Michigan Living Will

(Document Directing Health Care)

I,	am of sound mind, and I
voluntarily make this declaration.	
•	
My desires concerning medical	treatment are -

My family, the medical facility, and any doctors, nurses and other medical personnel involved in my care shall have no civil or criminal liability for following my wishes as expressed in this declaration.

I may change my mind at any time by communicating in any manner that this declaration does not reflect my wishes.

Photo static copies of this document, after it is signed and witnessed, shall have the same legal force as the original document.



I sign this document after careful consideration.	I understand its meaning
and I accept its consequences.	

Dated:	Signed:	
	(Your signature)	
(Address)		
STATEMENT OF W	ITNESSES	
The declarant appear	as witnesses. This declaration was signed in our sto be of sound mind, and to be making this des duress, fraud or undue influence.	_
(Print Name)	(Signature of Witness)	
(Address)		
(Print Name)	(Signature of Witnes	s)
(Address)		

DO-NOT-RESUSCITATE ORDER

I have discussed my health status wit I request that in the event my heart and brea attempt to resuscitate me.	• • •	
This order is effective until it is revol	ked by me.	
Being of sound mind, I voluntarily exfull import.	xecute this order,	and I understand its
(Declarant's signature)		(Date)
(Type or print declarant's full name)	_	
(Signature of person who signed for declarant, i	f applicable)	(Date)
(Type or print full name)	_	
(Physician's signature)		(Date)
(Type or print physician's full name)	_	
ATTESTATION OF WITNESSES		
The individual who has executed this and under no duress, fraud, or undue influer individual has (has not) received an identific	ice. Upon execut	
(Witness signature) (Date)	(Witness signature)	(Date)
(Type or print witness's name)	(Type or print witne	ss's name)
THIS FORM WAS PREPARED PURSUAN THE MICHIGAN DO-NOT-RESUSCITATION		



DO-NOT-RESUSCITATE ORDER

I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is effective until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

(Type or print witness's name)	(Type or print y	(Type or print witness's name)	
Vitness signature) (Date)	(Witness signature)	(Date)	
The individual who has executed this nd under no duress, fraud, or undue influentividual has (has not) received an identification	nce. Upon executing the		
ATTESTATION OF WITNESSES			
(Type or print full name)	_		
(Signature of person who signed for declarant, i	f applicable)	(Date)	
(Type or print declarant's full name)	_		

THIS FORM WAS PREPARED PURSUANT TO, AND IN COMPLIANCE WITH, THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT.

