

# MEMORANDUM

**To:** Purchaser of This Book

**From:** Publisher

**RE:** Living Wills

The following forms are to be used to create a Living Will for each spouse. For your help in filling out the form correctly, we have included a **form number guide**. The form number guide explains what information you will need to provide. Each number corresponds with a blank on the form. Use the form number guide to fill in the blanks to create a Living Will for each spouse.

# LIVING WILL FORM GUIDE

<u>Blank No.</u>	<u>Content</u>
①	Full Name of Person Making the Living Will
②	Day Living Will is Signed
③	Month Living Will is Signed
④	Year Living Will is Signed
⑤	Signature of Person Making the Living Will
⑥	Signatures of Two Witnesses (There must be two witnesses.)
⑦	Names of Two Witnesses

*(Note: Separate Living Wills must be completed and executed for both the Husband and the Wife. For that reason, you will find two forms of this document; one for the Husband and one for the Wife. The names of the Spouses must be reversed in each.)*

# LIVING WILL

## OF

① \_\_\_\_\_

Directive to physicians made this ② \_\_\_\_\_ day of ③ \_\_\_\_\_, ④ \_\_\_\_\_, I, ① \_\_\_\_\_, being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below and do hereby declare that:

(a) If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians, where the application of life-sustaining procedures would serve only to artificially prolong the moment of my death, or where my physician determines that my death is imminent whether or not life-sustaining procedures are utilized, I direct that such procedures be withheld or withdrawn and that I be permitted to die naturally with only the merciful administration of medication to eliminate or reduce pain to my mind and body or the performance of any medical procedure deemed necessary to provide me with comfort care.

(b) In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this directive shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences from such refusal.

⑤ \_\_\_\_\_

① \_\_\_\_\_

The declarer has been personally known to me and I believe said declarer to be of sound mind.

⑥ \_\_\_\_\_

⑥ \_\_\_\_\_

Witness: ⑦ \_\_\_\_\_

Witness: ⑦ \_\_\_\_\_