

**NEVADA
LIVING WILLS
PACKAGE**

Control Number: NV-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you to make the decision of whether life-prolonging medical or surgical procedures are to be continued, withheld, or withdrawn, as well as when artificial feeding and fluids are to be used or withheld.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 - Declaration allowing attending physician to administer or withhold life sustaining treatment - -
- 4. Declaration - withholding or withdrawing life sustaining treatment by an appointee -Declaration allowing another to make decisions
- 5. Revocation of Statutory Equivalent of Living Will or Declaration
- 6. Revised Uniform Anatomical Gift Act Donation
- 7. 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.

Statutory Durable Power of Attorney for Health Care - This Statutory Durable Power of Attorney for Health Care form gives your agent the authority to make any and all health care decisions for you in accordance with your wishes when you are no longer capable of making them yourself.

Revocation of Statutory Durable Power of Attorney for Health Care - This form is a revocation of the statutory durable power of attorney provided for in Form NV-P016.

Statutory Living Will - Declaration - Declaration allowing attending physician to administer or withhold life sustaining treatment - This form allows you to express your wishes and desires regarding whether or not your life is prolonged by artificial means. This form provides specific direction to your physician regarding life support treatment in the event that your agent cannot make healthcare decisions for you when you have a condition that is incurable and irreversible.

Declaration - withholding or withdrawing life sustaining treatment by an appointee - Declaration allowing another to make decisions - This is a statutory form that is provided in the Nevada Revised Statutes that 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.

Revocation of Statutory Equivalent of Living Will or Declaration - This form is a revocation of the Declaration provided for in Forms NV-P024 and NV-P024A which provide 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.

Donation Pursuant to Revised 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. 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 form is a revocation of the anatomical gifts made in Form NV-P025, which designates the specific body parts and organs an individual wishes to donate at the time of death. A donor may generally amend or revoke an anatomical gift, not made by will, only by a signed statement, an oral statement made in the presence of two persons, any form of communication during a terminal illness or injury addressed to a physician, or the delivery of a signed statement to a specified donee to whom a document of gift had been delivered.

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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