

**DISTRICT OF COLUMBIA
LIVING WILLS
PACKAGE**

Control Number: DC-P078-PKG



U.S. Legal Forms™ thanks you for your purchase of a Living Wills Package. This package is a useful and necessary tool for making decisions about life support and other medical issues and ensuring that your wishes are implemented. The Living Will package allows you to make the decision of whether life-prolonging medical or surgical procedures are to be continued, withheld, or withdrawn, as well as when artificial feeding and fluids are to be used or withheld. It allows you to express your wishes prior to being incapacitated

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I. FORM LIST

With your Living Will package, you will find the forms that will help you ensure your decisions regarding medical treatment and life support are carried out.

Included in your package are the following forms:

- 1. Statutory Power of Attorney for Health Care
- 2. Revocation of Statutory Power of Attorney for Health Care
- 3. Uniform Anatomical Gift Act Donation
- 4. Statutory Uniform Donor Card for Anatomical Gift Act
Donation
- 5. Revocation of Anatomical Gift Donation

II. DESCRIPTIONS OF FORMS

Brief descriptions of the forms contained in your U.S. Legal Forms™ Living Will package are found below.

Statutory Power of Attorney for Health Care - This Statutory Power of Attorney for Health Care gives the person you designate as your agent/attorney in fact the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this Power of Attorney. This document gives your agent the power to consent to your doctor not giving

treatment or stopping treatment necessary to keep you alive. You have the right to make health care decisions for yourself as long as you can give informed consent. No treatment may be given over your objection and health care necessary to keep you alive may not be stopped or withheld if you object.

Revocation of Statutory Power of Attorney for Health Care - This Revocation of Statutory Power of Attorney for Health Care form is a revocation of the authority and power granted in Form DC-P014, which gives the person you designate as your agent/attorney in fact the power to make health care decisions for you. At any time that the principal has the capacity to create a durable power of attorney for health care, the principal may revoke the appointment of the attorney in fact under a durable power of attorney for health care by notifying the attorney in fact orally or in writing or revoke the authority to make health-care decisions granted to the attorney in fact under a durable power of attorney for health care by notifying the health-care provider orally or in writing.

Uniform Anatomical Gift Act Donation - This Uniform Anatomical Gift Act Donation form pursuant to state statutes designates the specific body parts and organs an individual wishes to donate at the time of death. An individual who is at least 18 years of age may make an anatomical gift by a signed document of gift. This form must be witnessed and the signature notarized.

Statutory Uniform Donor Card for Anatomical Gift Act Donation – This is a statutory form which designates the body parts and organs an individual wishes to donate at the time of death. District of Columbia Code 2-1501 et seq. An individual who is at least 18 years of age may make an anatomical gift by a signed document of gift. This form must be witnessed and the signature notarized.

Revocation of Anatomical Gift Donation – This form revokes the anatomical gift made in Forms DC-P025 and DC-P025A. See District of Columbia Code 2-1501 et seq. A donor may amend or revoke an anatomical gift, not made by will, only by a signed statement, an oral statement made in the presence of two individuals, by any form of communication during a terminal illness or injury addressed to a physician or surgeon or by delivering a signed statement to a specified donee to whom a document of gift has been delivered. A donor may revoke an anatomical gift made by will in any manner provided for amendment or revocation of wills. Specific reference is made to the earlier executed Anatomical Gift Donation.

If you need additional information, please visit www.uslegalforms.com and look up forms by subject matter. You may also wish to visit our legal definitions page at <http://definitions.uslegal.com/>

III. TIPS ON COMPLETING THE FORMS

The form(s) in this packet may contain “form fields” created using Microsoft Word or Adobe Acrobat (“.pdf” format). “Form fields” facilitate completion of the forms using your computer. They do not limit your ability to print the form “in blank” and complete with a typewriter or by hand.

It is also helpful to be able to see the location of the form fields. Go to the View menu, click on Toolbars, and then select Forms. This will open the Forms toolbar. Look for the button on the Forms toolbar that resembles a shaded letter "a". Click this button and the form fields will be visible.

By clicking on the appropriate form field, you will be able to enter the needed information. In some instances, the form field and the line will disappear after information is entered. In other cases, it will not. The form was created to function in this manner.

IV. DISCLAIMER

These materials were developed by U.S. Legal Forms, Inc. based upon statutes and forms for the subject state. All information and Forms are subject to this Disclaimer:

All forms in this package are provided without any warranty, express or implied, as to their legal effect and completeness. Please use at your own risk. If you have a serious legal problem, we suggest that you consult an attorney in your state. U.S. Legal Forms, Inc. does not provide legal advice. The products offered by U.S. Legal Forms (USLF) are not a substitute for the advice of an attorney.

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