

# Living Will

I, Robert Smith am of sound mind, and I voluntarily make this declaration.

If I become terminally ill or permanently unconscious as determined by my doctor and at least on other doctor, and if I am unable to participate in decisions regarding my medical care, I intend this declaration to be honored as the expression of my legal right to authorize or refuse medical treatment.

My desires regarding medical treatment are:

**The quality of my life is important to me. I do not want to be kept alive if I have a terminal condition, or if I lose the ability to communicate concerning medical treatment decisions, or if I have any other incurable or irreversible mental or physical condition which seriously or totally disables me with no reasonable expectation of recovery. This includes brain disease or brain damage such that I am unable to recognize people and to speak understandably or to communicate feelings other than pain or suffering or delusions. My condition does not have to be terminal in order for these instructions to apply. These instructions apply even if I could be kept alive indefinitely by medical treatment.**

My family, the medical facility, and any doctors, nurses and other medical personnel involved in my care shall have no civil or criminal liability for following my wishes as expressed in this declaration.

I may change my mind at any time by communicating in any manner that this declaration does not reflect my wishes.

Photocopies of this document, after it is signed and witnessed, shall have the same legal force as the original document.

I sign this document after careful consideration. I understand its meaning and I accept its consequences.

Dated: 5/7/04

Signed: Robert Smith  
(Your signature)

1234 Any St.  
San Francisco, CA 94133  
(Address)

**Statement of Witnesses:**

We sign below as witnesses. This declaration was signed in our presence. The declarant appears to be of sound mind, and to be making this designation voluntarily, without duress, fraud or undue influence.

Frank Clay  
(Print Name)

Frank Clay  
(Signature of Witness)

1234 Generic St.  
San Francisco, CA 94135  
(Address)

Sue Johnson  
(Print Name)

Sue Johnson  
(Signature of Witness)

1234 Any St.  
San Francisco, CA 94134  
(Address)