

\$40.00

HEALTH CARE SURROGATE QUESTIONNAIRE

1. Name of person giving authority: _____

Complete Address: _____

Best Contact Phone Number: (_____) _____

Date of birth: ____/____/____

2. Name of person receiving authority: _____

Relationship to person listed in #1: _____

Complete Address: _____

Date of birth: ____/____/____

3. Any other Name of person receiving authority (if applicable) **This person will have the same authority as the person named in #2 above:**

Name: _____

Relationship to person listed in #1: _____

Complete Address: _____

Date of birth: ____/____/____

4. Any other Name of person receiving authority (if applicable) **This person will have the same authority as the person named in #2 above:**

Name: _____

Relationship to person listed in #1: _____

Complete Address: _____

Date of birth: ____/____/____

\$40.00

RELEASE OF LIABILITY

I have been informed by the Staff of Express L C L Services, Inc. d/b/a Express NonLawyer that:

- (1) They ARE NOT ATTORNEYS, & they CANNOT GIVE LEGAL ADVICE.
- (2) They are only assisting me in the proper preparation of these documents so that I can represent myself in this matter without an attorney.

They have further informed me that legal representation by an attorney would advise me of all legal rights that I may have arising out of this action.

The legal documents prepared by Express L C L Services, Inc. d/b/a Express NonLawyer, have been prepared in accordance with the information provided by me in my desire to represent myself in this transaction.

I declare:

- (1) That the information provided by me is true and complete to the best of my knowledge and belief;
- (2) That I agree to review all documents prepared and my signature is acknowledgment of my approval of all documents;
- (3) That I hereby release Express L C L Services, Inc. d/b/a Express NonLawyer, from any liability arising out of the services performed for me by them as the result of my failure to provide the information requested or to thoroughly review all documents. I further declare that I am signing this document without undue influence, threat or pressure from any person or entity involved in the outcome of this transaction.
- (4) I understand that any and all payments made to Express L C L Services, Inc. d/b/a Express NonLawyer, for the preparation of any documents are non-refundable and that I have been informed that I must pick up my documents within 90 days of completion or the documents may be destroyed and/or I may incur additional fees as determined applicable by the Staff of Express L C L Services, Inc. d/b/a Express NonLawyer.

Date: _____ Signature: _____