

Living Will Directive

I, _____, being of sound mind and at least 19 years old, and residing in the State of _____ hereby make the following wishes and directions known. It is my intention that this Living Will Directive be honored and followed by my family and attending physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of such refusal. It is my intention that this advance directive constitute clear and convincing evidence of my wishes concerning medical treatment if I am unable to make or communicate my own health care decisions at that time. This Living Will Directive is intended to be valid in any jurisdiction in which it is presented and shall not be affected or revoked by my disability. I direct my attending physician and other health care providers, pursuant to the law applicable in the state whose law controls my medical treatment at that time, to withhold or withdraw treatment from me under the circumstances I have indicated below by my initials and/pr signature.

These directions may only be used if I am not able to speak for myself. If I am female and known to be pregnant, I do not want life-sustaining treatment and/or artificially provided food and hydration withheld or withdrawn (Notwithstanding any other provision in this Living Will) as long as it remains possible that the embryo/fetus will develop to the point of live birth. If my healthcare provider does not want to follow the directions in this document, he/she is directed to see that I get to a doctor or provider that will follow my directions. I consent to be given treatment that is necessary for my comfort or to alleviate my pain if it does not contradict any of my specific instructions below.

My specific instructions are as follows (initial those statements you wish to be included in the document and cross through those statements which do not apply):

a. If my death from a terminal condition is imminent and even if life-sustaining procedures are used there is no reasonable expectation of my recovery—

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that, if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

_____ I direct that, even in a terminal condition, I be given all available medical treatment in accordance with accepted health care standards.

b. If I am in a persistent vegetative state, that is if I am not conscious and am not aware of my environment nor able to interact with others, and there is no reasonable expectation of my recovery within a medically appropriate period—

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take in food by mouth, I wish to receive nutrition and hydration artificially.

_____ I direct that I be given all available medical treatment in accordance with accepted health care standards.

c. I have the following additional instructions (write "none" on each line, if no additional instructions are given):

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The above **Living Will Directive** constitutes my desires and instructions in the event I become ill and am unable to speak for myself, and I have placed my initials where indicated above, and my signature below, in the presence of witnesses, in order to express those intentions and desires by clear and convincing evidence. I have signed this document after careful consideration and I state that it is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out to the full extent permitted by law. Insofar as any of my instructions are not legally enforceable, I hope that those who are lawfully responsible for my medical care will regard themselves as morally bound by these provisions.

Your signature: _____

The declarant who signed above in my presence has personally been known to me and I believe him/her to be of sound mind and free of duress when he/she executed the foregoing instrument. I did not sign the declarant's signature above for or at the direction of the declarant, and I am not the health care proxy named above. I am at least 21 years of age and am not related to the declarant by blood, adoption, marriage, nor am I entitled to, or have any present or inchoate claim against, any portion of the estate of the declarant according to the laws of intestate succession of the in which this is being executed or under any testamentary will of the declarant or codicil thereto as of the date of declarant's signature. Neither am I directly responsible (financial or otherwise) for declarant's medical care. I am not the declarant's attending physician, an employee of the attending physician, or an employee of the health or care facility in which the declarant is a patient. I am not prohibited by any existing law from being a witness.

Name of first witness: _____

Signature: _____ Date signed: _____

Name of second witness: _____

Signature: _____ Date signed: _____

Acknowledgment

On the _____ day of _____, 20____, before me personally came _____ known to me to be the person who executed for forgoing Living Will Directive, and who acknowledged that he/she executed the same, and placed his/her initials to the same in the presence of the witnesses indicated thereupon.

NOTARY SEAL

Notary Public Signature

State of _____

My Commission Expires: _____