

To: Katelyn Gilmore, Hiram Morin, _____

From: Legal Directives

Fax No.: 1-929-207-0142

Date: July 10, 2024

Dear Katelyn Gilmore,

As a service to our clients, we provide a copy of each client's signed legal health care directives to their physician. Your patient, Blair Hendricks, has instructed us to provide a copy to you of their important legal health care documents.

Please maintain the documents in Blair Hendricks file. If you have any questions, or if I can be of further service, please do not hesitate to contact my office at 1-866-363-4894.

Sincerely

Legal Directives

Fax Cover Sheet

To: Allison M Ahrens ← member's name
From: Legal Directives, LLC
Fax No.: (866) 363-4895
Date: June 27, 2024

The following documents are included in this fax:

* Healthcare Power of Attorney ← Documents included in member's account ← member's name

The following emergency contact and medical information for **Allison M Ahrens** are listed for your information: ← member's name

Medical Conditions: ← Medical Conditions included in member's account
Allergies: test ← Allergies included in member's account
Physician: Dr Tom Sample ← Physician info listed in member's account (Name and Phone)
Emergency Contacts:
#1. Thomas Ahrens, father, Cell: 704-995-5857 ← Emergency contacts listed in member's account (Name, Relationship and Phone)
#2. Christine Ahrens, mother, Cell: 704-999-1867
#3. jack ahrens, brother

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