

Living Will
of
[Declarantfirst] [Declarantmiddle] [Declarantlast] [Declarantsuffix]

I hereby declare as follows:

To my family, physician, attorney, and anyone else who may become responsible for my health, welfare or affairs, I make this declaration freely and intentionally while I am of sound mind. It is my intent, hope and request that my instructions be honored and carried out by my physicians, family and friends, as my legal right.

To ensure my wishes and desires are carried out to the extent permitted by law, I release any and all hospitals, physicians, and others for myself and for my estate from any liability for complying with this instrument.

By this document I intend to create a Living Will as authorized under Sections 4600 to 4805, inclusive, of the California Probate Code.

If the extension of my life would result in a mere biological existence, devoid of cognitive function, with no reasonable hope for normal functioning, then I do not desire any form of life sustaining procedures, including nutrition and hydration unless necessary for my comfort or alleviation of pain or, if life sustaining treatment has been instituted, I desire that it be withdrawn. It is my desire that the above referenced parties consider relief from suffering, preservation or restoration of functioning, and the quality as well as extent of the life being preserved when decisions are made concerning life sustaining care, treatment, services, and procedures.

Additionally, the above referenced parties shall act consistently with my desires and shall be subject to the special provisions and limitations stated below:

I do not want to be revived or resuscitated.

I do not want electrocardioversion.

I do not want mechanical respiration.

I do not want antibiotics.

I do not want kidney dialysis.

I do not want tube feeding or any other artificial or invasive form of nutrition(food).

I do not want any artificial or invasive form of hydration (water).

I do want blood or blood products.

I do want any form of life sustaining surgery or invasive diagnostic tests.

I do want to allow physicians to try new medical discoveries on me.

Home or Hospital: I prefer to live my last days at home.

In the event that any terms or provisions of this Living Will are not enforceable or are not valid under the laws of the state of my residence, or the laws of the state where I may be located at the time, then all other provisions which are enforceable or valid shall remain in full force and effect, and all terms and provisions herein are severable.

I sign my name to this Living Will on _____, at [City], State of [State2].

[Declarantfirst] [Declarantmiddle] [Declarantlast] [Declarantsuffix]

Statement of Witnesses

We declare (1) that the individual who signed or acknowledged this Living Will is personally known to us, or that the individual's identity was proven to us by convincing evidence, (2) that the individual signed or acknowledged this Living Will in our presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, and (4) that we are not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Acknowledgment

State of [State2]

County of [County]

On _____, before me, _____, personally appeared [Declarantfirst] [Declarantmiddle] [Declarantlast] [Declarantsuffix], who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the instrument in his/her/their authorized capacit(y/ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____