

**Living Will**

I wish to live and enjoy life as long as possible. However, I do not wish to receive medical treatment which will only postpone the moment of my death from an incurable and terminal condition or prolong an irreversible coma. For purposes of this document, (1) "terminal condition" shall refer to a condition that is reasonably expected to result in my death within twelve (12) months regardless of the treatment that I may receive; and (2) "irreversible coma" shall refer to a permanent loss of consciousness from which there is no reasonable possibility that I will regain cognitive functions, and shall include, but not be limited to, a persistent vegetative state.

(Some general statements concerning your health care options are outlined below. If you agree with one of the statements, you should initial that statement. Read all of these statements carefully before you initial your selection. You can also write your own statement concerning life-sustaining treatment and other matters relating to your health care.

You may initial any combination of paragraphs 1, 2, 3 and 4 but if you initial paragraph 5 the others should not be initialed.)

- \_\_\_\_\_ 1. If I have a terminal condition I do not want my life to be prolonged and I do not want life-sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death.
- \_\_\_\_\_ 2. If I am in a terminal condition or an irreversible coma or a persistent vegetative state that my doctors reasonably feel to be irreversible or incurable, I do want the medical treatment necessary to provide care that would keep me comfortable, but I do not want the following:
- \_\_\_\_\_ (a) Cardiopulmonary resuscitation, for example, the use of drugs, electric shock and artificial breathing.
- \_\_\_\_\_ (b) Artificially administered food and fluids.
- \_\_\_\_\_ (c) To be taken to a hospital if at all avoidable.
- \_\_\_\_\_ 3. Notwithstanding my other directions, if I am known to be pregnant, I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.
- \_\_\_\_\_ 4. Notwithstanding my other directions I do want the use of all medical care necessary to treat my condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable or I am in a persistent vegetative state.
- \_\_\_\_\_ 5. I want my life to be prolonged to the greatest extent possible.

**CERTIFICATION OF LIVING WILL**

I CERTIFY THAT I HAVE READ THE PROVISIONS OF THIS DOCUMENT CONCERNING THE POTENTIAL WITHDRAWAL OF MEDICAL TREATMENT AND AUTHORIZING MY AGENT TO REFUSE MEDICAL TREATMENT FOR ME UNDER THE CIRCUMSTANCES SPECIFIED IN THAT ARTICLE, THAT SUCH PROVISIONS HAVE BEEN EXPLAINED TO ME TO MY SATISFACTION, THAT I UNDERSTAND SUCH PROVISIONS, AND THAT SUCH PROVISIONS STATE MY WISHES AND DESIRES UNDER THE CIRCUMSTANCES DESCRIBED

\_\_\_\_\_  
\_\_\_\_\_ (print)

I, the undersigned witness, declare that the person making this Living Will has dated and signed or marked in our presence, and appears to me to be of sound mind and free from duress. I further declare I am not related to the person signing above by blood, marriage or adoption, or a person designated to make medical decisions on his/her behalf. I am not directly involved in providing health care to the person signing. I am not entitled to any part of his/her estate under a will now existing or by operation of law. In the event the person acknowledging this Living Will is physically unable to sign or mark this document, I verify that he/she directly indicated to me that the Living Will expresses his/her wishes and that he/she intends to adopt this Living Will at this time.

\_\_\_\_\_  
\_\_\_\_\_ (print)

STATE OF ARIZONA        )  
  ) ss.  
County of Maricopa        )

Before me, the undersigned officer, on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_, and \_\_\_\_\_ the witness, known to me to be the persons whose names are subscribed to the foregoing instrument, that they executed the same in my presence for the purposes therein expressed, and that they appeared to be of sound mind and free from duress at the time of execution. I declare that I am not the person designated to make medical decisions by this document and that I am not directly involved in providing health care to the principal at this time.

IN WITNESS WHEREOF, I have hereunto set my hand and seal.

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

My Commission Expires: