



Notice: This document may result in life-sustaining treatments being withheld. It is an outline that may or may not be valid in your jurisdiction. If you suspect abuse or neglect in a nursing home, please contact the Consumer Justice Group at

877-ABUSE AD or at  
[www.consumerjusticegroup.com/nursinghomeabuse](http://www.consumerjusticegroup.com/nursinghomeabuse)

## Advance Medical Directive "Living Will"

I, \_\_\_\_\_,  
[person #1, individual making the directive]

do hereby declare and direct the following:

If at any time my attending physician should determine that I have a terminal condition where the application of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

Specifically, I direct that the following types of care be **withheld** from my care  
[cross out any care Person #1 wants to receive]

- 1) artificial respiration
- 2) artificially administered nutrition (food) and hydration (water)
- 3) cardiopulmonary resuscitation

Further, I direct that the following types of care be **administered** to me:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this declaration shall be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of such refusal.

This advance directive shall not terminate in the event of my disability. By signing below, I indicate that I am emotionally and mentally competent to make this advance directive and that I understand the purpose and effect of this document.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Principal (person #1)

\_\_\_\_\_  
Signature of Witness A (NOT relative nor health care provider)

\_\_\_\_\_  
Signature of Witness B (NOT relative nor health care provider)

The principal did personally appear before me and this instrument was acknowledged before me.

\_\_\_\_\_  
Signature of Notary Public

Notary Public for \_\_\_\_\_

My commission expires \_\_\_\_\_

SEAL