LIVING WILL / HEALTH CARE DIRECTIVE

John Smith

1. DESIGNATION OF HEALTH CARE AGENT:

I, John Smith , hereby designate and appoint Jane Smith as my agent to make health care decisions authorized in this document. In the event that Jane Smith is unable to act as my agent for health care decisions then I appoint my children:

Fred Smith
Daisey Smith

2. GENERAL STATEMENT OF AUTHORITY GRANTED:

a. In the event I become incapable of giving an informed consent to any health care decision, I hereby grant to my agent full power and authority to consent, refuse consent, or withdraw consent to any type of health care procedure (including any procedure to maintain, diagnose, or treat any physical or mental condition), or to make any other health care decision, to the same extent that I could if I were competent to do so, subject to the terms of this instrument. My agent shall exercise this power and authority in accordance with my expressed desires, known to my agent, whether contained in this document or not. Before acting, my agent shall attempt to communicate with me regarding my desires unless such attempt would be futile. If my desires are unknown, then my agent should decide for me, having my best interests in mind. My agent is further authorized:

To authorize, or refuse to authorize, any health care decision, or medical treatment, if I shall be physically or mentally incapacitated, or otherwise unable to make such authorization for myself, including, but not limited to authorization for emergency care, hospitalization, surgery, therapy, and/or any other kind of treatment or procedure that, in my agent’s sole discretion, my agent thinks necessary for my benefit and well being.

To consult with and advise any physicians, nurses, therapists, dentists, or any other medical and/or health care institutions on my behalf, as such consultations relate to my health and welfare. All such personnel and institutions are specifically requested to abide by any and all decisions and instructions of my agent and to release to my agent’s any and all information which they May request concerning my health and well-being.

To receive into my agent’s sole possession any and all items of personal property and effects that May be recovered from or about my person by any hospital, police agency, or any other person at the time of my illness, disability, or death, this to specifically include my remains, if applicable.

b. “Health care decisions” means consent, refusal of consent, or withdrawal of consent for any care, treatment, service, or procedure to affect my physical or mental condition, as well as consent to release of medical information.

c. I trust my agent, who knows and understands my desires, and in whose judgment I have absolute faith, to exercise her discretion, in a manner that would be satisfactory to me, if I had the capacity to give or refuse to give consent.

d. Before acting, my agent shall attempt to communicate with me regarding my desires unless such attempt

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would be futile. If I am unreachable by such communication, and my desires regarding a particular health care decision are unknown, my agent should make the health care decision guided by any preferences that I have previously expressed, by those stated herein, and by information received from the attending physician(s) concerning my prognosis, all the while having my best interests in mind.

3. STATEMENT OF DESIRES CONCERNING LIFE SUSTAINING TREATMENT AND SPECIAL PROVISIONS:

a. If the extension of my life would result in a mere biological existence, devoid of cognitive function, with no reasonable hope for normal functioning, then I do not desire any form of life sustaining procedures, including nutrition and hydration unless necessary for my comfort or alleviation of pain, or, if life sustaining treatment has been instituted, I desire that it be withdrawn. It is my desire that my agent consider relief from suffering, preservation or restoration of functioning, and the quality as well as extent of the life being preserved when decisions are made concerning life sustaining care, treatment, services, and procedures. In making the decision to withhold or remove treatment, my agent should ask the question: “Is the proposed treatment an aid to recovery or merely a prolongation of inevitable death?” What is “reasonable,” what is “an aid to recovery,” and what is “merely a prolongation of inevitable death” shall be determined by my agent after consulting with my attending physicians.

b. Regardless of my condition, it is my desire to receive nutrition and hydration in all ways possible.

But if I remain in a coma for (5) days, my agent is instructed not to continue nutrition and hydration by any artificial means so long as they are not necessary for comfort or alleviation of pain.

c. It is my desire that my agent consent to and arrange for the administration of any type of pain relief, even though its use May lead to permanent damage, addiction, or even hasten the moment of, but not intentionally cause, my death.

d. Regarding the decision to withhold or withdraw life sustaining treatment, I desire that my agent act after allowing a reasonable period of time for observation and diagnosis.

4. INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH:

My agent has the power and authority to do all of the following:

a. Request, review, and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records.

b. Execute, on my behalf, any releases or other documents that May be required in order to obtain this information.

c. Consent to disclosure of this information.

d. Execute documents such as “Refusal to Permit Treatment,” “Leaving Hospital Against Medical Advice,” or any necessary waiver or release from liability required by hospital or physician.

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My agent has the power and authority to execute any and all documents that relate to my health care decisions, including, but not limited to: Documents titled or purported to be a “Refusal to Permit Treatment” or “Leaving Hospital Against Medical Advice,” and any necessary waiver or release from liability.

5. SIGNING DOCUMENTS, WAIVERS, AND RELEASES:

My agent has the power and authority to execute any and all documents that relate to my health care decisions, including, but not limited to: Documents titled or purported to be a “Refusal to Permit Treatment” or “Leaving Hospital Against Medical Advice,” and any necessary waiver or release from liability.

6. AUTOPSY, ANATOMICAL GIFTS, DISPOSITION OF REMAINS:

a. I give my agent the authority to make a disposition of parts of my body and to direct the disposition of my remains according to his/her wishes.

7. DECLARATION OF PRINCIPAL:

I declare that my lawyer has explained to me my rights in connection with this instrument and the consequences of signing it and not signing it, and that I have read the warnings contained in this instrument.

Executed on 2017-03-08
By: John Smith , Trustor

Signature:

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