

Form 6: Living Will

1. I, _____ (Maker), being of sound mind, voluntarily declare that this directive is made this ____ day of _____, 20____ as my Living Will in accordance with the laws of the State of _____.
2. If I should have at any time an incurable condition caused by illness, disease, or injury certified to be a terminal condition by two licensed physicians, and where there is no reasonable expectation of recovery from said terminal condition, and where the application of life-sustaining methods and equipment would only prolong the moment of my imminent death, I hereby direct and request that said life-sustaining methods and equipment not be used, and that I be allowed to die naturally and not be kept alive by artificial or extraordinary means.
3. In the event that I am unable to give conscious direction regarding medical treatment or the use of said life-sustaining procedures, I direct and request that this Living Will be honored by my family, physicians and all others as the final and conclusive expression of my legal right to refuse medical treatment. I hereby appoint _____ as my true and lawful attorney in fact to act for me and make decisions concerning medical treatment, including the withdrawal or withholding of life support, in accordance with this Living Will. This power of attorney shall remain in effect in the event that I should become or be declared disabled, incapacitated, or incompetent.
4. This Living Will shall be in effect until it is revoked by me.
5. My current residence is: _____

In Witness Whereof I have signed this document as my declaration and Living Will.

Maker's signature

The maker of this Living Will is personally known to me, is of sound mind, and has executed this document of his or her own free will.

_____ Witness' Signature	_____ Name	_____ Address
_____ Witness' Signature	_____ Name	_____ Address
_____ Witness' Signature	_____ Name	_____ Address

Subscribed and sworn to before me on this ____ day of _____, 20__.

Notary