

**LIVING WILL (Sample)**

I, \_\_\_\_\_, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment:

- I  do  do not want cardiac resuscitation.
- I  do  do not want medical respiration.
- I  do  do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).
- I  do  do not want blood or blood products.
- I  do  do not want any form of surgery or invasive diagnostic tests.
- I  do  do not want kidney dialysis.
- I  do  do not want antibiotics.
- I  do  do not want \_\_\_\_\_.

**Other Instructions:**

I  do  do not want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness.

Surrogate:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Substitute Surrogate (*if the above is unable to serve*):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

I  do  do not want to make an anatomical gift of all or part of my body, subject to the following limitations, if any:  
\_\_\_\_\_  
\_\_\_\_\_

I made this declaration on the \_\_\_\_\_ day of \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

_____ Witness Signature	_____ Witness Address
_____ Witness Signature	_____ Witness Address

This is meant to be a sample to give you an idea of what is required in a Living Will. Anyone drafting a Living Will, who might have specific questions or who may wish to add provisions which are not addressed in this sample, may wish to contact an attorney. A Living Will does not substitute talking with your doctor. Only your doctor can write an order for your wishes to be carried out. If you do not understand what your doctor is telling you, you should continue to ask your doctor questions until you understand what you are being told.

**LIVING WILL (Sample)**

I, \_\_\_\_\_, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

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**Other Instructions:**

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Surrogate:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Substitute Surrogate (*if the above is unable to serve*):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

I  do  do not want to make an anatomical gift of all or part of my body, subject to the following limitations, if any:  
\_\_\_\_\_  
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I made this declaration on the \_\_\_\_\_ day of \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

_____ Witness Signature	_____ Witness Address
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