

# 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:

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**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])

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]