HEALTH CARE DIRECTIVE (LIVING WILL)

I, _____ ("Principal"), want everyone who cares for me to know what health care I want, when I cannot let others know what I want.

SECTION 1:

I want my doctor to try treatments that may get me back to an acceptable quality of life. However, if my quality of life becomes unacceptable to me and my condition will not improve (is irreversible), I direct that all treatments that extend my life be withdrawn.

A quality of life that is unacceptable to me means (check all that apply):

☐ - Unconscious (chronic coma or persistent vegetative state)
☐ - Unable to communicate my needs
☐ - Unable to recognize family or friends
☐ - Total or near total dependence on others for care
☐ - Other: _____.

Check only one:

☐ - Even if I have the quality of life described above, I still wish to be treated with food and water by tube or intravenously (IV).
☐ - If I have the quality of life described above, I **DO NOT** wish to be treated with food and water by tube or intravenously (IV).

SECTION 2: (You may leave this section blank)

Some people do not want certain treatments under any circumstance, even if they might recover. Check the treatments below that you do not want under any circumstances:

☐ - Cardiopulmonary Resuscitation (CPR)
☐ - Ventilation (breathing machine)
☐ - Feeding tube
☐ - Dialysis
☐ - Other: _____.

SECTION 3:

When I am near death, it is important to me that:
_____.

(This section may include preferences such as hospice care, place of death, funeral arrangements, cremation, or burial selections)

As the principal, I fully understand my rights regarding this living will and the availability of health care treatment options. I have made my selections above under my free will and without coercion from any 3rd party.

Principal's Signature: _____ Date: _____

Print Name: _____

NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

County of _____)
State of _____) ss.

On, _____, 20____ before me,
_____ (name and title of officer), personally appeared
_____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under the PENALTY OF PERJURY under the laws of the governing state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____

Print Name: _____

(seal)

WITNESS ACKNOWLEDGMENT

WITNESS 1

I, _____, have no interest in the estate of the Principal nor am I related. The statements made in this living will are true to the best of my knowledge.

Witness's Signature: _____ Date: _____

Print Name: _____

WITNESS 2

I, _____, have no interest in the estate of the Principal nor am I related. The statements made in this living will are true to the best of my knowledge.

Witness's Signature: _____ Date: _____

Print Name: _____