

# Living Will Declaration

**INSTRUCTIONS**  
Consult this column for guidance.

To My Family, Doctors, and All Those Concerned with My care:

*This declaration sets forth your directions regarding medical treatment.*

I, \_\_\_\_\_ being of sound mind, make this statement as a directive to be followed if I become unable to participate in decisions regarding my medical care. If I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying. I further direct that treatment be limited to measures to keep me comfortable and to relieve pain. These directions express my legal right to refuse treatment. Therefore I expect my family, doctors, and everyone concerned with my care to regard themselves as legally and morally bound to act in accord with my wishes, and in so doing to be free of any legal liability for having followed my directions.

*You have the right to refuse treatment you do not want, and you, may request the care you do want.*

*You may list specific treatment you do not want. Otherwise, your general-statement above, will stand for your wishes.*

I especially do not want: (circle those selected)  
Cardiac resuscitation  
Mechanical respiration  
Artificial feeding/fluids by tube.  
Other: \_\_\_\_\_

*You may want to add instructions or care you do want*

Other instructions/comments: I do want: (circle those selected)  
Pain Medication  
I prefer to die at home if possible.  
Other: \_\_\_\_\_

*If you want, you can name someone to see that your wishes are carried out, but you do not have to do this.*

**Proxy Designation Clause:** Should I become unable to communicate my instructions as sated above, I designate the following persons to act in my behalf:  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
If the person I have named above is unable to act on my behalf. I authorize the following persons to do so:  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

*Sign and date here in the presence of two adult witnesses, who should also sign.*

This Living Will Declaration expresses my personal treatment preferences. The fact that I have also executed a document in the form recommended by State Law should not be construed to limit or contradict this Living Will Declaration, which is an express of My common-law and constitutional rights.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Witness: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

***Keep the signed original with your personal papers at home. Give signed copies to doctors, family, and proxy. Review your Declaration from time to time; initial and date it to show it still expresses your intent.***