

A Step-by-Step Process of Writing a Living Will

A Living Will is a legal document that provides guidance on what a person wants for their end-of-life care and medical treatment.

Step 1 - Declarant Name and Address:

In the first section of a Living Will, enter the name of the Declarant. This is the person who will be releasing control of their healthcare decisions to another individual. Enter the Declarant's full name, as well as their full address (including city, state, and zip code).

I, Mary Jane Smith, residing at 456 D 1 Loop Rd, Ketchikan in the County of Ketchikan in the State of Alaska in the zip code 99001 and whose telephone number is 456-123-9984, being of sound mind, and acting willingly and without duress, fraud or undue influence, herein direct that the instructions provided herein are to be recognized as a formal statement of my desires with regards to my health care, custody

Disclaimer: This guide is provided to you as an informational product. It is not legal advice. You receiving and/or reading this document does not in any way constitute an attorney-client relationship. Use this guide only as an educational device. Make a list of questions and consult with a licensed estate attorney.

Step 2 - Designation of Healthcare Agent:

Declare the name of the Healthcare agent by providing their full name, their address (including city, state, and zip code), as well as their telephone number.

Once you've declared your desired Healthcare Agent, provide the information of the Alternate Agent that you would like to designate. Provide the following about your Alternate Healthcare Agent:

- Full name
- Full address
- Telephone number

DESIGNATION OF HEALTH CARE ADVOCATE

I herein designate **Bill Smith**, residing at **456 D 1 Loop Rd, Ketchikan, Alaska 99001** and whose telephone number is **456-134-7887**, as my advocate and agent to make any and all health care decisions on my behalf should I ever be diagnosed with a terminal illness, disease, injury, or should I become incapacitated or permanently unconscious (in a coma or persistent vegetative condition) where I would remain permanently

Step 3 - Agents Authority Commencement

Enter the stipulations in which you would like your Declarant to make necessary decisions. This can be upon a diagnosis, upon a medical treatment, or other situation that would trigger the Agent's power into effect.

ADVOCATE'S GENERAL POWERS

My health care advocate or agent shall have the power to make health care, custody and medical treatment decisions on my behalf **if my attending and/or primary physician makes the determination that I am unable to make said decisions.**

Step 4 - Agents General Powers:

State the provisions that will be granted to the Agent. Here, specify the circumstances in which the Agent will be granted decision-making power. These circumstances include:

- Falling into an unconscious state
- Being diagnosed with a terminal illness
- Falling into a marginally unconscious state
- Being diagnosed with an untreatable condition

I have specific directives regarding the delivery of medical care in certain health care conditions. Therefore, I wish to direct my medical treatment by way of the following conditions:

- **In the event I should fall into a permanently unconscious state (coma or persistent vegetative condition), I wish to not receive life-sustaining medical treatment in an attempt to prolong my life.**
- **In the event that I am diagnosed as being in a marginally conscious state, where I remain permanently unable to make decisions, I wish to not receive life-sustaining medical treatment in an attempt to prolong my life.**
- **In the event that I am diagnosed as being in an untreatable condition or in severe pain, where no type of surgical or other relief can be obtained, I wish to not receive life-sustaining medical care in an effort to try and prolong my life.**

Step 5 - Specify Directives

Further specify the circumstances in which your agent will be able to take actions on your behalf. These circumstances will range from receiving life-saving treatments such as CPR, to receiving medications as common as antibiotics. Regardless, these powers allow you to specifically decide what powers you wish to grant to your agent.

LIFE-SUSTAINING MEDICAL TREATMENT

Should any of the aforementioned events occur, I wish to leave the following directives regarding the treatment and procedures which may be used, withheld or withdrawn:

- **I wish to not receive cardiac resuscitation (CPR) in an attempt to try and prolong my life.**
- **I wish to not receive life-support (e.g., respirators, ventilators) used in an effort to replace or support my natural breathing.**
- **I wish to not receive tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).**
- **I wish to not receive blood or blood products.**
- **I wish to not receive any form of surgery or invasive diagnostic tests.**
- **I wish to receive kidney dialysis.**
- **I wish to receive antibiotics or medication in an attempt to try**

Step 6 - Anatomy/Organ Donation

State whether or not you wish to donate your body, or organs. This section allows you to specify which, if any, organs or tissues you wish to donate should you pass away.

Additionally, you may donate your entire body should you desire. You may also delegate for which purposes you would like your body, organs or tissue used.

Step 7 - Provisions for Pregnancy (optional):

If you are female and become pregnant, you may appoint your Primary Care Physician to make decisions on you and your fetus' behalf. To appoint a Primary Care Physician, provide the following information of the healthcare professional:

- Physician's name
- Physician's address
- Telephone number

PREGNANCY STIPULATIONS

Under some state laws, advance directive instructions to refuse treatment may not be honored while a woman is pregnant. If you wish your advance directives to apply during pregnancy, you will improve your chances of having this wish honored, although not ensure it, by stating the wish clearly.

In the event that I become pregnant and my primary or attending physician or advanced health care advocate are aware of my pregnancy, **this document shall have no force or effect during the course of my pregnancy.** However, if at any point it is determined that it is not

Step 8 - Signatures:

To officiate the document, the Declarant must sign and date the document, certifying that these are their wishes and that they are of sound mind. Additionally, the following information must be provided of both attesting witnesses:

- Signature
- Date
- Full Address
- Contact Number

	<u>John Smith</u>	<u>2/4/2019</u>
	(Declarant Signature)	(Date)
1st Witness:	<u>Bill Herlon</u>	<u>2/4/2019</u>
	(Witness Signature)	(Date)
Address:	<u>456 K 1 Rd</u> <u>Daggett, Michigan 88743</u>	
Telephone	<u>626-456-8914</u>	

Step 9 - Notary Public Certificate Of Acknowledgement:

Many states require that a Living Will be certified by a state-registered Notary Public. Be sure that this document is notarized, and that the Notary Public fills out the appropriate information below so that your Living Will can be recognized by a court of law and healthcare institutions.