

## 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

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 declare:

If I should have an incurable and irreversible condition 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 my attending physician, pursuant to the Rights of the Terminally Ill Act of Rhode Island to withhold or withdraw treatment that only prolongs the process of dying or the irreversible coma or persistent vegetative state and which is not necessary for my comfort or to alleviate pain.

This authorization includes (  ) does not include (  ) the withholding or withdrawal of artificially administered nutrition and hydration (check only one box above).

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)

\_\_\_\_\_, residing in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, is personally known to me and voluntarily signed this document in my presence. I believe him or her to be of sound mind. 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 or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care.

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

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

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

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