

# LIVING WILL OF JOHN DOE

I, John Doe, direct that my health care providers and others involved in my healthcare to provide, withhold, or withdraw treatment in accordance with my expressed wishes as follows:

## I. Choice To Prolong Life

I do not wish my life to be prolonged if my diagnoses are as follows: (i) I am diagnosed with incurable disease that causes imminent death within a short period of time, (ii) I am unconscious with a reasonable degree of medical certainty that I will never regain consciousness, or (iii) side effects and risks of treatment outweigh expected benefits.

## II. Artificial Nutrition and Hydration

I do not wish to administer necessary artificial nutrition and hydration necessary to maintain my life.

## III. Relief From Pain

I direct my healthcare providers to administer all necessary treatments that will alleviate my pain even if the side effects of treatment quicken my death.

## IV. DATE AND SIGNATURE OF PRINCIPAL

The foregoing Living Will is subscribed by me on this \_\_\_\_\_ (day, month) of \_\_\_\_\_ ( year) in \_\_\_\_\_ (city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of John Doe

# Attestation Clause and Affidavit of Witnesses

I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, (5) that I am at least twenty-one (21) years of age and am not related to the Declarant by blood or marriage, and (6) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

We declare under penalty of perjury that the foregoing is true and correct. Executed on this \_\_\_\_\_ (day, month) of \_\_\_\_\_ ( year) in \_\_\_\_\_ (city), \_\_\_\_\_(state).

\_\_\_\_\_  
[Signature of Witness #1]  
\_\_\_\_\_  
[Printed or typed name of Witness #1]  
\_\_\_\_\_  
[Address of Witness #1, Line 1]  
\_\_\_\_\_  
[Address of Witness #1, Line 2]

\_\_\_\_\_  
[Signature of Witness #2]  
\_\_\_\_\_  
[Printed or typed name of Witness #2]  
\_\_\_\_\_  
[Address of Witness #2, Line 1]  
\_\_\_\_\_  
[Address of Witness #2, Line 2]

STATE OF California )

COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_ (day & month) \_\_\_\_\_ (year), before me, the undersigned, a Notary Public in and for said State, personally appeared John Doe, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same. WITNESS my hand and

official seal.

Signature of Notary Public: \_\_\_\_\_

Print name of Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Seal: