

Need some help filling out your Living Will document below?

You can now fill out a customized step-by-step version of this form and many others (your Will, Health Care Power of Attorney, and more) completely free on doyourownwill.com! And instantly download as .docx and .pdf.

Follow this link back to [doyourownwill](http://doyourownwill.com) to begin: [Your Estate Planning Guide](#)



Last Will and Testament

Distribute your property, name guardians, and appoint an executor.



Living Will

Let others know your health care decisions.



Durable Power of Attorney

Appoint someone to communicate your decisions if you can't.



Or feel free to complete the blank form found below.

DECLARATION

A. Statement of Declarant.

Declaration made this ____ day of _____, 20___. I, _____, being of sound mind, and understanding that I have the right to request that my life be prolonged to the greatest extent possible, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

My instructions shall prevail even if they create a conflict with the desires of my relatives, hospital policies, or the principles of those providing for my care. If I should have a terminable condition or a permanent loss of the ability to communicate concerning medical treatment decisions, with no reasonable chance of regaining this ability, I do not want my life prolonged by administration of life-sustaining procedures. I do not want to be subjected to surgery or resuscitation. Nor do I then wish to have life sustaining medicine or procedures. Instead, I request care, including medicine and procedures, for the purpose of providing comfort and pain relief.

CHECKLIST

I have also considered whether I want tube feeding to be provided and have selected one of the following provisions by putting a mark in the space provided.

_____ I do NOT want my life prolonged by tube or other artificial feeding or provision of fluids by a tube if my condition is as stated above.

_____ I DO want my life prolonged by tube or other artificial feeding or provision of fluids by a tube if my condition is as stated above.

(If neither provision is selected or if both are selected, it shall be presumed that tube or other artificial feeding or provision of fluids by a tube are requested to prolong the declarant's life.)

This declaration shall control in all circumstances.

It is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment, and I accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signed on this _____ day of _____, 20__, in the City of _____,
County of _____, State of _____.

(signature)

B. Statement of Witnesses.

The declarant has been known to me personally and I believe him or her to be of sound mind. I am at least 18 years old. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood, marriage or adoption. I am not currently the attending physician, an employee of the attending physician, or an employee of the health care facility in which the declarant is a patient.

Witness One: _____

Witness One Address: _____

Dated: _____

Witness Two: _____

Witness Two Address: _____

Dated: _____

C. Notarization.

Subscribed, sworn to and acknowledged before me by _____, the declarant,
and subscribed and sworn to me by _____ and
_____, witnesses, this _____ day of _____, 20__.

(signed)

(official capacity of officer)