

DESIGNATION OF A CONSERVATOR OF THE PERSON

I choose not to designate a person to be appointed as my conservator. _____ (Initial here) If a conservator of my person should need to be appointed, I designate _____, be appointed my conservator. If this person is unwilling or unable to serve as my conservator of my person, I designate _____ be appointed my conservator. No bond shall be required of either of them in any jurisdiction. These requests, appointments, and designations are made after careful reflection, while I am of sound mind. Any party receiving a duly executed copy or facsimile of this document may rely upon it unless such party has received actual notice of my revocation of it. x _____ L.S. Date _____, 20____

WITNESSES' STATEMENTS This document was signed in our presence by _____ the author of this document, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time this document was signed. The author appeared to be under no improper influence. We have subscribed this document in the author's presence and at the author's request and in the presence of each other. x _____ x _____ (Witness) (Witness) x _____ x _____ (Number and Street) (Number and Street) x _____ x _____ (City, State and Zip Code) (City, State and Zip Code) OPTIONAL FORM 3 WITNESSES' AFFIDAVITS STATE OF CONNECTICUT)) :ss. _____) (Town) COUNTY OF _____)

We, the subscribing witnesses, being duly sworn, say that we witnessed the execution of these health care instructions, the appointment of a health care representative, the designation of a conservator for future incapacity and a document of anatomical gift by the author of this document; that the author subscribed, published and declared the same to be the author's instructions, appointments and designation in our presence; that we thereafter subscribed the document as witnesses in the author's presence, at the author's request and in the presence of each other; that at the time of the execution of said document the author appeared to us to be eighteen years of age or older, of sound mind, able to understand the nature and consequences of said document, and under no improper influence, and we make this affidavit at the author's request this

_____ day of _____, 20____. x _____ x _____ (Witness) (Witness) x _____ x _____ (Number and Street) (Number and Street) x _____ x _____ (City, State and Zip Code) (City, State and Zip Code)

Subscribed and sworn to before me by _____ and _____, the signing witnesses to the foregoing affidavit this _____ day of _____, 20____. _____ Commissioner of the Superior Court Notary Public My Commission expires: _____ (Print or type name of all persons signing under all signatures