

# Health Care Proxy and Living Will

## APPOINTMENT OF AGENT

I, \_\_\_\_\_, hereby appoint the following person as my Health Care Agent, with authority to make health care decisions for me in the event that I lose the capacity to make those decisions myself:

**Name of Agent** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

### Alternate Agent

In the event that the person named above is unable, unwilling, or unavailable to act as my Health Care Agent, I appoint the following person as an Alternate:

**Name of Agent** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

### Authority

I direct my Agent to make health care decisions for me, in accordance with my wishes. My wishes may be stated in this document, or my Agent may know them by other means. If my Agent cannot determine my wishes, my Agent is to make decisions in accordance with my best interests. I also direct my Agent to abide by any limitations which are stated in this document or which I otherwise make known to my Agent.

**Limitations:** \_\_\_\_\_

### Termination of Authority

I understand that this Proxy will remain in effect indefinitely, unless I revoke it, or until the following date or occurrence:

## LIVING WILL DECLARATION

If I should be in an incurable or irreversible condition, with no reasonable expectation of recovery, or if there is little likelihood that I will return to a conscious state of self-awareness, I direct all of my health care providers to withhold or withdraw treatments which merely prolong my dying. If my physicians reasonably believe that certain procedures or treatments may lead to recovery, those procedures or treatments may be tried for a period of time, but are to be withdrawn if they do not significantly improve my condition or provide comfort.

**Comments:** \_\_\_\_\_

I specifically direct that treatments which will keep me comfortable and relieve be provided.

**Comments:** \_\_\_\_\_

In addition to comfort measures, I specifically request: \_\_\_\_\_

I especially do not want the following: \_\_\_\_\_  
\_\_\_\_\_

My other instructions and comments are: \_\_\_\_\_  
\_\_\_\_\_

## ORGAN DONATION

After my death, I wish to donate my organs for use in transplantation.

**Limitations:** \_\_\_\_\_

These instructions express my legal right to bodily self-determination. They reflect my firm and settled commitment, made with calm and deliberate resolve. I intend this document to be treated as clear and convincing evidence of my wishes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## WITNESSES' DECLARATION

We declare that \_\_\_\_\_ signed this document ( or directed another person to sign it) in our presence, willingly and free from duress.

\_\_\_\_\_  
Witness Signature  
Print name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Witness Signature  
Print name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

## RE-AFFIRMATION

I have reviewed and reaffirmed this Proxy and Advance Directive, and I declare that it still expresses my wishes.

**Initials**  
\_\_\_\_\_  
\_\_\_\_\_

**Date**  
\_\_\_\_\_  
\_\_\_\_\_

**Initials**  
\_\_\_\_\_  
\_\_\_\_\_

**Date**  
\_\_\_\_\_  
\_\_\_\_\_