
LIVING WILL

OF

XXXX XXXX

Living Will - Basic Options Only



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LIVING WILL

STATE OF MONTANA

COUNTRY OF xxx

I, ssdf sdf, (hereinafter referred to as the "Declarant"), aged eighteen years and upwards and a resident at sdf, sdf, Montana make this Declaration this day of , 20 .

1. DECLARATION

1.1 I, being of sound and disposing mind, memory and understanding, do hereby wilfully and voluntarily make known and declare this to be my Living Will, making known my desire that my life shall not be artificially prolonged under the circumstances (if any) set forth below, and do hereby declare:-

(a) If, at any time, I have a medical condition certified to be a terminal condition by two physicians who have personally examined me, one of whom is my primary physician, and the physicians have determined that my death could occur within a reasonably short period of time without the use of life-sustaining procedures then I direct that, save as may be set out herein, such life-sustaining procedures be applied to prolong my life within the limits of generally accepted health care standards.

(b) If, at any time, I have a medical condition certified to be a terminal condition by two physicians who have personally examined me, one of whom is my primary physician, and the physicians have certified that I am in a state of permanent unconsciousness and the application of life-sustaining procedures would serve only to prolong the dying process then I direct that, save as may be set out herein, such life-sustaining procedures be applied to prolong my life within the limits of generally accepted health care standards.

(c) All/Part of the clause/clauses have been deleted from this section for the sample review.

(d) All/Part of the clause/clauses have been deleted from this section for the sample review.

(e) All/Part of the clause/clauses have been deleted from this section for the sample review.

(g) All/Part of the clause/clauses have been deleted from this section for the sample review.

2. INSTRUCTIONS CONCERNING ARTIFICIAL NUTRITION AND HYDRATION

2.1 If, in the reasonable opinion of the two physicians referred to above, my condition is terminal and could result in death within a reasonably short time, then, I direct that nutrition and hydration NOT BE PROVIDED through any medical means, including medical or surgically implanted tubes or other means.

2.2 If, in the reasonable opinion of the two physicians referred to above, I am in a persistent vegetative state or other condition of permanent unconsciousness, then, I direct that nutrition and hydration NOT BE PROVIDED through any medical means, including medical or surgically implanted tubes or other means.

3. RECEIPT OF LIFE SUSTAINING TREATMENTS

3.1 In addition, if I am in a condition described at Clause 2 above, I hereby make the following advance directions about the following forms of treatment:

(a) I do not want to receive cardiac resuscitation or a cardiac pacemaker.

(b) I do not want to receive blood or blood products.

(c) I do not want to receive mechanical respiration.

(d) All/Part of the clause/clauses have been deleted from this section for the sample review.

(e) All/Part of the clause/clauses have been deleted from this section for the sample review.

(f) All/Part of the clause/clauses have been deleted from this section for the sample review.

(g) I do not want to receive an organ.

4. RELIEF FROM PAIN

4.1 All/Part of the clause/clauses have been deleted from this section for the sample review.

5. PRIMARY PHYSICIAN

5.1 I appoint xxxx of xxxx, xxx, xxxx, Mississippi (Office telephone:- xxxx, Mobile telephone:- xxxx) as my primary physician. If xxxx is unable or unwilling to act as my primary physician, my primary physician shall be deemed to be the lead physician advising on my medical treatment.

6. APPOINTMENT OF AN AGENT

6.1 Notwithstanding any other provisions of this document or any law for the time being in force, I hereby authorize xxxx of xxxx (Telephone: dsfgdf) to REVOKE this Declaration on my behalf if he, in his sole and absolute discretion, reasonably believes that it is in my best interests to do so provided always that I am not mentally capable of effecting such revocation on my own behalf.

6.2 All/Part of the clause/clauses have been deleted from this section for the sample review.

6.3 All/Part of the clause/clauses have been deleted from this section for the sample review.

7. REVOCATION PROCEDURES

7.1 This Declaration may be revoked by any one of the following methods:

(a) by being defaced, torn, obliterated, or otherwise destroyed, in expression of my intent to revoke (or that of my agent who has been duly authorized under this document to make such revocation), by me or by some person in my presence and acting on my direction (or that of my duly authorized agent) or by my agent. For the avoidance of doubt, revocation by destruction of one or more of multiple original Declarations revokes all of the original Declarations;

(b) All/Part of the clause/clauses have been deleted from this section for the sample review.

(c) by my oral expression of my intent to revoke this Declaration. An oral revocation

communicated to the attending physician by a person other than me is effective only if:

- (i) such person was present when the oral revocation was made;
- (ii) the revocation was communicated to the physician within a reasonable time; and
- (iii) All/Part of the clause/clauses have been deleted from this section for the sample review.

(d) All/Part of the clause/clauses have been deleted from this section for the sample review.

7.2 For the avoidance of doubt, my agent who has been duly authorized under this document to make such revocation shall be authorized and is hereby entitled, at my agent's sole discretion (but subject to the terms and provisions of this Declaration), to revoke this Declaration either orally or by a written, signed, and dated instrument. My agent may revoke only if I am incompetent to do so. My agent may revoke this Declaration permanently or temporarily.

7.3 All/Part of the clause/clauses have been deleted from this section for the sample review.

8. EFFECT OF COPY

8.1 All/Part of the clause/clauses have been deleted from this section for the sample review.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

IN WITNESS WHEREOF, I have hereunto subscribed my name at _____,
this ____ day of _____, 20____, in the presence of the subscribing witnesses whom I have
requested to become attesting witnesses hereto.

Signature of Declarant

Name of Witness: _____

Signature of Witness: _____

Address: _____

Name of Witness: _____

Signature of Witness: _____

Address: _____

Sample