

# Living Will Declaration

Date: [Insert Date]

I, [Your Name], born on [Your Birthdate], residing at [Your Address], hereby declare this to be my Living Will and Declaration of my wishes regarding medical treatment.

## 1. INTRODUCTION

In the event that I become unable to speak for myself and am diagnosed with a terminal condition, I wish for the following directions regarding my medical care to be followed:

## 2. MEDICAL TREATMENT WISHES

I express my desire that the following treatments either be withheld or discontinued:

- Life-sustaining treatments (e.g., ventilators, artificial nutrition)
- Cardiopulmonary resuscitation (CPR)
- Dialysis

## 3. PALLIATIVE CARE

Regardless of my condition, I wish to receive palliative care to relieve pain and maintain comfort.

## 4. APPOINTMENT OF HEALTHCARE AGENT

I designate [Agent's Name] as my healthcare agent to make decisions on my behalf if I am unable.

## 5. SIGNATURE

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

[Your Name]

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

## 6. WITNESSES

Witness 1: \_\_\_\_\_ Date: \_\_\_\_\_

Witness 2: \_\_\_\_\_ Date: \_\_\_\_\_