

# Living Will

Description: A document specifying your wishes for medical treatment if you become unable to communicate them.

## LIVING WILL

I, [Your Full Name], of [Your Address], declare this as my living will.

If I become incapacitated, my wishes for medical treatment are as follows:

[Specify Wishes]

This document shall take effect immediately upon my incapacity.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

[Notary Section]

State of [State], County of [County]

On this [Date] day of [Month], [Year], the above-named individual personally appeared before me and acknowledged this document.

[Seal]

Signature of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_