

NEVADA ORGAN DONATION FORM – PAGE 1 OF 1

ORGAN DONATION (OPTIONAL)

INITIAL THE OPTION THAT REFLECTS YOUR WISHES

ADD NAME OR INSTITUTION (IF ANY)

PRINT YOUR NAME, SIGN, AND DATE THE DOCUMENT

YOUR WITNESSES MUST SIGN AND PRINT THEIR ADDRESSES

AT LEAST ONE WITNESS MUST BE A DISINTERESTED PARTY

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Initial the line next to the statement below that best reflects your wishes. You do not have to initial any of the statements. If you do not initial any of the statements, your attorney for health care, proxy, or other agent, or your family, may have the authority to make a gift of all or part of your body under Nevada law.

 I do not want to make an organ or tissue donation and I do not want my attorney for health care, proxy, or other agent or family to do so.

CDE I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution:

Name of individual/institution: NICHD Brain & Tissue Bank

CDE Pursuant to Nevada law, I hereby give, effective on my death:

 CDE Any needed organ or parts.

 The following part or organs listed below:

For (initial one):

 Any legally authorized purpose.

CDE Transplant or therapeutic purposes only.

Declarant name: Carl David Ericson

Declarant signature: [Signature], Date: 3/27/16

The declarant voluntarily signed or directed another person to sign this writing in my presence.

Witness [Signature] Date 3-27-16

Address 1450 E Pebble Rd 3064

LAS VEGAS, NV 89123

I am a disinterested party with regard to the declarant and his or her donation and estate. The declarant voluntarily signed or directed another person to sign this writing in my presence.

Witness [Signature] Date 3-27-16

Address 1450 E Pebble 3071

L.V. NV. 89123

Courtesy of Caring Connections
1731 King St., Suite 100, Alexandria, VA 22314
www.caringinfo.org, 800/658-8898