

STATE OF WEST VIRGINIA LIVING WILL

The Kind of Medical Treatment I Want and Do Not Want If I Have a Terminal Condition

Living will made this _____ day of _____, 20____

I, _____, (*insert your name*)

being of sound mind, willfully and voluntarily declare that I want my wishes to be respected if I am very sick and unable to communicate my wishes for myself. In the absence of my ability to give directions regarding the use of life-prolonging intervention, it is my desire that my dying may not be prolonged under the following circumstances:

If I am very sick and unable to communicate my wishes for myself and I am certified by one physician, who has personally examined me, to have a terminal condition, I direct that life-prolonging intervention that would serve solely to prolong the dying process be withheld or withdrawn. I understand that by signing this document I am agreeing to the REMOVAL or REFUSAL of cardiopulmonary resuscitation (CPR), breathing machine (ventilator), dialysis, and medically administered food and fluids, such as might be provided intravenously or by feeding tube. I want to be allowed to die naturally and only be given medications or other medical procedures necessary to keep me comfortable. I want to receive as much medication as is necessary to alleviate my pain. Nevertheless, oral food and fluids, such as may be provided by spoon or by straw, shall be offered as desired and can be tolerated.

I give the following SPECIAL DIRECTIVES OR LIMITATIONS: (Comments about funeral arrangements, autopsy, mental health treatment, and organ donation may be placed here. My failure to provide special directives or limitations does not mean that I want or refuse certain treatments.)

It is my intention that this living will be honored as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences resulting from such refusal.

I understand the full import of this living will.

Signature of Principal: _____

Print Name: _____

Address: _____

WITNESS SIGNATURES

I did not sign the principal's signature above for or at the direction of the principal. I am at least 18 years of age and am not related to the principal by blood or marriage, nor entitled to any portion of the estate of the principal to the best of my knowledge under any will of principal or codicil thereto, nor directly financially responsible for principal's medical care. I am not the principal's attending physician or the principal's medical power of attorney representative or successor medical power of attorney representative under a medical power of attorney.

Witness Signature: _____

Witness Name: _____

Address: _____

Date: _____

Witness Signature: _____

Witness Name: _____

Address: _____

Date: _____

NOTARY

State of West Virginia)

ss.

County of _____)

_____ a Notary Public of said County, do certify that
_____ as principal, and _____ and
_____ as witnesses, whose names are signed to the writing above
bearing date on the _____ day of _____, 20 __, have this
day acknowledged the same before me.

Given under my hand this _____ day of _____, 20 __ My
commission expires: _____

Signature of Notary Public

