

## Revocable Living Will

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### Declaration of Revocable Healthcare Instructions

I, [Full Legal Name], residing at [Address], being of sound mind and acting voluntarily, hereby declare this document to be my **Revocable Living Will**. This instrument reflects my wishes regarding medical treatment and healthcare decisions in the event I am unable to communicate my preferences personally. This document is **revocable at any time**, in whole or in part, by me while I remain competent.

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## 1. Appointment of Healthcare Agent

I hereby designate the following individual as my **Healthcare Agent (Proxy)**, authorized to make medical decisions on my behalf if I am unable to do so:

**Name:** [Agent Name]

**Relationship:** [Relationship]

**Address:** [Agent Address]

**Phone Number:** [Agent Phone Number]

If the person named above is unavailable or unable to serve, I designate the following alternate agent:

**Name:** [Alternate Agent Name]

**Relationship:** [Relationship]

**Address:** [Alternate Agent Address]

**Phone Number:** [Alternate Agent Phone Number]

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## 2. Statement of General Healthcare Preferences

It is my intention that my healthcare providers, my agent, and any involved parties adhere to the following principles:

1. **Preservation of Life:** I request that medical treatment be provided to preserve my life unless doing so would only prolong suffering or provide no reasonable hope of recovery.
  2. **Pain Relief and Comfort Care:** I wish to receive appropriate palliative care to manage pain and ensure comfort, even if such care may hasten the moment of death.
  3. **Quality of Life Considerations:** I direct that my treatment reflect my values and preferences regarding dignity, comfort, and quality of life.
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### 3. Specific Medical Directives

The following instructions reflect my wishes regarding life-sustaining treatments:

1. **Cardiopulmonary Resuscitation (CPR):** ☐ I request CPR / ☐ I decline CPR]
2. **Mechanical Ventilation (Respirator):** ☐ I request / ☐ I decline]
3. **Artificial Nutrition and Hydration (Feeding Tubes):** ☐ I request / ☐ I decline]
4. **Dialysis:** ☐ I request / ☐ I decline]
5. **Other Life-Sustaining Treatments:** [Specify or decline]

**Organ and Tissue Donation:** Upon my death, I ☐ wish to donate / ☐ do not wish to donate] organs and tissues for transplantation or medical research as permitted by law.

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### 4. Revocation

This Living Will is **revocable in whole or in part** by me at any time and by any method evidencing my intent, including but not limited to: - Written notice expressing revocation, - Physical destruction of this document, - Oral communication to my healthcare provider or agent, provided that it is documented.

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### 5. Reliance on Instructions

I request that my healthcare providers, my agent, and any other persons involved in my care **rely on this document as a complete expression of my healthcare wishes**, to the fullest extent permitted by law.

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### 6. Signatures

Signed this [Day] day of [Month], [Year].

**Signature:** \_\_\_\_

**Printed Name:** \_\_\_\_

**Witnesses:** *(Two witnesses, not related to me or my agent, and not entitled to any part of my estate)*

1. **Witness Name:** \_\_\_\_

**Address:** \_\_\_\_

**Signature:** \_\_\_\_

2. **Witness Name:** \_\_\_\_

**Address:** \_\_\_\_

**Signature:** \_\_\_\_

**Notary Public (Optional but recommended):**

State of \_\_\_, **County of** \_

***Subscribed and sworn before me on this*** \_\_ ***day of*** \_\_, 20\_\_.

**Notary Signature:** \_\_\_\_\_

**Seal:**