



Illness and Hospitalization
Living Will Form

LIVING WILL DECLARATION OF _____.(Print)

To my family, doctors, hospitals, surgeons, medical care providers, and others concerned with my care:

I, _____, being of sound mind and rational thought willfully and voluntarily make this declaration to be followed if I become incompetent or incapacitated to the extent that I am unable to communicate my wishes, desires, and preferences on my own.

This declaration reflects my firm, informed, and settled commitment to refuse life-sustaining medical care and treatment under the circumstances that are indicated below.

This declaration and the following directions are an expression of my legal right to refuse medical care and treatment. I expect and trust the above-mentioned parties to regard themselves as legally and morally bound to act in accordance with my wishes, desires, and preferences. The above-mentioned parties should therefore be free from any legal liabilities for having followed this declaration and the directions that it contains.

If I should stop breathing or my heart should stop: (Please check one)

I **DO** WISH TO BE FULLY RESUSITATED (CPR)_____

I **DO NOT** WISH TO BE RESUSITATED (CPR)_____

This Living Will Declaration expresses my firm wishes, desires, and preferences and the fact that I may have executed a form by the law of the State of Arizona, may not be used a limiting or contradicting this Living Will Declaration, which is an expression of both my common law and constitutional rights.

I make this Living Will Declaration the _____ day of _____, 20____.

Declarant's Signature

Declarant's Address

*****If you already have a living will please attach to this form.**

*****If at any time you change your living will, please send a signed and updated copy to our office.**



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Witness Statements

I declare that the person who signed or acknowledged this document is personally known to me, that he/she signed or acknowledged this Living Will Declaration in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence.

Witnesses' Signature

Witnesses' Printed Name

Witnesses' Address

I declare that the person who signed or acknowledged this document is personally known to me, that he/she signed or acknowledged this Living Will Declaration in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence.

Witnesses' Signature

Witnesses' Printed Name

Witnesses' Address