

**MISSISSIPPI
LIVING WILLS
PACKAGE**

Control Number: MS-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you to make the decision of whether life-prolonging medical or surgical procedures are to be continued, withheld, or withdrawn, as well as when artificial feeding and fluids are to be used or withheld.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. Healthcare Form
- 2. Power of Attorney for Healthcare
- 3. Advance Health Care Directive Statutory Form includes
Living Will
- 4. Revocation of Advanced Health Care Directive
- 5. Donation Pursuant to the Mississippi Uniform Anatomical
Gift Act
- 6. Certificate of Authorization for Post-Mortem Study and
Examination or Removal of Tissues or Organs

II. DESCRIPTIONS OF FORMS

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

Healthcare Form - This is a New Health Care Form. This New Health Care Form replaces both a Living Will and Healthcare Power of Attorney. It allows you to give instructions about your own health care. You also have the right to name someone else to make health-care decisions for you. This New Health Care Form lets you do either or both of these things. It also lets you express your wishes regarding the designation of your primary physician.

Power of Attorney for Healthcare - A Power of Attorney form is used by one individual to designate another individual as their agent with authority to perform certain legal acts on their behalf. This document, a Power of Attorney - Healthcare, can be used to designate an individual to perform the named task. Adapt to fit your facts and circumstances as needed. Available for download now in standard format(s). USLF control no. MS-61214.

Advance Health Care Directive Statutory Form includes Living Will - This is a statutory form provided in the Mississippi Code that allows you to give instructions about your own health care, name someone else to make health-care decisions for you and designate a physician to have primary responsibility for your health care. An adult or emancipated minor may provide instructions regarding their health care either orally or in writing and may execute a power of attorney for health care, which may authorize an agent to make any health-care decision the principal could have made while having capacity. The power must be in writing, dated, signed and either witnessed by at least two individuals (each of whom witnessed either the signing of the instrument by the principal or the principal's acknowledgement of the signature or of the instrument) or acknowledged before a notary public at any place within Mississippi.

Revocation of Advanced Health Care Directive - This form provides for partial or total revocation of the Advanced Health-Care Directive provided in Form MS-P021, which allows you to give instructions about your own health care, name someone else to make health-care decisions for you and designate a physician to have primary responsibility for your health care. You may revoke the designation of an agent only by a signed writing such as this form or by personally informing the supervising health-care provider. You may revoke all or part of an advance health-care directive, other than the designation of an agent, at any time and in any manner such as this form that communicates intent to revoke. See Mississippi Code Annotated 41-41-207.

Donation Pursuant to the Mississippi Uniform Anatomical Gift Act – 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 who is eighteen (18) years of age or over and who is competent to execute a will may give all or any part of his body for any one or more of the statutory purposes. A gift of all or part of the body may be made by will or by a document other than a will. The document must be signed by the donor in the presence of two (2) witnesses who, in turn, shall sign the document in the donor's presence. This form must be witnessed and the signature notarized.

Certificate of Authorization for Post-Mortem Study and Examination or Removal of Tissues or Organs - This is a statutory form for an anatomical gift laws donation pursuant to the Mississippi Code Annotated 41-39-31 to 41-39-515. A donor can use this Certificate of Authorization for Post-Mortem Study and Examination or Removal of Tissues or Organs to make an anatomical donation to a hospital, surgeon, physician or medical school for research or educational purposes, to any person operating a bank or storage facility or to a specific donee for therapy or transplantation purposes.

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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