# Living Will

# *of*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being of sound mind and at least 18 years of age, declare that in the absence of my ability to make my own decisions pertaining to life-sustaining measures, I declare that this declaration be honored by my physicians and family as my legal right to refuse medical and surgical treatments, and I hereby accept the consequences of my decisions.

**END-OF-LIFE DECISIONS:** I direct that my health care provider and others involved in my care provide, withhold, or withdraw treatment according with the choice I have initialed below:

**[ ] (a):** I choose NOT TO PROLONG LIFE. I direct my attending physician to withhold and withdraw treatment that serves only to prolong my dying, if I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, including but not limited to: (a) a terminal condition, (b) a permanently unconscious condition, or (c) a minimally conscious condition in which I am permanently unable to make decisions or express my wishes. The procedures and treatment to be withheld and withdrawn include, without limitation, surgery, antibiotics, cardiopulmonary resuscitation, respiratory support, blood and blood products, dialysis, chemotherapy, radiation therapy, artificially administered nutrition and hydration, and invasive diagnostic tests. I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment. I do want maximum pain relief, even if it may hasten my death.

**[ ] (b):** I choose TO PROLONG LIFE. I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

**ADDITIONAL MEDICAL DIRECTIVES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DONATION OF ORGANS:** I have initialed my wishes as it pertains to my organs at death:

**[ ] (a):** I do not wish any of my organs be donated.

**[ ] (b):** I give any needed organs, tissues or parts.

**[ ] (c):** I give the following organs, tissues or parts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIMARY PHYSICIAN:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any provision of this document is held to be invalid or unenforceable, the remainder of this document shall continue in full force and effect.

**IN WITNESS WHEREOF**, I have executed this instrument, as my free and voluntary act and deed, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Principal**

**WITNESS:**

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, each hereby attest and declare under penalty of perjury under the laws of the State of \_\_\_\_\_\_ that: (1) the foregoing instrument was personally signed by {Name Of Principal} in my presence, and thereupon I, at their request and in their presence and in the presence of other witnesses, have hereunto subscribed my name as a witness; (2) I did not sign in the above signature of {Name Of Principal} for or at their direction; (3) I personally know \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and believe them to be of sound mind and under no constraint, duress, fraud or undue influence; (4) I am not related to {Name Of Principal} by blood, marriage, or adoption; (5) I am not entitled (to the best of my knowledge and belief) to any portion of the estate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ upon their death under any will or codicil of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or by operation of law; (6) I do not have any present or inchoate claim against any portion of the estate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; (7) I do not have any financial responsibility for the medical care of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (8) I am not a physician or an employee of any physician, and I am not an operator or employee of, or patient in, any hospital, health care provider, residential care facility, community care facility, skilled nursing facility or similar institution; (9) I am not a person named as agent in this instrument; and (10) I and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are both at least 18 years of age.

**Dated:**

**Witness Signature Witness Signature**

**Witness Address Witness Address**

**STATE OF {STATE}, COUNTY OF {COUNTY}, ss.**

On the \_\_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned notary public personally appeared {Name Of Principal}, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public**

My commission expires on