

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.

A DIRECTIVE TO WITHHOLD OR TO PROVIDE TREATMENT

To my family, my relatives, my friends, my physicians, my employers, and all others whom this may concern:

If I, _____, should have an incurable and irreversible condition that has been diagnosed by two physicians, and that will result in my death in a relatively short period of time without the administration of life-sustaining treatment, or has produced an irreversible coma or a persistent vegetative state, and I am no longer able to make decisions regarding my medical treatment, I direct that the following marked expression of my intent be followed and that I receive any medical treatment or care that may be required to keep me free of pain or distress.

CHOOSE ONE OPTION BY PLACING YOUR INITIAL NEXT TO YOUR CHOICE:
(A, B, or C)

___ A. If at any time I should become unable to communicate my instructions, then I direct that all medical treatment, care, and nutrition and hydration necessary to restore my health, sustain my life, and to abolish or alleviate pain or distress be provided to me. Nutrition and hydration shall not be withheld or withdrawn from me if I would die from malnutrition or dehydration rather than from my injury, disease, illness or condition.

___ B. If at any time I should become unable to communicate my instructions and where the application of artificial life-sustaining procedures shall serve only to prolong artificially the moment of my death, I direct such procedures be withheld or withdrawn except for the administration of nutrition and hydration.

___ C. If at any time I should become unable to communicate my instructions and where the application of artificial life-sustaining procedures shall serve only to prolong artificially the moment of my death, I direct such procedures be withheld or withdrawn including the withdrawal of the administration of nutrition and hydration.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, 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 accept the consequences from such refusal.

If I have been diagnosed as pregnant at the time this document is to be effective, and that diagnosis is known to any interested person, then this document shall have no force and effect during the time of my pregnancy.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration. No participant in the making of this directive or in its being carried into effect, whether it be a medical doctor, my spouse, a relative, friend or

any other person shall be held responsible in any way, legally, professionally or socially, for complying with my directions.

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

(signature)

The Declarant, _____, has been known to me, and has voluntarily signed this writing in my presence. I believe the declarant to be of sound mind. I am not a health care provider, an employee of a health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, or an employee of an operator of a residential care facility for the elderly.

I declare under penalty of perjury under the laws of the State of that the foregoing is true and correct.

Executed on this _____ day of the month of _____, 20__, in the County of _____, State of _____.

First Witness:

_____, residing at _____

(Signature Above)

(Print Name Above)

Second Witness:

_____, residing at _____

(Signature Above)

(Print Name Above)