

**KANSAS  
LIVING WILLS  
PACKAGE**

Control Number: KS-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you to make the decision of whether life-prolonging medical or surgical procedures are to be continued, withheld, or withdrawn, as well as when artificial feeding and fluids are to be used or withheld.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 Durable Power of Attorney for Health Care
- 2. Revocation of Statutory Durable Power of Attorney for Health Care
- 3. Statutory Living Will - Declaration
- 4. Revocation of Statutory Equivalent of Living Will or Declaration
- 5. Uniform Anatomical Gift Act Donation
- 6. Revocation of Uniform Anatomical Gift Act Donation

### **II. DESCRIPTIONS OF FORMS**

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

Statutory Durable Power of Attorney for Health Care - This Durable Power of Attorney for Health Care is specifically provided for in the Kansas Statutes Annotated, Section 58-632. Its purpose

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 Statutory Durable Power of Attorney for Health Care - This is a revocation of Form KS-P016.

Statutory Living Will - Declaration - This is a state specific form specifying your desires about the use of life support systems. It provides instructions to your family and doctors should you have an incurable injury, disease, illness or condition and you are unable to express your wishes with regard to treatment. The Declaration states that you want to be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide you with comfort care. See Kansas Statutes Annotated 65-28,103.

Revocation of Statutory Equivalent of Living Will or Declaration – This is revocation of Form KS-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. Any individual of sound mind and 18 years of age or more may give all or any part of such person's body. A gift of all or part of the body may be made by will or by document other than a will. The document, which may be a card designed to be carried on the person, must be signed by the donor in the presence of two witnesses who must sign the document in the donor's presence. An anatomical gift may be made to a specified donee or without specifying a donee. This form must be witnessed and the signature notarized.

Revocation of Uniform Anatomical Gift Act Donation - This Revocation of Anatomical Gift Donation form is a revocation of Form KS-P025 that designates the body parts and organs an individual wishes to donate at the time of death. A donor may amend or revoke a document of gift by a signed statement executed by the donor, such as this form, by an oral statement made by the donor in the presence of two individuals, by any form of communication during a terminal illness or injury addressed to a health care professional or by delivery of a written statement, signed by the donor, to a specified donee to whom a document of gift has been delivered. 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.**

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