

[Sample not for reprint]

LIVING WILL

-of-
#NAME#

I, #NAME#, presently residing at _____, 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 settled commitment to decline medical treatment as follows:

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.

These instructions apply only if I am a) **in a terminal condition whereby my death will occur in a short period of time;** 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 electrical or mechanical respiration.

I do not want tube feeding of any kind.

I do not want antibiotics.

I do not want surgery.

I do not want any other measures, available now or developed in the future which merely prolong or suspend the dying process without providing any possible cure.

I DO WANT MAXIMUM PAIN RELIEF.

Nothing contained in this, my Living Will, shall be construed as to limit the authority of any Health Care Proxy Agent (“Agent”) appointed by me at any time heretofore or hereafter. As such, I direct that the decision of my Agent shall be final and binding on all parties.

These directions express my legal right to refuse treatment, under the laws of the State of New York. I intend my instructions to be carried out, unless I have rescinded them in a new writing or by clearly indicating that I have changed my mind.

I have made this instrument while in full command of my faculties in order to furnish clear and convincing proof of the strength and durability of my determination to forego life-sustaining treatment in any of the circumstances referred to herein; of my firm conviction that I am entitled to forego treatment in the exercise of my constitutional and common law rights to determine the course of my medical treatment; and of my belief that my right to forego treatment is paramount to any responsibility of any health care provider or the authority of any court or judge to attempt to force unwanted medical care upon me. I expect my family, doctors, and all those concerned with my care to be free from liability or guilt for following my directions.

Signature: _____ **Date:** _____
#NAME#

This instrument was on the above date, signed, sealed published, and declared by #NAME#, to be his/her Living Will, in the presence of each of us, and we have hereunto subscribed our names as witnesses thereto. The Declarant has been known to us and we believe him/her to be of sound mind.

_____ **residing at** _____

_____residing at _____

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LIVING WILL

OF

#NAME#

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BRIAN A. RAPHAN, P.C.

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