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OFFICIAL RECORD

Requested By:

BONNIE TIJERINA

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0507 PG-5800 RPTT: 0.00



Assessor's Parcel Number: _____

Recording Requested By: _____

Name: Bonnie Tijerina

Address: PO Box 1774 - 1313 Sanden Lane

City/State/Zip Minden Nevada 89423

Real Property Transfer Tax: \$ _____

Application

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

08-FEB-2000 03:14PM FROM-REMSA 775-859-5726 T-051 P.003/008 F-247

STATE OF NEVADA
DO-NOT-RESUSCITATE IDENTIFICATION
APPLICATION

Applicant Information

(Please print or Type)

Name Juanita Chalmers Gender M F Date of Birth 8/18/1909
Address 1313 Sanden Ln City Minden State NV ZIP 89423

Patient's Statement

I, the above named patient, do not wish to receive life-resuscitating treatment in the event of a cardiac or respiratory arrest. Therefore I, or my agent with a durable power of attorney for healthcare, direct Emergency Medical Services personnel to withhold life-resuscitating treatment.

I verify that I have notified each member of my immediate family whose whereabouts are known to me, and/or my legal guardian or caretaker of my decision to apply for Do-Not-Resuscitate Identification.

Patient's signature Juanita Chalmers Date 5/10/07

or
Signature of patient's agent Genevieve Rucker POA Date 5/10/07

Printed name of patient's agent Genevieve Rucker

Attending Physician's Statement

As required by NRS 450B.520(2), I certify the above named patient is under my care and suffers from a terminal condition. I also certify that the patient:

Check 1, 2A or 2B if the patient is applying for do-not-resuscitate identification. If application is being made on behalf of the patient by the attending physician check item 3.

- 1. Is capable of making an informed decision; or
- 2. When he was capable of making an informed decision, executed:
 - A. A written directive that life-resuscitating treatment be withheld under certain circumstances; or
 - B. A durable power of attorney for health care pursuant to NRS 449.800 to 449.860, inclusive.
- 3. With the written approval of the above named patient, I have issued a do-not-resuscitate (DNR) order for the patient. Grounds for the DNR order have been documented in the patient's medical record.

Attending physician's name Ralph Herbig, D.O. Phone number (775) 782-4030

Attending physician's signature Ralph Herbig, D.O.

Office Use Only

Received _____ Issued _____ By _____ DNR ID # _____

