

Revocable Living Will

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.

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]

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.

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.

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.

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: