

**DELAWARE
LIVING WILLS
PACKAGE**

Control Number: DEP078-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you to make the decision of whether life-prolonging medical or surgical procedures are to be continued, withheld, or withdrawn, as well as when artificial feeding and fluids are to be used or withheld.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 Advance Health Care Directive - Health Care, Standby Guardian and Living Will Provisions
- 2. Revocation of Statutory Advance Health Care Directive
- 3. Statutory Uniform Anatomical Gift Act Donation By An Individual
- 4. Revocation of Uniform Anatomical Gift Donation Declaration

II. DESCRIPTIONS OF FORMS

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

Statutory Advance Health Care Directive - Health Care, Standby Guardian and Living Will Provisions - This is a statutory form provided in the Delaware Statutes that allows you to express your wishes and desires and give instructions regarding your health care such as

whether you wish your life to be prolonged by artificial means. You can also use this document to name someone else to make health care decisions for you, to express your wishes regarding anatomical gifts of bodily organs and tissues and to designate a physician to have primary responsibility for your health care. You must sign this form and have two other individuals sign as witnesses.

Revocation of Statutory Advance Health Care Directive - This form provides for partial or total revocation of the Advanced Health-Care Directive provided for in Form DE-P021, that allows you to give instructions regarding your health care, name someone to make health care decisions for you, express your wishes regarding anatomical gifts and designate a primary care physician. An individual who is mentally competent may revoke all or part of an advance health-care directive by a signed writing or in any manner that communicates an intent to revoke done in the presence of two competent persons, one of whom is a health care provider. Any revocation that is not in writing must be memorialized in writing and signed and dated by both witnesses. See Delaware Code 16-2504.

Statutory Uniform Anatomical Gift Act Donation By An Individual - 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.

Revocation of Uniform Anatomical Gift Donation Declaration – This is a state specific form which revokes the anatomical gift made in Forms DE-P025 (statutory by individual), DE-P025A (by next of kin or other authorized person), and DE-P025B (by a living minor). See Delaware Code 16-2715. If the will, card or other document or executed copy thereof has been delivered to a specified donee, the donor may amend or revoke the gift by executing and delivering to the donee a signed statement, making an oral statement in the presence of 2 persons and communicating the same to the donee, making a statement during a terminal illness or injury addressed to an attending physician and communicated to the donee or keeping a signed card or document on his person or his effects. A donor may revoke any document of gift which has not been delivered to the donee in the above manner or by destruction, cancellation or mutilation of the document and all executed copies of the document. A donor may revoke any gift made by a will in the manner provided for amendment or revocation of wills.

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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