

## LIVING WILL FORM

I, [Your Full Legal Name], residing at [Your Address], being of sound mind, declare this to be my Living Will and express my desires regarding medical treatment and life-sustaining procedures if I am unable to communicate my wishes.

1. **Declaration of Wishes:** I direct that if at any time my attending physician and another consulting physician determine that I am incapacitated and have a terminal condition or an end-stage condition with no reasonable medical probability of recovery, I do not want my life to be prolonged by life-sustaining procedures.
2. **Specific Instructions:** In accordance with my wishes, I specifically do/do not (circle one) authorize the following:
  - Cardiopulmonary Resuscitation (CPR)
  - Mechanical ventilation
  - Artificial nutrition and hydration
3. **Additional Instructions:** [Optional: Include any additional specific instructions or preferences regarding medical treatment.]
4. **Appointment of Health Care Surrogate:** In the event that I am unable to make medical decisions for myself, I appoint [Name of Health Care Surrogate] as my health care surrogate to make medical decisions on my behalf. The authority of my health care surrogate is effective only when my attending physician determines that I am unable to make my own medical decisions.
5. **Signature and Date:** I declare that I have executed this Living Will willingly and voluntarily and that I am of sound mind.

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

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

**Witnesses:** I declare that the above-signed individual, [Your Full Legal Name], has signed this Living Will in my presence, and I am not the appointed health care surrogate or an alternate surrogate. I believe them to be of sound mind.

1. Witness: \_\_\_\_\_

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

2. Witness: \_\_\_\_\_

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

Notary Public Signature

\_\_\_\_\_

[Notary Public Name]

Printed: \_\_\_\_\_

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

Commission Number: \_\_\_\_\_

**[Notary Seal/Image]**