

LIVING WILL

1. Principal

I, _____ [Principal's name], with a permanent address at _____ [Principal's address], am an adult of sound mind, and not under or subject to any duress, fraud, or undue influence. I declare that I have a full understanding of its import and effect and I hereby voluntarily make the present Living Will.

2. Application of Living Will and Instructions

I direct my attending physician and other medical personnel to act as follows below:

- To withhold or withdraw treatment that serves only to prolong the process of my dying, if, in the opinion of two or more physicians who have personally examined me, I am in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery.
- To NOT withhold or withdraw treatment that serves to prolong the process of my dying, if, in the opinion of two or more physicians who have personally examined me, I am in a curable condition or reversible mental or physical condition with a reasonable expectation of recovery, even if it is the slightest probability that I will recover.

These instructions apply if I am incapacitated and either:

- Have a terminal condition.
- Have an end-stage condition.
- Am in a persistent vegetative state.
- Have the slightest possibility of recovery.

3. Other Instructions

After discussion with your physician, you may wish to consider listing particular treatments in the space below that you do or do not want in specific circumstances. Be sure to state whether you do or do not want the particular treatment.

Particular treatments:

_____.

4. Signature of the Principal

I sign my name to this Living Will on the _____[DATE] day of _____[MONTH],
in the year _____[YEAR].

_____ [PRINCIPAL NAME], Principal

5. Statement and Signature of Witnesses

We declare that on [MONTH] [DATE], [YEAR], the person who signed or asked another to sign this document is personally known to us or proved to us on the basis of satisfactory evidence to be the individual whose name is subscribed to the foregoing instrument as the Principal, and appears to be of sound mind and acting willingly and free from duress. We hereby confirm that the Principal signed this document in our presence, or asked another to sign the document for the Principal, and that person signed in our presence.

Signature: _____
Print Name: _____ [FIRST WITNESS NAME]
Address: _____ [FIRST WITNESS ADDRESS]
_____ [CITY], _____ [STATE] _____ [ZIP CODE]

Signature: _____
Print Name: _____ [SECOND WITNESS NAME]
Address: _____ [FIRST WITNESS ADDRESS]
_____ [CITY], _____ [STATE] _____ [ZIP CODE]

6. Notarization

STATE OF _____)

) ss.

COUNTY OF _____ [COUNTY NAME])

LAWDISTRICT

On the _____ [DATE] day of _____ [MONTH],
in the year _____ [YEAR], before me, the undersigned, a Notary Public
in and for said State, personally appeared _____ [PRINCIPAL NAME],
personally known to me or proved to me on the basis of satisfactory evidence to be the individual
whose name is subscribed to the foregoing instrument and acknowledged to me that Principal executed
the same in the Principal's capacity and that by the Principal's signature on the instrument, the
individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public, State of _____ [STATE]