

**MONTANA  
LIVING WILLS  
PACKAGE**

Control Number: MT-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you to make the decision of whether life-prolonging medical or surgical procedures are to be continued, withheld, or withdrawn, as well as when artificial feeding and fluids are to be used or withheld.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. Living Will Declaration and optional form to appoint health care agent
- 2. Statutory Equivalent of Living Will or Declaration
- 3. Declaration - Regarding Decision by Attending Physician As To Administration of Life Sustaining Treatment
- 4. Revocation of Living Will
- 5. Uniform Anatomical Gift Act Donation
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### **II. DESCRIPTIONS OF FORMS**

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

Living Will Declaration and optional form to appoint health care agent - Living Will Declaration and Optional Form to Appoint a Health Care Agent: These forms are used by a Physician when

a patient is rendered either unconscious and/or considered terminally ill. They give said Physician the right to make any and all health care decisions for the patient.

Statutory Equivalent of Living Will or Declaration - This form allows you to appoint an individual to make healthcare decisions for you in the event that your condition is incurable and irreversible. In the event that your agent cannot make those decisions, this form provides specific direction to your physician regarding life support treatment.

Declaration - Regarding Decision by Attending Physician As To Administration of Life Sustaining Treatment - In the event that your agent cannot make healthcare decisions for you when you have a condition that is incurable and irreversible, this form provides specific direction to your physician regarding life support treatment.

Revocation of Living Will – This form provides for the revocation of the Statutory Equivalent of Living Will or Declaration provided for in Form MT-P024. See Montana Code Annotated 50-9-104 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 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.

Revocation of Anatomical Gift Act Donation - This Revocation of Anatomical Gift Donation form is a revocation of Form MT-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 the delivery of a signed statement to a specified donee to whom a document of gift had been delivered. The donor of an anatomical gift made by will may amend or revoke the gift in the manner provided for amendment or revocation of wills, or as provided above. 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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