

LIVING WILL or HEALTH CARE DIRECTIVE TO PHYSICIANS

Directive made and executed by _____ [name], of _____ [address], _____ [state], on _____ [date].

I, _____, being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the following circumstances:

1. If at any time I should have an incurable terminal condition caused by injury or illness, for which the application of life-sustaining procedures would only serve to artificially prolong the moment of my death, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally.
2. If at any time I am determined to be permanently unconscious, i.e. that I am in a permanent coma or vegetative state, I direct that I be allowed to die and not be kept alive through life support systems.
3. In the absence of my ability to actively take part in decisions for my own life and give directions regarding the use of such life-sustaining procedures, it is my wish that this directive stand as a statement of my wishes and shall be honored by my family and physicians.
4. This directive shall have no force or effect _____ years from the date filled in above.
5. I understand the full meaning of this directive, and I am emotionally and mentally competent to make this directive.
6. I understand that I may revoke this directive at any time.

[Signature]

Witnesses Statement

On _____ [date], this document was signed in our presence, by _____ [name], who appeared to be of sound mind and able to understand the medical instructions set forth in the above directive, and their consequences.

We now sign our names as witnesses in the author's presence and at the author's request, and in the presence of each other.

_____ [Signature]	residing at	_____ [Street, city, state]
_____ [Signature]	residing at	_____ [Street, city, state]
_____ [Signature]	residing at	_____ [Street, city, state]

NOTICE

The information in this document is designed to provide an outline that you can follow when formulating business or personal plans. Due to the variances of many local, city, county and state laws, we recommend that you seek professional legal counseling before entering into any contract or agreement.