

## - Living Will -

A Living Will (also known as a Health Care Directive) specifies whether you would like to be kept on artificial life support if you become permanently unconscious or are otherwise dying and unable to speak for yourself.

Estate planning attorneys will commonly create both a Living Will and a Medical Power of Attorney for their clients.

### Basic Information

Full Name (First and Last):  
Street Address:  
City:  
State:  
Zip Code:  
County:  
Gender:

### Health Care Agent

Enter the name of at least one person to be your Health Care Agent. Only one person may be your Agent at a time, list the persons in order of preference. If you are married, list your spouse first if you want him or her to be your primary Agent.

#### Primary Agent

Full Name (First and Last):  
Relationship to you:  
Street Address:  
City:  
State:  
Zip Code:  
County:

#### Alternate Agent

Full Name (First and Last):  
Relationship to you:  
Street Address:  
City:  
State:  
Zip Code:  
County:

I would like to name my Agent as my Conservator/Guardian in the event a judicial court determines that I am incapacitated. (Yes) (No)

\*Your Agent is the person who will act on your behalf in the event that you do not have the capacity to make your own health care decisions. This Power of Attorney goes into effect if medical doctors determine you are incapacitated. However, if a judicial court determines you are incapacitated, the court could name a person other than your Agent to be your Conservator/Guardian, unless you select your Agent to be Conservator here.

### Visitation

If you are ever unable to communicate, you may name a non-family member you wish to have first priority in visitation. If you are not married, but have a committed partner, this will protect his or her visitation rights.

Partner of friend's Full Name (First and Last):  
Relationship to you:

In general, if you are unable to communicate, your direct family members will be automatically granted visitation. However, as Conservator, your Agent may be able to limit non-family members who can visit you while you are incapacitated. This Power of Attorney document states that your Agent shall not deny visitation access of your close friends.

### Terminal Condition

Do you want to receive life sustaining treatment if you are in a Terminal Condition with no hope of recovery and unable to communicate in any way?

- Yes, I want to receive life sustaining treatment.
- No
- I decline to choose a preference at this time.

### Permanently Unconscious

Do you want to receive life sustaining treatment if you are in a Permanent Unconscious Condition with no hope of recovery and unable to communicate in any way?

- Yes, I want to receive life sustaining treatment.
- No
- I decline to choose a preference at this time.

### Tube Feeding

If you are diagnosed to be in a terminal condition or a permanent unconscious condition with no hope of recovery, do you want to receive artificially provided food and water?

- Yes, I want to receive food AND water.
- Just water.
- No, neither of these.
- I decline to choose a preference at this time.

### Pain

In the event that you are in a terminal or permanent unconscious condition, are in severe pain, and unable to communicate, would you like to receive any and all pain medication even if the administration of it may lead to permanent physical damage, or addiction, or hasten the time of your death?

- Yes
- No
- I decline to choose a preference at this time.

### Euthanasia

Although Euthanasia (doctor assisted dying) is not legal under the law today, in the event that it becomes legal, would you like euthanasia available as an option to carry out your wishes stated in this Living Will?

- Yes
- No
- I decline to choose a preference at this time.

### Donor

Do you want to be an organ donor?

- Yes
- No

Do you want to donate your organs for transplant purposes only, or would you consider donating your organs/body for scientific research as well?

Transplant only

Research only

Both transplant and research

Would you like your agent to be able to consent or refuse psychiatric care on your behalf?

Yes

No

Would you like your agent to be able to make advanced funeral arrangements on your behalf?

Yes

No

Would you like your agent to be able to authorize an autopsy?

Yes

No

Authorization: (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Courtesy of Legacywriter.com. This form is not an official document but should be taken seriously.