

# Living Will

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**To: My Family, my physician, my Lawyer, my Clergyman, any Medical Facility in whose care I happen to be and any individual who may become responsible for my Health, Welfare or Affairs:**

If the time comes when I can no longer take part in decisions concerning my life, I wish and direct the following:

If a situation should arise in which there is no reasonable expectation for my recovery from extreme physical or mental disability, I direct that I be allowed to die, and not be kept alive by medications, artificial means, life support equipment or "heroic measures". I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life.

This statement is made after careful consideration and is in accordance with my convictions and beliefs. I urge those concerned to take whatever action necessary, including legal action, to fulfill my wishes and directions. To the extent that the provisions of this document are not legally enforceable, I hope that those to whom it is addressed will regard themselves as morally bound by it.

## **Elective Provisions**

Check the box and write initials next to each election you desire.

\_\_\_\_ 1. I wish to live out my last days at home rather than in a hospital if it does not jeopardize the chance of my recovery to a meaningful and conscious life and does not impose an undue burden on my family.

\_\_\_\_ 2. If any of my tissues or organs are sound and would be of value as transplants to other people, I freely give my permission for such donations.

**In Witness Whereof**, I state that I have read this, my living will, know and understand its contents and sign my name below.

Dated \_\_\_\_\_, 20 \_\_\_\_\_

Witness \_\_\_\_\_

Print or type full name, address & tel. no. of person signing

\_\_\_\_\_

\_\_\_\_\_

Witness \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copies of this document have been given to the following:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

**Your state may have specific rules regarding this living will such as how long it will be effective, requirements for witnesses, etc. Consult your attorney before signing.**

**Optional Acknowledgement**

STATE OF  
COUNTY OF

ss.:

On \_\_\_\_\_, 20 \_\_\_\_\_ before me personally came

to me known, and known to me to be the individual described in, and who executed the foregoing instrument, and he acknowledged to me that he executed the same.

\_\_\_\_\_