


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](#)

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- 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.
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Or feel free to complete the blank form found below.

DECLARATION

If I, _____, should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short period of time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Rights of the Terminally Ill Act, to withhold or withdraw treatment that is not necessary for my comfort or to alleviate pain.

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

By my signature on this document, I attest at the time of execution of this declaration, I am 19 (nineteen) years of age or older, or have previously been or am currently married.

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)

The above named _____, residing in the City of _____, County of _____, State of _____, voluntarily signed this writing in my presence. 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 _____.

By my signature on this document, I attest at the time of execution of this declaration, I am 19 (nineteen) years of age or older, or have previously been or am currently married.

First Witness: _____

Address: _____

Second Witness: _____

Address: _____

OR

The declarant voluntarily signed this writing in my presence.

(Notary Public)