

**INDIANA  
LIVING WILLS  
PACKAGE**

Control Number: IN-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you to make the decision of whether life-prolonging medical or surgical procedures are to be continued, withheld, or withdrawn, as well as when artificial feeding and fluids are to be used or withheld.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

### **TABLE OF CONTENTS**

- I. Form List with descriptions
- II. Descriptions of Forms
- III. Tips on Completing the Forms
- IV. Disclaimer

### **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. Durable Power of Attorney for Health Care
- 2. Revocation of Durable Power of Attorney for Health Care
- 3. Out of Hospital - Do not Resuscitate Declaration - Statutory  
Form
- 4. Revocation of Out of Hospital - Do not Resuscitate  
Declaration
- 5. Statutory Living Will
- 6. Revocation of Statutory Living Will
- 7. Life Prolonging Procedures Declaration - Statutory Form
- 8. Revocation of Life Prolonging Procedures Declaration
- 9. Uniform Anatomical Gift Act Donation
- 10. 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.

Durable Power of Attorney for Health Care - The purpose of this Power of Attorney is to give the person you designate (your agent) broad powers to make health care decisions for you, including the power to require, consent to, or withdraw any type of personal care or medical treatment.

Revocation of Durable Power of Attorney for Health Care - This is a revocation of the authority granted in Form IN-P015.

Out of Hospital - Do not Resuscitate Declaration - Statutory Form - This is a state specific form specifying your desires that, should you experience cardiac or pulmonary failure in a location other than an acute care hospital or a health facility, cardiopulmonary resuscitation procedures be withheld or withdrawn and that you be permitted to die naturally.

Revocation of Out of Hospital - Do not Resuscitate Declaration – This form is a revocation of Form IN-P022.

Statutory Living Will – This Statutory Living Will form allows you to express your wishes and desires if it is determined that your death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process. It is a declaration that such procedures be withheld or withdrawn, and that you be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide you with comfortable care.

Revocation of Statutory Living Will - This is a revocation of the wishes and desires you expressed in Form IN-P023, which is a Statutory Living Will form that allows you to express your wishes and desires if it is determined that your death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process. This form acts as a revocation of a previously executed living will. This form complies with all applicable state statutory laws.

Life Prolonging Procedures Declaration - Statutory Form - This is a state specific form specifying your desires if at any time you have an incurable injury, disease, or illness determined to be a terminal condition. The form is your request for the use of life prolonging procedures that would extend your life, including appropriate nutrition and hydration, the administration of medication, and the performance of all other medical procedures necessary to extend my life, to provide comfort care, or to alleviate pain.

Revocation of Life Prolonging Procedures Declaration - This form is a revocation of Form IN-P024 which provides for a person's wishes and desires regarding whether or not his/her life is prolonged by artificial means. Specific reference is made to the earlier executed Declaration.

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.

Revocation of Anatomical Gift Donation - This Revocation of Anatomical Gift Donation form is a revocation of Form IN-P025 that designates the body parts and organs an individual wishes to donate at the time of death. 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](http://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.**

**THESE MATERIALS ARE PROVIDED "AS IS" WITHOUT ANY EXPRESS OR IMPLIED WARRANTY OF ANY KIND INCLUDING WARRANTIES OF MERCHANTABILITY, NONINFRINGEMENT OF INTELLECTUAL PROPERTY, OR FITNESS FOR ANY PARTICULAR PURPOSE. IN NO EVENT SHALL U.S. LEGAL FORMS, INC. OR ITS AGENTS OR OFFICERS BE LIABLE FOR ANY DAMAGES WHATSOEVER (INCLUDING WITHOUT LIMITATION DAMAGES FOR LOSS OR PROFITS, BUSINESS INTERRUPTION,**

LOSS OF INFORMATION) ARISING OUT OF THE USE OF OR INABILITY TO USE THE MATERIALS, EVEN IF U.S. LEGAL FORMS, INC. HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.