

LIVING WILL

LIFE-SUSTAINING TREATMENT. If I, _____, am in a terminal condition, that my doctors reasonably feel to be irreversible or incurable, I DO want my life prolonged and I DO WANT life-sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death (NOTE: "Comfort care" means treatment in an attempt to protect and enhance the quality of life without artificially prolonging life).

NUTRITION AND HYDRATION. If I have a condition stated above, it is my preference NOT TO RECEIVE artificially administered food and fluids.

PREGNANCY. If I am known to be pregnant, I do not want life-sustaining treatment withheld or withdrawn. However, if at any point it is determined that it is not possible that the embryo/fetus will develop to the point of live birth with continued application of life-sustaining treatment, it is my preference that life-sustaining treatment be withheld or withdrawn. If life-sustaining treatment will be physically harmful or unreasonably painful to me in a manner that cannot be alleviated by medication, I request that my desire for personal physical comfort be given consideration in determining whether this document shall be effective if I am pregnant.

RESUSCITATION. I want cardiopulmonary resuscitation, for example, the use of drugs, electric shock and artificial breathing.

CARE. 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.

If any provision in this document is held to be invalid, such invalidity shall not affect the other provisions which can be given effect without the invalid provision, and to this end the directions in this document are severable.

Signed this ____ day of _____, _____.

Signature: _____

Name: _____

Address: _____
_____ County

Arizona

Birthdate: Invalid date

I am an adult, and I was present when _____ signed (or marked) this living will. _____ appeared to be of sound mind and free from duress at the time of signing. I am not designated to make medical decisions on _____'s behalf, and I am not a person directly involved with the provision of health care to _____ at the time of the signing of this living will.

I am not related to _____ by blood, marriage or adoption, and I am not entitled to any part of _____'s estate by will or by operation of law at the time that this living will is signed.

Witness Signature: _____

Name: _____

Address: _____

Date: _____

SAMPLE