EXHIBIT 4-B

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF AGING
OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN

REQUEST FOR REGISTRATION OF OMBUDSMAN WITNESS FOR ADVANCE HEALTH CARE DIRECTIVES AND PROPERTY TRANSFERS

PSA Number:	Program Name:
-	

The Ombudsman Representatives named below have taken a minimum of two hours of training in the procedures for witnessing. Please register the individuals listed below as witnesses for Advance Health Care Directives and properly transfers.

1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	

Program Coordinator Signature

/ /
Date

OSLTCO S103 (12/07)