

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

If I, _____, should have an incurable and irreversible condition that, 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 NRS 449.535 to 449.690, inclusive, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

If you wish to include this statement, you MUST initial the box provided:

[] I direct my attending physician not to withhold or withdraw artificial nutrition and hydration by way of the gastro-intestinal tract if such a withholding or withdrawal would result in my death by starvation or dehydration.

If I have designated no surrogate to carry out the provisions of this declaration, and 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.

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)

_____ voluntarily signed this writing in my presence. I am familiar with the declarant and believe the declarant to be of sound mind.

First Witness: _____

Address: _____

Second Witness: _____

Address: _____