

LIVING WILL

OF

I, _____ . residing at _____
_____, New York, New York _____, being of sound mind, make this statement as a directive to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated below:

I direct my attending physician to withhold or withdraw treatment that serves only to prolong the process of my dying, if I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery. I direct that I be allowed to die, and not be kept alive by medications, artificial means, life support equipment or “heroic measures”.

These instructions apply if I am a) in a terminal condition; b) permanently unconscious; or c) if I am conscious but have irreversible brain damage and will never regain the ability to make decisions and express my wishes.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment.

While I understand that I am not legally required to be specific about future treatments, if I am in the condition(s) described above I feel especially strongly about the following forms of treatment:

I do not want cardiac resuscitation.

I do not want mechanical respiration.

I do not want tube feeding.

I do not want antibiotics.

I do want maximum pain relief.

I do want to live out my last days at home rather than in a hospital if it does not jeopardize the chance of my

recovery to a meaningful and conscious life and does not impose an undue burden on my family.

I direct that if reasonably possible, any decision as to whether any intended act would violate my expressed intent be made by my _____, _____
_____ residing at _____
_____ or if he is unable, unwilling or unavailable to act herein, then I appoint my _____
_____, _____, residing at _____

IN WITNESS WHEREOF, I, _____ have
subscribed my name at the end hereof and sealed these presents and do publish and declare
the foregoing as and for my Living Will this _____ day of _____.

SAMPLE
Subscribed at the end and sealed by _____

in the presence of us each and each of us, did sign our names as attending witnesses thereto at
the end of this Living Will this _____ day of _____

WITNESS

ADDRESS

WITNESS

ADDRESS
