



## ***My Living Will***

I want my family and doctors to know that if I have a terminal condition and there is no real chance I will recover, no matter what is done, I want aggressive medical treatment stopped. I want to die naturally. Give me only those medicines and treatments that will make me comfortable and pain-free. I want cleanliness, privacy, and peace in my final hours.

Furthermore, I want to be offered real food and water that I can eat and drink if I am hungry or thirsty. If I am unable to eat or drink, I do \_\_\_\_/I do not \_\_\_\_ want a tube placed in my veins, nose, throat or surgically placed in my stomach to give me artificial food and fluids.

I do \_\_\_\_/I do not \_\_\_\_ want to be an organ/tissue donor after I die. If I am an organ donor, artificial support may be maintained long enough for organs to be removed.

This living will is my own free decision. I accept full responsibility for the consequences of refusing medical care under these circumstances. I know I can change my mind at any time, but, if I don't, my doctors and family must honor it.

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

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

### Witnesses' Statement:

We believe the adult who signed this living will is mentally competent, understands what it means, and signed it freely. We are not family and we won't benefit from his/her death. We are not this person's doctor or employees of the doctor, hospital or other health care facility.

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

Witness: \_\_\_\_\_