
FORM THREE | Generic Living Will

Some people prefer to consider scenarios when thinking about end-of-life decisions. If you would rather do that than fill out the questions in the Health Decisions Worksheet, you may do so on this Generic Living Will form that we have provided for your convenience. On the other hand, if you fill out the main section of the Health Decisions Worksheet, it's not necessary to answer these questions. The four scenarios presented here are similar to those commonly used in many states' living will forms.

While this Generic Living Will form meets the legal requirements of most states, it may or may not fit the requirements of your particular state. Many states have special forms or special procedures for creating health care advance directives. However, even if your state's law does not clearly recognize this document, it may still provide clear evidence of your wishes if you cannot speak for yourself.

Directions

You, the principal, should fill in your name, address, and contact information. Depending on whether your state requires witnesses or notarization, or both, you must meet these rules so that the document will be valid. After reading through each of the four scenarios, check boxes next to the options. We recommend discussing the scenarios with your doctor, who can help you make choices that reflect your values and beliefs. Add notes for further clarification, if you like. All scenarios assume you are unable to voice your wishes.

Requirements for witnesses or notarization

Some states require the signatures of two witnesses on a living will; some allow notarization of the document instead. Each state has rules regarding witness disqualification (that is, who cannot serve as a witness to sign these documents). Check your own state's requirements, but to cover virtually all variations in state law, choose witnesses who are at least 18 years old (19 years old in Alabama) and who are NOT:

- the individual you've appointed as your health care agent or alternate agent
- related to you by blood, marriage, or adoption
- your health care provider, including the owner or operator of a health, long-term care, or other residential or community care facility serving you
- an employee of your health care provider
- financially responsible for your health care
- an employee of your life or health insurance provider
- a creditor of yours or entitled to any part of your estate under a will or codicil, by operation of law
- entitled to benefit financially in any other way as a result of your death.

Your name

Address

Phone numbers, fax number, email address

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This living will shall become effective upon disability or incapacity of the principal. This requirement will be met whenever it has been determined by one or more doctors that I cannot provide informed consent, or when I meet all the requirements for effectiveness mandated by state law.

If my state requires a different procedure, then my state's procedure should be followed.

Definition: Life-sustaining treatments may include hemodialysis, mechanical ventilation, hydration, artificial nutrition, and certain medications. They can keep a person alive for an indefinite period of time, but cannot cure a terminal condition. While such treatments can serve as an important bridge to recovery, sometimes they merely prolong death without supporting meaningful life. In such instances, some experts argue that “organ-sustaining” treatment is a more appropriate description than “life-sustaining” treatment. Discuss your choices with your doctor.

I understand withholding or withdrawing life-sustaining treatment, including artificial nutrition and hydration, may result in death.

Situation A

If more than one doctor says I am likely to die within a short time, and life-sustaining treatments would only prolong my death, my goals for care would be as follows:

- Keep me alive as long as possible, using life-sustaining measures, as needed.
- Give life-sustaining measures a trial if my doctor believes they will help. If I do not improve, stop them.
- Give me comfort care measures only and do not provide aggressive life-sustaining treatments.

Notes: _____

Situation B:

If I have permanent and severe brain damage with no known hope of recovery, as determined by more than one doctor, and life-sustaining treatments would only prolong my death, my goals for care would be as follows:

- Keep me alive as long as possible, using life-sustaining measures, as needed.
- Give life-sustaining measures a trial if my doctor believes they will help. If I do not improve, stop them.
- Give me comfort care measures only and do not provide aggressive life-sustaining treatments.

Notes: _____

Situation C:

If I have brain damage and am in a coma from which more than one doctor says I am not expected to awaken or recover, and life-sustaining treatments would only prolong my death, my goals for care would be as follows:

- Keep me alive as long as possible, using life-sustaining measures, as needed.
- Give life-sustaining measures a trial if my doctor believes they will help. If I do not improve, stop them.
- Give me comfort care measures only and do not provide aggressive life-sustaining treatments.

Notes: _____

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Situation D:

If I have reached an end-stage condition and my health is so poor I cannot mentally or physically care for myself, and life-sustaining treatments would only prolong my death, my goals for care would be as follows:

- Keep me alive as long as possible, using life-sustaining measures, as needed.
- Give life-sustaining measures a trial if my doctor believes they will help. If I do not improve, stop them.
- Give me comfort care measures only and do not provide aggressive life-sustaining treatments.

Notes: _____

Signature of principal

Date

Witnesses

I have witnessed that the principal has signed this document in my presence while he or she was of sound mind, and not under undue influence, constraint, or duress.

I also declare that I am over 18 years of age (19 in Alabama) and am NOT:

- the individual appointed as agent or alternate agent
- related to the principal by blood, marriage, or adoption
- the principal's health care provider, including owner or operator of a health, long-term care, or other residential or community care facility serving the principal
- an employee of the principal's health care provider
- financially responsible for the principal's health care
- an employee of the principal's life or health insurance provider
- a creditor of the principal or entitled to any part of the principal's estate under a will or codicil, by operation of law
- entitled to benefit financially in any other way as a result of the principal's death.

Witness signature #1

Printed name of witness

Address

Phone numbers, fax number, and email address

Witness signature #2

Printed name of witness

Address

Phone numbers, fax number, and email address

Notarization

Many states permit notarization as an alternative to two witnesses. (Notarization or notarization plus two witnesses is required only in certain states. Check with the state in which you live to find out if this applies to you. Or simply go the extra step and use two witnesses and a notary to cover all possibilities.)

State of _____ County of _____

On this _____ day of _____, 20____, the said _____,

known to me (or satisfactorily proven) to be the person named in the foregoing instrument, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged that he or she freely and voluntarily executed the same for the purposes stated therein.

My commission expires: _____

Notary Public _____