not want medical interventions used to try to extend my life. If I am unable to

interventions that in reasonable medical judgment would prevent or delay

[ ] \_\_\_\_\_ 3. Try to extend my life for as long as possible, using all available

OR

fluids by tube or other medical means.

take enough nourishment by mouth, however, I want to receive nutrition and

my death. If I am unable to take enough nourishment by mouth, I want to

[ x ] \_\_\_\_\_ 2. Keep me comfortable and allow natural death to occur. I do

OR

receive nutrition and fluids by tube or other medical means.

want any medical interventions used to try to extend my life. I do not want to

state a preference here, cross through the whole section.)

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conscious and am not aware of myself or my environment or able to interact with

If my doctors certify that I am in a persistent vegetative state, that is, if I am not

[ ] \_\_\_\_\_ 1. Keep me comfortable and allow natural death to occur. I do not

(If you want to state what your preference is, initial one only. If you do not want to

B. Preference in Case of Persistent Vegetative State

receive nutrition and fluids by tube or other medical means.

condition

of

condition

a

procedures;

life-sustaining

of

application

the

despite

imminent

is

permanent

terminal

a

from

death

when

situations:

treatment issues. It lets you decide about life-sustaining procedures in three

use an advance directive to say what you want about future life-sustaining

Advance Directive: Treatment Preferences (“Living Will”) - You have the right to

life-sustaining procedures are used:

If my doctors certify that my death from a terminal condition is imminent, even if

state a preference here, cross through the whole section.)

(If you want to state what your preference is, initial one only. If you do not want to

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A. Preference in Case of Terminal Condition

use. Different forms may also be used.

physical dependency. You may complete all or only part of the forms that you

which is an advanced, progressive, and incurable condition resulting in complete

unconsciousness called a persistent vegetative state; and end-stage condition,

condition that will continue in its course until death and that has already resulted

receive nutrition and fluids by tube or other medical means.

want any medical interventions used to try to extend my life. I do not want to

[ ] \_\_\_\_\_ 1. Keep me comfortable and allow natural death to occur. I do not

in loss of capacity and complete physical dependency:

OR

If my doctors certify that I am in an end-state condition, that is, an incurable

state a preference here, cross through the whole section.)

(If you want to state what your preference is, initial one only. If you do not want to

C. Preference in Case of End-Stage Condition

OR

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available interventions that in reasonable medical judgment would prevent or

[ x ] \_\_\_\_\_ 3. Try to extend my life for as long as possible, using all

fluids by tube or other medical means.

take enough nourishment by mouth, however, I want to receive nutrition and

want medical interventions used to try to extend my life. If I am unable to

[ ] \_\_\_\_\_ 2. Keep me comfortable and allow natural death to occur. I do not

regain

want to receive nutrition and fluids by tube or other medical means.

not want any medical interventions used to try to extend my life. I do not

[ x ] \_\_\_\_\_ 1. Keep me comfortable and allow natural death to occur. I do

consciousness:

OR

ever

will

I

that

expectation

reasonable

no

is

there

and

OR

receive nutrition and fluids by tube or other medical means.

my death. If I am unable to take enough nourishment by mouth, I want to

interventions that in reasonable medical judgment would prevent or delay

[ ] \_\_\_\_\_ 3. Try to extend my life for as long as possible, using all available

others,

fluids by tube or other medical means.

take enough nourishment by mouth, however, I want to receive nutrition and

want medical interventions used to try to extend my life. If I am unable to

[ ] \_\_\_\_\_ 2. Keep me comfortable and allow natural death to occur. I do not

exactly as written, even if they think that some alternative is better.

my behalf and my health care providers to follow my stated preferences

can no longer decide for myself. Still, I want whoever is making decisions on

[ x ] \_\_\_\_\_ 2. I realize I cannot foresee everything that might happen after I

OR

doing so would be in my best interest.

I authorize them to be flexible in applying these statements if they feel that

whoever is making decisions on my behalf and my health care providers, but

can no longer decide for myself. My stated preferences are meant to guide

[ ] \_\_\_\_\_ 1. I realize I cannot foresee everything that might happen after I

(Read both of these statements carefully. Then, initial one only.)

F. Effect of Stated Preferences

this

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directive I may have completed before this date.

advance

similar

any

replaces

document

that

understand

also

I

effect.

competent to make this advance directive and that I understand its purpose and

By signing below as the Declarant, I indicate that I am emotionally and mentally

SIGNATURES AND WITNESSES

If

modified as follows:

If I am pregnant, my decision concerning life-sustaining procedures shall be

(Optional, for women of child-bearing years only; form valid if left blank)

E. In Case of Pregnancy

I

relieve pain.

No matter what my condition, give me the medicine or other treatment I need to

D. Pain Relief

to receive nutrition and fluids by tube or other medical means.

lifesaving

my child to be born alive.

legally determined to be brain dead if there is a chance that doing so might allow

child to be born alive. I also direct that lifesaving procedures be used even if I am

procedures for myself if there is a chance that prolonging my life might allow my

delay my death. If I am unable to take enough nourishment by mouth, I want

all

use

to

provider(s)

care

health

my

direct

I

pregnant,

am

Date April 1, 2020

Print Name Christopher Powell

Signature of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Anna White

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**Living Will** (Rev. 1339E80)

Signature of Declarant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date April 1, 2020

Print Name Cassandra Blake

The Declarant signed or acknowledged signing this document in my presence

and, based upon personal observation, appears to be emotionally and mentally

competent to make this advance directive.

Signature of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date April 1, 2020

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