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Introduction to Living Will

A Living Will is a crucial legal document that expresses your desires concerning medical treatments. It becomes effective if you are unable to communicate your own healthcare decisions due to incapacitation. This ensures your wishes are honored regarding medical care. Docupal Demo, LLC, located at 23 Main St, Anytown, CA 90210, provides this Living Will Agreement to help you document these vital preferences.

Benefits of Having a Living Will

Having a Living Will benefits several parties. It primarily benefits you by ensuring your healthcare preferences are followed, even when you cannot express them. Your family also benefits, as the Living Will can alleviate the stress and uncertainty of making difficult medical decisions on your behalf. Healthcare providers are guided by your Living Will, allowing them to provide the care you desire.

Incorporating a DNR Order

A "Do Not Resuscitate" (DNR) order can be incorporated within your Living Will or exist as a separate document. A DNR order specifically instructs healthcare providers not to perform CPR or other life-saving measures if your heart stops or you stop breathing. Including a DNR order ensures these specific wishes are also respected.

Healthcare Treatment Preferences

This section outlines your preferences regarding various medical treatments, particularly concerning end-of-life care. Your selections here will guide medical professionals and your healthcare proxy in making decisions if you are unable to communicate your wishes.

Life-Sustaining Treatment

Life-sustaining treatment refers to any medical intervention that prolongs life. This includes, but is not limited to:



- **Mechanical Ventilation:** Using a machine to assist or replace breathing.
- **Artificial Nutrition and Hydration:** Providing nutrients and fluids through a tube when you are unable to eat or drink.
- **Kidney Dialysis:** Filtering waste products from the blood when your kidneys are not functioning.
- **Cardiopulmonary Resuscitation (CPR):** Actions taken to restart your heart and breathing if they stop. You can incorporate a Do Not Resuscitate (DNR) order to specify that you do not want CPR.

Please indicate below your preferences regarding these treatments:

- I want all available life-sustaining treatments to be provided.
- I want life-sustaining treatments to be provided unless they are deemed futile or would only prolong the dying process.
- I do not want any life-sustaining treatments to be provided.

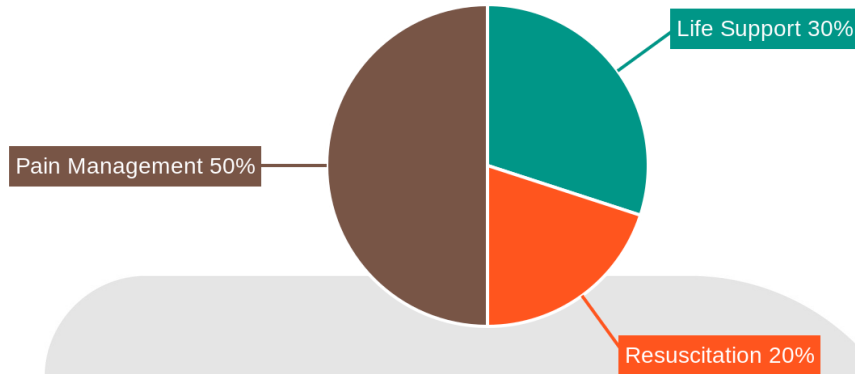
Pain Management and Comfort Care

It is my priority to receive adequate pain relief and comfort care, even if such treatment may hasten my death. I want to be kept as comfortable as possible, and I authorize my healthcare providers to administer medications and therapies for pain, anxiety, and other distressing symptoms.

Specific Directives

- **Antibiotics:** I consent to/do not consent to the use of antibiotics to treat infections.
- **Blood Transfusions:** I consent to/do not consent to blood transfusions.
- **Palliative Care:** I want to receive comprehensive palliative care to manage my symptoms and improve my quality of life.





This pie chart illustrates common treatment preferences, with pain management often being the most prioritized.

Appointment of Healthcare Proxy

Healthcare Proxy Designation

I, [Your Full Name], residing at [Your Address], hereby appoint:

Primary Healthcare Proxy:

- Name: [Primary Proxy's Full Name]
- Address: [Primary Proxy's Address]
- Phone Number: [Primary Proxy's Phone Number]

as my primary healthcare proxy to make healthcare decisions for me if I am unable to make them myself. This includes decisions about medical treatment, surgical procedures, and life-sustaining measures.

Authority and Responsibilities

My healthcare proxy will have the authority to:

- Consent to or refuse any medical treatment or procedure on my behalf.
- Access my medical records and consult with my physicians.
- Make decisions consistent with my wishes, as expressed in this document or otherwise known to them. If my wishes are unknown, my proxy should make decisions based on what they believe to be in my best interest.
- Interpret my wishes based on their understanding of my values and beliefs.

Alternate Healthcare Proxy

If my primary healthcare proxy is unable, unwilling, or unavailable to act, I appoint the following individual as my alternate healthcare proxy:

- Name: [Alternate Proxy's Full Name]
- Address: [Alternate Proxy's Address]
- Phone Number: [Alternate Proxy's Phone Number]

My alternate healthcare proxy will have the same authority and responsibilities as my primary healthcare proxy, under the conditions outlined above.

Effective Date and Duration

This appointment becomes effective immediately if and when my attending physician determines that I am unable to make my own healthcare decisions. This appointment shall continue in effect until I revoke it, either verbally or in writing, or until my death. I understand that I have the right to revoke this appointment at any time.

Personal Values and Beliefs

Guidance on Personal Values and Beliefs

This section helps you articulate your personal values and beliefs. These values will guide your healthcare decisions if you cannot express your wishes. Consider your ethical, spiritual, and philosophical views on medical treatment, end-of-life care, and the meaning of a good life.



Examples of Values to Consider

- The importance of independence and self-determination
- The role of faith or spirituality in your life
- Your views on prolonging life versus quality of life
- Your feelings about pain management and comfort care
- The value you place on specific relationships and responsibilities

Space for Your Personal Values and Beliefs

Use the space below to describe your personal values and beliefs that should inform your healthcare decisions. Aim for 150–200 words.

[Space for individual to express their ethical, religious, or personal values influencing medical decisions.]

Instructions for Organ Donation

Organ Donation Instructions

This section allows you to specify your preferences regarding organ and tissue donation after your death. Your decision to donate can save lives and improve the quality of life for others.

Expressing Your Wishes

You have the right to donate all or specific organs and tissues. Indicate your wishes clearly below:

- I wish to donate any needed organs and tissues.
- I wish to donate the following organs and tissues only: (Specify organs/tissues)
- I do not wish to donate any organs or tissues.

Legal Considerations

Organ donation is governed by the Uniform Anatomical Gift Act in most states. Your decision to donate will be legally binding upon your death, provided the proper documentation is in place. Discuss your wishes with your family and ensure they



are aware of your decision. You may also register your donation decision with your state's organ donor registry. This registry can be accessed by medical professionals to quickly determine your donation status. You can change your mind at any time by amending this document or updating your registry status.

Guidance on Communication with Healthcare Providers

Communicating Your Living Will

It is crucial to communicate your Living Will to your healthcare providers. This ensures your wishes are understood and respected.

Sharing the Document

- **Provide Copies:** Give a copy of this Living Will to your primary care physician and any relevant specialists.
- **Include in Medical Records:** Ensure it is included in your medical records at your primary hospital or clinic.
- **Keep the Original Accessible:** Store the original document in a safe, accessible location. Let your healthcare agent and family know where it is.

Discussing Your Wishes

- **Schedule a Meeting:** Arrange a meeting with your physician to discuss your Living Will. This allows for clarification and ensures they understand your specific healthcare preferences.
- **Involve Your Healthcare Agent:** Include your healthcare agent in these discussions. They can advocate for your wishes if you are unable to do so.
- **Be Clear and Direct:** Clearly communicate your preferences regarding medical treatments, life-sustaining measures, and end-of-life care.

Presenting Your Living Will

When presenting your Living Will to healthcare professionals, be proactive and clear. Explain that this document outlines your wishes regarding medical treatment if you become incapacitated. Emphasize that it is meant to guide, not dictate, care,



and that you trust their professional judgment. Be prepared to discuss your values and the reasons behind your choices. Encourage open dialogue and address any questions or concerns they may have. By initiating a thoughtful conversation, you can foster a collaborative approach to ensure your preferences are honored while receiving the best possible medical care.

Legal Formalities and Signatures

This Living Will Agreement becomes effective when it is signed by the Principal. It may also require signatures from witnesses or a notary public, depending on the specific requirements of your state.

Signing Requirements

The Principal must sign and date this Living Will Agreement in the presence of two qualified adult witnesses. These witnesses must attest that the Principal signed the document freely and voluntarily, and that the Principal appeared to be of sound mind and under no duress at the time of signing.

Witness Attestation

Each witness must provide their printed name, signature, and current address. The witnesses should not be related to the Principal by blood, marriage, or adoption, nor should they be entitled to any portion of the Principal's estate under a will or codicil, or be directly financially responsible for the Principal's medical care.

Notarization

Although not required in all jurisdictions, notarization provides an additional layer of legal validity. A notary public verifies the identity of the Principal and witnesses, and confirms that the signatures are genuine. If notarization is desired or required, the Principal and witnesses must appear before a qualified notary public to acknowledge their signatures.



Document Storage

After proper execution, the original Living Will Agreement should be stored in a safe and accessible location known to the Principal and their designated healthcare agent. Copies should be provided to the healthcare agent, primary care physician, and any other relevant healthcare providers. It is the Principal's responsibility to ensure that these individuals are aware of the existence and location of this document.

Principal:

Signature

Printed Name

Date

Witness 1:

Signature

Printed Name

Address

Date

Witness 2:

Signature

Printed Name



Address

Date

Notary Public (if applicable):

State of _____

County of _____

On this _____ day of _____, 2025, before me, the undersigned Notary Public, personally appeared the above-named Principal and Witnesses, known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged that they executed the same for the purposes therein contained.

Notary Public Signature and Seal My commission expires:

Review and Amendment Procedures

To ensure this Living Will Agreement accurately reflects your wishes, it should be reviewed periodically. Docupal Demo, LLC (the Producer) suggests a review every two to five years, or sooner if there are significant life changes. Such changes might include marriage, divorce, the birth of a child, or a change in your health status.

Amendment Process

Amendments to this Living Will must be made in writing. Any changes must be dated and signed by you (ACME-1) while you have the capacity to do so. It is recommended that any amendments also be witnessed by two adults who meet the requirements for witnesses as defined by the laws of Oregon, United States, where Acme, Inc is located.

Notification of Amendments

Once amended, copies of the revised Living Will should be provided to your physician, healthcare agent, and any other relevant parties to ensure they are aware of your current healthcare preferences. Maintain the original document in a safe,



accessible place and inform your healthcare agent of its location.

