1. Living Will for {{ client.name }}

I, {{ client.name }}, the principal, an adult of sound mind, execute this Living Will freely and voluntarily, under {{ lw\_intro }}, with an understanding of its purposes and consequences. I intend my statements to constitute clear and convincing evidence of my wishes concerning medical treatment.

Guidelines for the Cessation of Life-Prolonging Procedures

If my death becomes imminent, I am in a persistent vegetative state, or I have a terminal illness or incurable condition, then I do not want my life to be prolonged and I do not want life-sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death. I want to die naturally, with only the administration of medication or the performance of any medical procedures deemed necessary to provide me with comfort and care or to alleviate pain, even though they may shorten my remaining life.

Notwithstanding my other directions I do want the use of all medical care necessary to treat my condition until my physicians reasonably conclude that my condition is terminal or is irreversible and incurable or I am in a persistent vegetative state.

Except as modified by any guidelines stated above, the term “life-sustaining treatment” shall include, without being limited to, nutrition and hydration administered by invasive procedures, antibiotics, ventilators, pacemakers, renal dialysis, or any other mechanical devices designed to assist the functioning of organs; transfusion of blood and blood products; and in the event of cardiac or cardiopulmonary arrest, resuscitative procedures.

Pain Relief

I consent to the administration of whatever pain-relieving drugs and surgical pain relieving procedures my Health Care Agent or surrogate, upon medical advice, believes may provide comfort to me, even though such drugs or procedures may lead to pharmaceutical addictions, lower blood pressure, lower levels of breathing, or may hasten my death. Even if artificial life support or aggressive medical treatment has been withdrawn or refused, I want to be kept as comfortable as possible, and I do not want to be neglected by medical or nursing staff.

{%p if pregnancy\_languagec %}

{{p include\_docx\_template(‘lw\_guidelines\_for\_pregnancy.docx’) }}

{%p endif %}

Statement of My Intent

In the absence of my ability to give directions regarding the use of such life-sustaining treatment, it is my intent that this declaration be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of such refusal.

This declaration is made after careful consideration and is in accordance with my strong convictions and beliefs. I want my wishes and directions as expressed in this declaration to be carried out to the extent permitted by law.

Release of Liability

I hereby release and hold harmless any person who, in good faith, terminates life-sustaining procedures in accordance with the guidelines in this declaration.

Validity of Copies

Photocopies (photocopies include: facsimiles and digital or other reproductions, hereafter referred to collectively as “photocopy”) of this instrument may be effective and enforceable as originals, and third parties are entitled to rely on photocopies of this instrument for the full force and effect of all stated terms.

{%p if address.state == 'NC' %}

{{p include\_docx\_template(‘nc\_lw\_acknowledgement\_client.docx’) }}

{%p elif address.state == 'TX' %}

{{p include\_docx\_template(‘tx\_lw\_acknowledgement\_client.docx’) }}

{%p else %}

{{p include\_docx\_template(‘lw\_other\_client.docx’) }}

{%p endif %}