

Living Will Sample

To my family, doctor, lawyer, and anyone else who may be or become responsible for my health, welfare or affairs, I make this declaration after careful consideration and thought while I am of sound mind.

If I should ever become in a terminal condition with no reasonable expectation of my recovery, I direct that I be allowed to die a natural death and that my life not be prolonged by extraordinary measures. I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life.

If I am in the condition described above, I feel very strongly about the following statements:

I **do** **do not** want cardiac resuscitation.

I **do** **do not** want mechanical respiration.

I **do** **do not** want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).

I **do** **do not** want blood or blood products.

I **do** **do not** want any form of surgery or invasive diagnostic tests.

I **do** **do not** want kidney dialysis.

I **do** **do not** want antibiotics.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed previously, I may receive that form of treatment.

Other instructions: _____

I **do** **do not** want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness.

Name and address of surrogate (if applicable): _____

Name and address of substitute surrogate (if surrogate designated above is unable to serve): _____

I made this declaration on the _____ day of _____ (month, year).

Declarant's signature: _____

Declarant's address: _____

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

Witness' signature: _____

Witness' address: _____

Witness' signature: _____

Witness' address: _____