

Living Will

DECLARATION

This declaration is made this _____ day of _____ (month, year).

I, _____, being of sound mind, willfully and voluntarily make known my desires that my moment of death shall not be artificially postponed.

If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me and has determined that my death is imminent except for death delaying procedures, I direct that such procedures which would only prolong the dying process be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary by my attending physician to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such death delaying procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

Signed _____

City, County and State of Residence _____

The declarant is personally known to me and I believe him or her to be of sound mind. I saw the declarant sign the declaration in my presence (or the declarant acknowledged in my presence that he or she had signed the declaration) and I signed the declaration as a witness in the presence of the declarant. I did not sign the declarant's signature above for or at the direction of the declarant. At the date of this instrument, I am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or, to the best of my knowledge and belief, under any will of declarant or other instrument taking effect at declarant's death, or directly financially responsible for declarant's medical care.

Witness _____

Witness _____

TENNESSEE
Durable Power of Attorney For Health Care

Warning To Person Executing This Document

This is an important legal document. Before executing this document, you should know these important facts.

This document gives the person you designate as your agent (the attorney-in-fact) the power to make healthcare decisions for you. Your agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical or other healthcare decisions for yourself so long as you can give informed consent with respect to particular decisions. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make healthcare decisions for you if your agent: (1) authorizes anything that is illegal, or (2) acts contrary to your desires as stated in this document.

You have the right to revoke the authority of your agent by notifying your agent or treating physician, hospital or other healthcare provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to: (1) authorize an autopsy, (2) donate your body or parts thereof to transplant or therapeutic or educational or scientific purposes, and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

I hereby appoint _____ * as my attorney-in-fact to make healthcare decisions for me if, and only if, I am incapacitated or otherwise unable to make such decisions for myself.

My attorney-in-fact has received an executed copy of this document, and has agreed to serve as my attorney-in-fact for healthcare decisions consistent with my directions herein expressed.

If at any time I should have a terminal condition, or be in an irreversible coma or persistent vegetative state, and my attending physician or other healthcare provider has determined that there can be no recovery from such condition or state, where the application of life-prolonging procedures (including, but not limited to, mechanical breathing devices, cardiopulmonary resuscitation, and artificial nutrition and hydration) would serve only to prolong the condition or state, my attorney-in-fact is specifically directed to direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally, with only the administration of medications or the performance of any medical procedure deemed necessary to provide me with comfortable care.

My attorney-in-fact shall have full authority to donate all or any part of my body, authorize an autopsy and direct the disposition of my remains.

My attorney-in-fact shall have the right to examine my medical records and to consent to their disclosure. I grant my attorney-in-fact the power and authority to execute on my behalf any waiver, release or other document which may be necessary in order to implement the healthcare decisions that this instrument authorizes my attorney-in-fact to make on my behalf.

In the event the above-named attorney-in-fact should for any reason be unable or unwilling to serve as my attorney-in-fact under this instrument, I appoint _____ * to serve in such capacity. This individual also has been furnished with a copy of this document, and has agreed to serve as my alternate attorney-in-fact.

This instrument is to be construed and interpreted as a durable power of attorney for health care and is intended to comply in all respects with the provisions of Tennessee Code Annotated, Sections 34-6-201 et seq.; and all terms used in this instrument shall have the meanings set forth for such terms in the statute, unless otherwise specifically defined herein. This durable power of attorney for health care revokes any prior durable power of attorney for health care executed by me.

Dated this _____ day of _____, in the year _____.

*Print name, address, and telephone number

Signature of Principal

We, the undersigned witnesses, declare under penalty of perjury under the law of Tennessee, that _____ is personally known to us to be the principal; that the principal signed and acknowledged this Durable Power of Attorney for Health Care in our presence; that the principal appears to be of sound mind and under no duress, fraud, or undue influence; that neither of us is the person appointed as attorney-in-fact by this instrument; and that neither of us is a healthcare provider, an employee of a healthcare provider, the operator of a healthcare institution, or an employee of an operator of a healthcare institution. We further declare under penalty of perjury under the laws of Tennessee that we are not related to the principal by blood, marriage, or adoption; and that, to the best of our knowledge, we are not entitled to any part of the principal's estate upon the death of the principal under any will or codicil of the principal existing as of the date of this instrument, or by operation of any existing law.

Signature of Witness

STATE OF TENNESSEE

COUNTY OF _____

Signature of Witness

On this _____ day of _____ in the year _____, before the undersigned Notary Public, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that _____ executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Notary Public

My commission Expires: _____