ADVANCE HEALTHCARE DIRECTIVE AND LIVING WILL

This Advance Healthcare Directive and Living Will is made by the Declarant to document preferences for medical treatment and end-of-life care in the event the Declarant becomes unable to communicate or make healthcare decisions.

I. DECLARANT AND AGENT IDENTIFICATION

Declarant: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Healthcare Agent: _____

Mailing Address:

Street Address: _____

City: _____

State: _____

Zip Code: _____

The Declarant, being of sound mind, willfully and voluntarily executes this document to direct healthcare decisions during any period of incapacity. The Healthcare Agent designated above is authorized to make healthcare decisions on behalf of the Declarant only when the Declarant lacks the capacity to make or communicate these decisions, as determined by the attending physician.

II. LIVING WILL AND END-OF-LIFE DECISIONS

If the Declarant is diagnosed with a terminal condition, an end-stage medical condition, or is in a state of permanent unconsciousness, persistent vegetative state, or irreversible coma, and the attending physician determines there is no reasonable medical expectation of recovery, the Declarant’s instructions regarding life-sustaining treatment are as follows:

• **Life-Sustaining Treatment**: The Declarant directs that life-sustaining procedures, treatments, or interventions that would only prolong the dying process be withheld or withdrawn. Such treatments include, but are not limited to, mechanical ventilation, cardiopulmonary resuscitation (CPR), and kidney dialysis.

• **Artificial Nutrition and Hydration**: The Declarant directs that artificially administered nutrition and hydration (such as tube feeding or intravenous fluids) be withheld or withdrawn if they only serve to prolong the dying process, provided that comfort care and measures to alleviate pain continue to be administered.

• **Comfort Care and Pain Management**: The Declarant directs that maximum pain relief and comfort care be provided at all times, even if such treatments may hasten the moment of death or cause sedation. The primary objective is to remain pain-free and comfortable during the final stages of life.

III. GENERAL PROVISIONS AND EFFECTIVE DATE

This directive shall become effective immediately upon its execution. It shall remain in effect during any period of the Declarant's incapacity. This document is intended to be legally binding and enforceable in accordance with applicable state healthcare decisions laws. All healthcare providers, facilities, and professionals are directed to follow the instructions contained herein, and no liability shall attach to any provider acting in good faith reliance upon this directive.

DECLARANT

Signature: _____

Print Name: _____

Date: _____

Address: _____

WITNESS ATTESTATION

The undersigned witness certifies that the Declarant signed this Advance Healthcare Directive and Living Will in the presence of the witness, that the Declarant appears to be of sound mind and under no duress, fraud, or undue influence, and that the witness is not the designated Healthcare Agent, a healthcare provider, or an employee of a healthcare facility providing care to the Declarant.

WITNESS

Signature: _____

Print Name: _____

Date: _____

Address: _____