Rodney Haun
Attorney At Law

Living Will Questionnaire

Client Name: _____

Address: _____

City: _____

(*spouse's entries follow on page 3)

1. Living Will Directive Option:

Terminal condition or terminal illness: For the purposes of this document, a terminal condition or terminal illness means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury. My physician and one other physician will have examined me and believe that I cannot recover and that death is likely to occur within a relatively short time if I do not receive life-sustaining treatment.

Check option for each:

Life-sustaining Treatment:

- ☐I want to have life-sustaining treatment if I am in a terminal condition.
- ☐I DO NOT want to have life-sustaining treatment if I am in a terminal condition.

Artificially Provided Nutrition:

- ☐I want to have nutrition (food) and hydration (water) provided through a tube or IV if I am in a terminal condition.
- ☐I DO NOT want to have nutrition (food) and hydration (water) provided through a tube or IV if I am in a terminal condition, realizing that this may hasten my death.

CPR:

- ☐I want to have CPR if I am in a terminal condition.
- ☐I DO NOT want to have CPR if I am in a terminal condition. I want my attending physician to issue a DNR order.

Comfort Care:

- ☐I want to have comfort care if I am in a terminal condition.
- ☐I DO NOT want to have comfort care if I am in a terminal condition and if the comfort care would prolong the dying process.

Permanently unconscious state: For the purposes of this document, a permanently unconscious state means an irreversible condition in which I am permanently unaware of myself and my surroundings. My physician and one other physician must examine me and agree that a total loss of higher brain function has left me unable to feel pain or suffering.

Check option for each:

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Continue to next page:

Anatomical Gifts

Do you wish to make an anatomical gift?

☐No ☐Yes

If no, go to the next page. If yes, please select below:

Upon my death, the following are my directions regarding donation of all or part of my body.

☐All organs, tissue and eyes for any purpose authorized by law.

Only select items:

☐Bones	☐Eyes/Corneas	☐Fascia	☐Heart
☐Heart valves	☐Intestines	☐Kidneys	☐Ligaments
☐Liver	☐Lungs	☐Nerves	☐Pancreas
☐Skin	☐Small bowel	☐Tendons	☐Veins

For select items they are gifted for the following purposes authorized by law:

☐All purposes ☐Transplantation ☐Therapy ☐Research ☐Education

Continue to next page:

Witness or Notary:

If witness, you will need two people that are unrelated, and the witnesses cannot be your attorney-in-fact for Health Care, your attending physician or nurse at a facility that is treating you, your guardian (if you have one) or your alternate guardian/agent, or anyone related to you by blood, marriage or adoption. Witnesses must be present at signing of the document.

A notary public is another option.

☐Two witness option ☐Notary Option

Spouse Name: _____

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