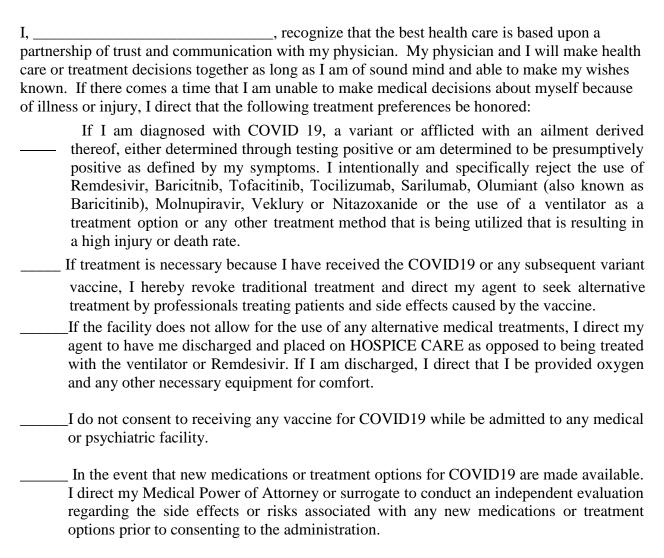
## DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES REGARDING COVID19 or VARIANTS THEREOF AND TREAMENT PROTOCOLS

## **DIRECTIVE**



If a medical professional disregards my wishes and refuses to cooperate, I specifically request that a criminal referral be made for assault on my person, false imprisonment and negligent homicide if I should pass away. I have educated myself on the COVID19 pandemic and am aware that the government protocols are life threatening and that the medical establishment is knowingly causing harm.

If the person named as agent in my Medical Power of Attorney is not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified by law if applicable. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment

provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I specifically direct my spokesperson to seek alternative treatments (like those offered as alternative protocols including Ivermectin and Hydroxychloroquine) I understand that under law this directive may have no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

My residence address is	·
SIGNED on, 2022.	
	Declarant Signature
Witnessed by:	Date:
Witnessed by:	Date:
	OR
STATE OF	§ 8
COUNTY OF	§ §
, known to me to foregoing instrument in her capacity, an, declared to me in a Physicians and Family or Surrogates re	hed authority, on this day personally appeared be the Declarant whose name is subscribed to the d, said person being by me duly sworn, the Declarant my presence that said instrument is her/his Directive to garding COVID 19 or any variants thereof, and that ade and executed it as her free act and deed for the
Declarant Signature	<u> </u>
SUBSCRIBED AND ACKNO	WLEDGED BEFORE ME by the said Declarant, day of, 2022.
	Notary Public State of