

HEALTH CARE PROXY WITH LIVING WILL

I, _____, of _____ hereby appoint _____, of _____, with phone numbers of _____ (Cell) and _____ (home), as my health care agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This health care proxy shall take effect in the event I become unable to make my own health care decisions.

[Note: Although not necessary, and neither encouraged nor discouraged, you may wish to state instructions or wishes, and limit your agent's authority. Unless your agent knows your wishes about artificial nutrition and hydration, your agent will not have authority to make decisions about those matters. If you choose to state instructions, wishes, or limits, please do so below.]

1. If at any time I should have an incurable injury, disease, or illness certified to be a terminable condition by two physicians, become in a coma with no reasonable expectation of regaining consciousness, or become in a persistent vegetative state with no reasonable expectation of regaining significant cognitive function, and where the use or application by any person of artificial, extraordinary, extreme or radical medical or surgical means or procedures calculated to prolong my life would serve only to artificially prolong the moment of my death, and whether or not my physician has determined that my death is imminent, and whether or not life-sustaining procedures have been utilized (including cardiac resuscitation, mechanical respiration, tube feeding, and antibiotics), I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally and with dignity. The physicians are to advise my health care agent, but my health care agent will make the decision as to whether my life is worth saving.

2. In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that these directives be honored by my family, physicians, and all other health care providers as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

3. I direct that medication be administered to me to alleviate pain and suffering, including any pain that might occur by withholding or withdrawing treatments, and that no means may be used to intentionally shorten my life.

4. I execute this Living Will with the understanding that any person, hospital, or medical institution which acts or refrains from acting in reliance on and in compliance with this Living Will shall be immune from liability otherwise arising out of such failure to use or apply artificial, extraordinary, extreme or radical medical or surgical means or procedures calculated to prolong my life.

5. I understand the full import of this Living Will and I am emotionally and mentally competent to make these directives.

In the event the person I appoint above is unable, unwilling or unavailable to act as my health care agent, then I hereby appoint as my alternative health care agent, _____, residing at _____, with phone numbers of _____ (home) and _____ (cell).

I direct my agent to make health care decisions in accordance with my wishes and instructions as stated above or as otherwise known to him or her. I also direct my agent to abide by any limitations on his or her authority as stated above or as otherwise known by him or her.

I would like it to be known that upon my death I wish to be buried/cremated and I have reserved a cemetery plot at _____. Funeral arrangements should be made with _____.

I understand that unless I revoke it, this proxy will remain in effect until the date or occurrence of the condition I have stated below.

.....

(Please complete the following if you do NOT want this health care proxy to be in effect indefinitely.) This proxy shall expire: _____

.....

Dated: _____ Signature: _____

I declare that the person who signed or asked another to sign this document is personally known to me and appears to be of sound mind and acting willingly and free of duress. He or she signed, or asked another to sign for him or her, this document in my presence. I am not the person appointed as agent by this document.

Witness Address: _____

Witness Address: _____
