



### Do-Not-Resuscitate Order

I have discussed my health status with my physician Codi Schrauben.  
I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is in effect until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

(Declarant's signature)

(Date)

Margaret R. Bishop

(Type or print declarant's full name)

Michael Bishop

(Signature of person who signed for declarant, if applicable)

10/23/24

(Date)

Michael Alan Bishop

(Type or print full name)

(Physician's signature)

(Date)

(Type or print physician's full name)

### Attestation of Witness

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the individual has (has not) received an identification bracelet.

CMB

(Witness signature)

10/23/24

(Date)

Amber Blais

(Witness signature)

10/23/24

(Date)

Celeste Bishop

(Type or print witness' name)

Amber Blais

(Type or print witness' name)

10/23/24