

## 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](http://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

Declaration made this \_\_\_\_ day of the month of \_\_\_\_\_, 20\_\_.

I, \_\_\_\_\_ being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition or a permanently unconscious condition by two (2) physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized or that I will remain in a permanently unconscious condition and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary to provide me with comfort care. I realize that situations could arise in which the only way to allow me to die would be to discontinue artificial nutrition and hydration. In carrying out any instruction I have given under this section, I authorize that artificial nutrition and hydration not be started or, if started, be discontinued. (yes) (no) (Circle your choice and initial beneath it. If you do not choose "yes," artificial nutrition and hydration will be provided and will not be removed.)

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 physicians as the final expression of my right to refuse medical or surgical treatment and accept the consequences of such refusal.

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

\_\_\_\_\_  
(signature)

State of \_\_\_\_\_  
County of \_\_\_\_\_

We, the following witnesses, being duly sworn each declare to the notary public or justice of the peace or other official signing below as follows:

1. The declarant signed the instrument as a free and voluntary act for the purposes expressed, or expressly directed another to sign for him.
2. Each witness signed at the request of the declarant, in his or her presence, and in the presence of the other witness.
3. To the best of my knowledge, at the time of the signing the declarant was at least 18 years of age, and was of sane mind and under no constraint or undue influence.

Witness One: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Two: \_\_\_\_\_

Address: \_\_\_\_\_

The affidavit shall be made before a notary public or justice of the peace or other official authorized to administer oaths in the place of execution who shall not also serve as a witness, and who shall complete and sign a certificate in content and form substantially as follows:

Sworn and signed before me by \_\_\_\_\_, declarant, and  
\_\_\_\_\_ and \_\_\_\_\_, witnesses on this \_\_\_\_ day of the month  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Official Capacity