

## LIVING WILL

This living will is effective only while you are unable to make or communicate your own healthcare decisions. Some general statements concerning your healthcare 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 healthcare.

1. \_\_\_ If I have a terminal condition, I do not want my life to be artificially 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 want medical treatment 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 want life-sustaining treatment 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 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.

Other or Additional Statements of Desires:

I have \_\_\_ I have not \_\_\_ attached additional special provisions or limitations to this document to be honored in the absence of my being able to give healthcare directions.

This living will is made under Section 36-3261, Arizona Revised Statutes, and continues in effect for all who may rely on it except those to whom I have given notice of its revocation.

\_\_\_\_\_  
Your Signature or Mark

\_\_\_\_\_  
Date

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**Affirmation of Witnesses\***

I affirm that:

- (1) I was present when this living will was dated and signed or marked, or if the person is physically unable to sign or mark the living will the person making this power of attorney directly indicated to me that the living will expressed that person's wishes and that the person intended to adopt this living will at that time.
- (2) The person signing this health care power of attorney appears to be of sound mind and free from duress.
- (3) If the document will not be notarized: I certify that I have not been designated to make medical decisions for the person who signs this living will; I am not directly involved with providing health care to that person as a health care professional; I am not related to that person by blood, marriage or adoption; and I am not entitled to any part of that person's estate.

Witness Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

(Optional) Second Witness Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

STATE OF ARIZONA            )  
   ) ss.  
 County of \_\_\_\_\_        )

The maker of this document appears to be of sound mind and free from duress. It was subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Signature or Mark of Person Making Living Will            Date  
 Verification

\* A living will must be signed by a notary or by an adult witness or witnesses, who saw you sign or mark the document and who say that you appear to be of sound mind and free from duress. A notary or witness cannot be the person you name to make your decisions or your provider of healthcare. If you have only one witness, that witness cannot be related to you or someone who will get any of your property from your estate if you die.