

"LIVING WILL"

Living Will made this _____ day of _____
(Month, Year)

I, _____, being of sound mind, willfully and voluntarily make known my desire that my life should not be prolonged under the circumstances set forth below and do declare:

Check each condition listed below in which you want the Living Will to apply:

1. If at any time I should:

- _____ develop a terminal condition,
- _____ decline into a persistent comatose condition with no reasonable expectation of regaining consciousness, or
- _____ decline into a persistent vegetative condition with no reasonable expectation of regaining significant cognitive function,

as defined in and established in accordance with the procedures set forth in paragraphs (2), (9), and (13) of Code Section 31-32-2 of the Official Code of Georgia Annotated, I direct that the application of life-sustaining procedures to my body be withheld or withdrawn and that I be permitted to die;

Check only one option from below:

I intend for "life-sustaining procedures" to also include nourishment and hydration. I want to be permitted to die and want the following life-sustaining procedure(s) withheld or withdrawn from me:

- _____ nourishment and hydration; (I do not want to receive food or water)
- _____ nourishment but not hydration; (I do not want to receive food but I want to receive water)
- _____ hydration but not nourishment; or (I do not want to receive water but I want to receive food)
- _____ neither nourishment nor hydration. (I want to receive both food and water)

2. In the absence of my ability to give directions regarding the use of such life sustaining procedures, it is my intention that this Living Will shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal;
3. I understand that I may revoke this Living Will at any time;
4. I understand the full import of this Living Will, and I am at least 18 years of age, and am emotionally and mentally competent to make this Living Will; and
5. If I am female and I have been diagnosed as pregnant, this Living Will shall have no force and effect unless the fetus is not viable and I indicate by initialing after this sentence that I want this Living Will to be carried out.

(Initial here)

(Signature)

(City)

(County)

(State)

I hereby witness this Living Will and attest that:

- 1. The declarant is personally known to me and I believe the declarant to be at least 18 years of age and of sound mind:**
 - 2. I am at least 18 years of age:**
 - 3. To the best of my knowledge, at the time of the execution of this Living Will, I:**
 - A. am not related to the declarant by blood or by marriage;**
 - B. would not be entitled to any portion of the above person's estate by any will or by operation of the law under the rules of descent and distribution of this State;**
 - C. am not the attending physician of the declarant or an employee of the attending physician or an employee of the hospital or skilled nursing home facility in which the declarant is a patient;**
 - D. am not directly financially responsible for the declarant's medical care; and**
 - E. have no present claim against any portion of the estate of the declarant.**
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- 4. Declarant has signed this document in my presence as above instructed, on the date above first shown.**

Witness

Address

Witness

Address

An additional witness is required when a Living Will is signed in a hospital or skilled nursing facility.

This witness is required by law to be the:

Medical Director of the skilled nursing facility or staff physician not participating in care of the patient or Chief of the hospital medical staff or staff physician or hospital designee not participating in care of the patient.

I hereby witness this Living Will and attest that I believe the declarant to be of sound mind and to have made this Living Will willingly and voluntarily.

Witness

Title/Position of Witness

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC
STATE OF _____ COUNTY OF _____**

This document was acknowledged before me on this _____ day of _____

NOTARY SEAL

(Signature of Notary)

Notary Public for the State of _____

My Commission Expires on (Date)