

**LONG-TERM CARE OMBUDSMAN WITNESS ADDENDUM TO AN
ADVANCE HEALTH CARE DIRECTIVE**

The following statement is required if an attorney for a resident of a skilled nursing facility has prepared a non-standard Advance Health Care Directive (AHCD) containing financial powers or other powers of attorney. As described in Probate Code Section 4701(6.1), the patient advocate or Long-Term Care (LTC) Ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR LONG-TERM CARE OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or LTC Ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

I am only witnessing the portion of this document which relates to the Advance Health Care Directive.

/ /
Date

LTC Ombudsman Name

Address

LTC Ombudsman Signature

City State Zip Code

Resident's Initials