

LIVING WILL

This Living Will (the "Will") is made on this day of _____ ,
by _____ (the "Declarant"), residing at
_____, _____ ,
_____, _____ .

1. DECLARATION

I, _____ , being of sound mind and legal age, hereby declare this to be my Living Will. I make this declaration as a directive to be followed if I am unable to participate in decisions regarding my medical care. This Will reflects my firm and settled commitment to decline medical treatment under the circumstances defined herein.

2. DEFINITIONS

For the purposes of this Will, the following terms shall have the meanings specified:

"Declarant": The person executing this Living Will.

"Health Care Provider": Any licensed medical practitioner or facility providing medical treatment.

"Life-sustaining Treatment": Any medical procedure or intervention that serves only to prolong the process of dying.

"Terminal Condition": An incurable and irreversible condition that, without the administration of life-sustaining treatment, will result in death within a relatively short time.

"Artificial Nutrition and Hydration": The provision of nutrients or fluids by a tube inserted into

the body.

3. DIRECTIVES

A. Life-Sustaining Treatment

I direct that life-sustaining treatment shall be withheld or withdrawn if I am diagnosed with a terminal condition and my attending physician has determined that death is imminent, whether or not life-sustaining treatment is provided.

B. Artificial Nutrition and Hydration

I direct that artificially administered nutrition and hydration be withheld or withdrawn under the circumstances stated above.

C. Pain Management

I authorize the administration of medication to alleviate pain or discomfort, even if such medication may hasten the moment of death, provided it is administered in accordance with accepted medical standards.

4. APPOINTMENT OF HEALTH CARE AGENT

I hereby appoint _____ as my Health Care Agent, with full power and authority to make health care decisions on my behalf if I am unable to do so. If _____ is unable or unwilling to act as my Health Care Agent, I appoint _____ as my alternate Health Care Agent. My Health Care Agent shall act in accordance with my wishes as expressed in this Will or otherwise made known to them.

5. GOVERNING LAW

This Will shall be governed by and construed in accordance with the laws of the State of

_____. Any disputes arising under this Will shall be resolved in the courts of the State of _____.

6. SEVERABILITY

If any provision of this Will is held to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

7. ENTIRE AGREEMENT

This Will constitutes the entire understanding and agreement between the parties with respect to the subject matter hereof and supersedes all prior agreements and understandings, whether written or oral.

8. NOTICE

Any notice required or permitted under this Will shall be in writing and shall be deemed to have been duly given if delivered personally or sent by certified mail, return receipt requested, to the Declarant at the address set forth above.

9. AMENDMENT

This Will may be amended or revoked by the Declarant at any time by a written instrument signed by the Declarant and witnessed by two individuals who are not related by blood or marriage.

10. TERMINATION

This Will shall remain in effect until it is revoked by the Declarant or superseded by a subsequent living will or advance directive.

11. SIGNATURES

IN WITNESS WHEREOF, I have executed this Living Will on the date first above written.

Declarant Signature: _____

Printed Name: _____

Date: _____

12. WITNESS ATTESTATION

We, the undersigned witnesses, declare that the Declarant is personally known to us, appears to be of sound mind, and signed this Living Will in our presence.

Witness Signature: _____

Printed Name: _____

Address: _____

Date: _____

Witness Signature: _____

Printed Name: _____

Address: _____

Date: _____

13. NOTARIZATION

State of _____

County of _____

On this day of _____ , before me, the undersigned, a Notary Public in and for said State, personally appeared _____ , known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public Signature: _____

Printed Name: _____

My Commission Expires: _____

This document is intended to provide maximum legal protection and enforceability. Please consult with a legal professional to ensure compliance with state-specific requirements.