijos viajen hacia usted en caso de que usted sea deportado/a.
 - La aplicación para pasaportes de los menores que son ciudadanos de Los Estados Unidos puede encontrarse en <https://www.ssa.gov/ssnumber/> (<https://perma.cc/8XFT-N4X6>).
 - Si su hijo/a no es ciudadano de Los Estados Unidos o si no es elegible para obtener la ciudadanía en otros países, por favor comuníquese con la embajada apropiada para obtener instrucciones de como obtener un pasaporte. Una lista de las embajadas se puede encontrar en: <https://www.usembassy.gov/> (<https://perma.cc/29Z5-2AVP>).

- Certificado o Acta de Nacimiento del Menor
 - Si su hijo/a nació en Los Estados Unidos el certificado o acta de nacimiento se puede encontrar en: <http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm> (<https://perma.cc/26CH-UQSM>).
 - Si su hijo/a nació fuera de Los Estados Unidos, contacte a la embajada correspondiente para que le den más instrucciones.

- Tarjeta de Seguro social de su hijo/a
 - If you need to apply for a Social Security Card for your child, that can be done here: <https://www.ssa.gov/ssnumber/> (<https://perma.cc/8UQ6-6ZHS>).

- Poder notarial duradero completo para decisiones relacionadas con la atención médica y la educación de los niños.
 - Este documento le permite a alguien más hacerse cargo de sus hijos durante su ausencia. Puede encontrar una forma en blanco al final de este documento.



REÚNA LOS DOCUMENTOS IMPORTANTES

Lista de documentos que debe de reunir (continuación):

- Registros de la escuela y médicos de sus hijos.
- Acusaciones de Custodia (si aplica).
- Poder notarial duradero completo para decisiones de atención médica y de propiedad
 - Este formulario permitirá que otra persona tome decisiones de atención médica en su nombre en caso de que algo le suceda. Además, este documento permitirá que otra persona se ocupe de su propiedad en su ausencia. Puede encontrar un formulario en blanco al final de este documento. Este formulario se obtuvo de la Asociación de Abogados de Kansas.
- Una lista de todas las cuentas y la información para iniciar de sesión, especialmente para su banco
 - Tenga mucho cuidado al decidir quién debe tener acceso a esta información. Su abogado puede guardar esta información para usted si no se siente cómodo dejándola con otra persona.
- Haga un testamento en vida
 - Este formulario indica si desea que se tomen medidas de mantenimiento de la vida a largo plazo en caso de que se enferme o se lesione gravemente. Solo complete este formulario si no desea que se tomen estas medidas. Puede encontrar un formulario en blanco al final de este documento. Este formulario se obtuvo de Kansas Legal Services.
- Todos y cada uno de los documentos que sean pertinentes a su estado migratorio.
- Documentos relacionados con su historial criminal (si aplica)
- Sus registros médicos, (los cuales podrían ser necesarios para recibir cuidados médicos en un centro de detención)
- Una lista de todos sus alias
 - Esto incluye los nombres adicionales o alternativos que ha usado. Por ejemplo, si usted usa un nombre diferente en el trabajo, es necesario que ponga ese nombre en la lista.

ATENCIÓN A LAS NECESIDADES INMEDIATAS



Tenga listo un plan para asegurarse de que se satisfagan todas sus necesidades críticas en caso de una detención. Por ejemplo, ¿Si tiene una afección médica que requiera medicamentos u otras formas de atención?

Si está detenido, cuando hable con su familia u otras personas, hágales saber su ubicación y si se están satisfaciendo sus necesidades básicas.

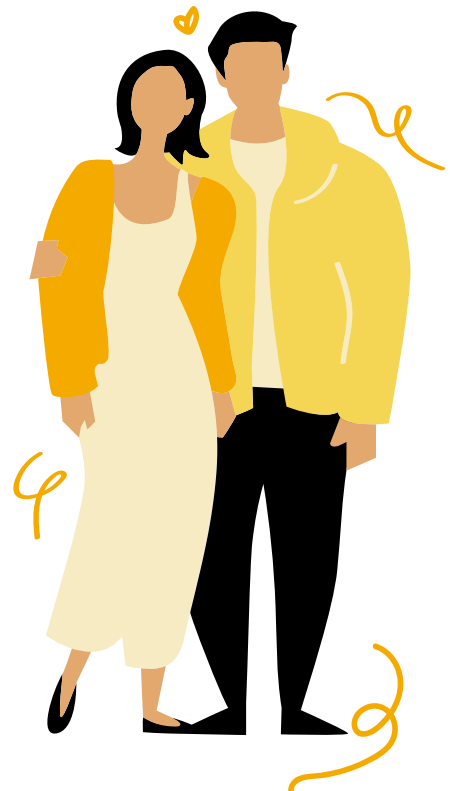
La ubicación y la información de contacto de los centros de detención de ICE se pueden encontrar en: www.ice.gov/detention-facilities (<https://perma.cc/5GUR-C4C5>)

También es importante considerar su bienestar mental. Para asesoramiento y recursos visite: www.informedimmigrant.com/guides/mental-healthundocumented-immigrants/

MOVILIZAR EL APOYO COMUNITARIO

Realice un seguimiento de las personas y los grupos en su comunidad que podrá movilizar para apoyarlo a usted y a su familia a medida que se desarrolla la situación. Aquí hay algunos ejemplos de cosas a considerar cuando está creando apoyo comunitario:

- Personas que pueden presionar a los funcionarios si sus derechos están siendo violados.
- Personas que pueden comenzar a recaudar fondos o efectivo para asistir a usted y su familia.
- Personas que pueden proporcionar comidas para su familia.



**DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND EDUCATION
RELATED DECISIONS**

GENERAL STATEMENT OF AUTHORITY GRANTED

I, _____, the undersigned principal, hereby appoint the _____ to act on my behalf, and to be my minor children's (_____, DOB _____, and _____, DOB _____) agent for health care and education related decisions and pursuant to the language stated below, on my behalf to:

HEALTH CARE DECISIONS

1. Consent, refuse consent, or withdraw consent, concerning my minor children _____, to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition, and to make decisions about organ donation, autopsy and disposition of the body;

2. Make all necessary arrangements at any hospital, psychiatric hospital or psychiatric treatment facility, hospice, nursing home or similar institution; to employ or discharge health care personnel to include physicians, psychiatrists, psychologists, dentists, nurses, therapists or any other person who is licensed, certified or otherwise authorized or permitted by the laws of this state to administer health care as the agent shall deem necessary for the physical, mental and emotional well being of my minor children, _____; and

3. Request, receive and review any information, verbal or written, regarding my minor children, _____ personal affairs or physical or mental health including medical and hospital records and to execute any releases of other documents that may be required in order to obtain such information.

EDUCATION RELATED DECISIONS

4. Serve as the decision maker in education related matters of _____, including, but not limited to: enrollment in secondary or post-secondary school or schools;

5. Serve as the decision maker in any issues concerning _____, including, but not

limited to transfers, transcripts, extra-curricular activities, special education, sports, field trips, parent teacher conferences, disciplinary action, progress reports, transportation, and attendance.

LIMITATIONS OF AUTHORITY

The powers of the agent herein shall be limited to the extent set out in writing in this durable power of attorney for health care and education related decisions, and shall not include the power to revoke or invalidate any previously existing declaration made in accordance with the natural death act.

EFFECTIVE TIME

This power of attorney for health care and education related decisions shall become effective immediately and shall not be affected by my subsequent disability. The rights, powers, and authority granted herein shall remain in full force and effect thereafter until my death. This power of attorney shall not be affected by any subsequent disability or incapacity.

REVOCAATION

Any durable power of attorney for health care and education related decisions I have previously made is hereby revoked.

Any party presented with a copy of this Durable Power of Attorney for Health Care and Education Related Decisions may rely upon such presentation as conclusive evidence of its present validity and effectiveness. No person who acts in reliance upon the representations of or the authority granted my agent shall incur any liability to me or to my estate as a result of permitting my agent to exercise any power.

Dated this _____ day of _____ 20__.

XXXX

General Durable Power of Attorney

Pursuant to the Kansas Power of Attorney Act, K.S.A. 58-650 to K.S.A. 58-665, I appoint the following person as my attorney-in-fact:

If the above person should be unable to perform in this capacity due to death, disability, disqualification, or incapacity, then I appoint the following person as my attorney-in-fact:

This is a durable power of attorney, and the authority of my attorney-in-fact shall not terminate if I become disabled or in the event of later uncertainty regarding whether I am alive or dead. This durable power of attorney shall become effective immediately. My attorney-in-fact shall not be obligated to furnish bond or other security as a condition to this instrument. No compensation shall be paid for services as attorney-in-fact, but reasonable expenses accrued therewith shall be compensated.

I. General Grant of Authority. The attorney-in-fact shall have general powers regarding all lawful subjects and purposes, including every action or power that an able adult may perform through an agent, except as specifically provided in Section II of this document. The following specific powers are listed for illustration and clarification purposes and not to limit this authority.

1. Collect Funds. To demand, receive, and collect all money or property now or hereafter due or owing to me; to receipt and make releases or other discharges therefore; and to settle, adjust, or compromise any and all claims, accounts, or debts owing to me, including to file any proof of debt and take any proceedings under the Bankruptcy Code or similar statutes.

2. Deposit and Withdraw Funds. To receive, endorse, deposit, withdraw, and transfer all funds of any type into and from any checking, savings, or other account. This authority shall include taxes, Social Security, Medicare, Medicaid, Veteran's Benefits, and any other public or private assistance program. I nominate my attorney-in-fact to serve as my representative payee with respect to the receipt, deposit, and use of Social Security benefits, and I release the Social Security Administration from any claims that my attorney-in-fact misused Social Security payments.

3. Safe Deposit Box. To enter any safe deposit box on which I am the tenant or a co-tenant; to open new safe deposit boxes; to add to and remove any of the contents of any such safe deposit box; and to close out any safe deposit box.

4. Property. To maintain, repair, improve, manage, insure, rent, lease, sell, convey, mortgage, or otherwise dispose of, deal with, or encumber any interest in property, whether real, personal, tangible, intangible, jointly owned, presently owned, or later acquired; to execute any instrument; and to transfer property to a revocable or living trust made by me and that benefits me while alive.

5. Homestead. To give consent on my behalf to the sale, gift, transfer, mortgage or other alienation of my homestead or any interest in my homestead. The street address of the homestead is _____, _____, and the legal description is _____. Nothing in this document shall be construed as a limitation or abridgement of the right of my spouse to consent or withhold consent to the alienation of the spouse's homestead or any rights therein under Article 15, Section 9 of the Kansas Constitution.

6. Transact Business. To transact any and all lawful business of any kind on my behalf, including to open accounts with financial institutions, and to buy, sell, endorse, transfer, hypothecate, and borrow against any stocks, bonds, or other securities, and to vote as my proxy regarding the shares. This also includes authority to pay any and all expenses incurred on my behalf.

7. Prosecute, Defend, and Settle Claims. To institute, prosecute, defend, settle, compromise, or otherwise dispose of any claim on my behalf, including appearance on my behalf in any proceedings before any court, agency, or other venue, and the retaining of counsel.

8. Power of Attorney Documents. To execute a power of attorney required by any agency or entity on my behalf authorizing my attorney-in-fact to transact with such group or legal entity.

9. Gifts. To make or revoke a gift of my property, whether in trust or otherwise, and to disclaim a gift or devise of property to or for my benefit.

10. Tax. To make, sign, and file Federal and state tax returns of any type or forms, documents, or agreements with the Internal Revenue Service (IRS) or any state taxing agency, to receive and pay any amounts with regard to tax matters, and to represent me before the IRS as my attorney-in-fact (including signing Form 2848 authorizing my attorney-in-fact to act on my behalf). This shall include consenting that any gift made by my spouse was made one-half by me for gift tax purposes. It is not, however, my intention to grant a general power of appointment to my attorney-in-fact for purposes of any federal or state gift, estate, or generation skipping tax law.

11. Public Assistance. To apply for Medicaid, Social Security, Veteran's Benefits, Medicaid, or any other public or private assistance program, and to execute any documents or actions that are required to receive benefits, optional, or advisable for the optimal preservation of assets.

12. Insurance. To purchase, pledge, liquidate, borrow against or make claim against any insurance policy of any type. However, my attorney shall have no power arising to an incidence of ownership over any policy on my attorney-in-fact's life, including, without limitation, the power to surrender the policy, borrow on it, pledge it, or distribute it to any person, except that my attorney-in-fact may pay, out of my assets, any premium on such policies.

13. Nomination of Guardian and/or Conservator. If protective proceedings are commenced pursuant to my disability or incapacity, I nominate my attorney-in-fact to be my guardian and/or conservator and authorize my attorney-in-fact to name a guardian and/or conservator for my benefit.

14. Medical Care. My attorney-in-fact shall have the authority to, on my behalf:

A. Consent, refuse consent, or withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition, and to make decisions about organ donation, autopsy, and disposition of the body, including payment of the expenses of my funeral and the burial, cremation, or other disposition of the body.

B. make any and all arrangements at any hospital, psychiatric hospital, or psychiatric treatment facility, hospice, nursing home, or similar institution in Kansas or any other state or country; make arrangements for my release and removal from any institution; employ or discharge health care personnel to include physicians, psychiatrists, psychologists, dentists, nurses, therapists, or any other person who is licensed, certified, authorized, or permitted by law to administer health care, as the agent shall deem necessary for my physical, mental, and emotional well being;

C. request, receive, and review any verbal or written information regarding my personal affairs or physical or mental health, including medical and hospital records, to execute any releases that may be required to obtain this information, and to consent to the disclosure of this information.

D. I waive my patient-physician privileges relating to this General Durable Power of Attorney.

15. HIPAA Release. I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually-identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320(d) and 45 C.F.R. 160-164. I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for

or is seeking payment from me for such services, to give, disclose, and release to my agent, without restriction, all of my individually-identifiable health information and medical records regarding any past, present, or future medical or mental health condition, including all information relating to the diagnosis and treatment of any transmitted diseases, mental illness, and drug or alcohol abuse. The authority given my agent shall supersede any prior agreement that I may have made with my healthcare providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider. The authority granted my agent under this paragraph shall be effective immediately.

16. All Other Acts. To do anything necessary or proper in handling and managing my affairs.

II. Powers Prohibited. Pursuant to K.S.A. 58-654(g), the attorney-in-fact shall not have authority:

1. To make, publish, declare, amend, or revoke any will.
2. To make, execute, modify, or revoke a living will, "do not resuscitate" order, a general durable power of attorney, or a durable power of attorney for health care decisions.
3. To require me, against my will, to take or refrain from taking any action.
4. To carry out any action that I have specifically forbidden while not disabled or incapacitated.

III. Accounting Waived. I waive the necessity of my attorney-in-fact to provide an accounting to me or any other person during my lifetime or upon my death.

IV. Disability or Incapacity Defined. Disability or incapacity means the person's ability to receive and evaluate information effectively or communicate decisions is impaired to the extent that the person lacks the capacity to manage personal financial resources or exercise a reasonable level of care with regard to the duties of an attorney-in-fact, as determined by the certification of one licensed physician, and shall apply if the person cannot take any effective actions due to involuntary detention or disappearance, as determined by affidavit of one party with such knowledge.

V. Revocation. I hereby revoke all of my previous powers of attorney, except any separate Durable Power of Attorney for Health Care Decisions, any separate power of attorney executed on Form 2848 appointing an agent to represent me before the IRS, and any separate Power of Attorney for Homestead Property. I retain the right to revoke or amend this document in whole or in part.

VI. Attorney-Client Privilege. I hereby authorize my attorney to provide my attorney-in-fact with any information that is necessary for my attorney-in-fact to adequately exercise the authority granted herein. I waive any attorney-client privilege for this limited purpose.

VII. Execution and Construction. This instrument is executed pursuant to the Kansas Power of Attorney Act and amendments thereto, and any questions surrounding this document shall be addressed pursuant to those statutes. Any question concerning the power or authority of my attorney-in-fact shall be construed in favor of the attorney-in-fact having such power or authority.

Signed: _____

Dated: _____

State of Kansas

County of _____

This instrument was acknowledged before me on _____, _____, by _____.

Notarial Officer

Title

My Appointment Expires:

CONSENT OF SPOUSE

_____, spouse of _____, consents to this General Durable Power of Attorney, which provides that the attorney-in-fact may consent to the sale, gift, transfer, mortgage, or other alienation of the homestead or an interest therein. I understand that the attorney-in-fact may alienate the interest described therein, and I agree that the consent of the attorney-in-fact will constitute the consent required by Article 15, Section 9, of the Kansas Constitution.

Signed: _____

Dated: _____

State of Kansas

County of _____

This instrument was acknowledged before me on _____, _____, by _____.

Notarial Officer

Title

(SEAL)

My Appointment Expires:

LIVING WILL Declaration

Declaration made this _____ day of _____ (month, year)
I, _____ being of sound mind, willfully and voluntarily make known
my desire that my dying shall not be artificially prolonged under the circumstances set forth
below, do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal. I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signed _____

City, County and State of Residence _____

The declarant has been personally known to me and I believe him or her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care.

Witness _____

Witness _____

Caution: Execution of this form revokes prior powers of attorney for health care decisions and will revoke a prior financial power of attorney if it included powers regarding health care.

LIVING WILL

I, _____, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life sustaining procedures are utilized and where application of life sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort and care.

In the absence of my ability to give directions regarding the use of such life sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Signed: _____ Date: _____

Place of Residence: _____

STATE OF KANSAS)
)
) ss:
 _____ COUNTY)

BE IT REMEMBERED that on this _____ day of _____, 2006, before the undersigned, a notary public in and for the county and state aforesaid, came Jenny, who is personally known to me to be the same person who executed the within instrument of writing, and such person duly acknowledged the execution of the same for the purposes and consideration therein expressed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Notary Public

My appointment expires:
