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How to Complete Your Arizona Living Will

Living Will • A.R.S. §§ 36-3261 and 36-3262

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. A living will tells your doctors and your health care agent which life-sustaining treatments you do or do not want if you have a terminal condition or are in an irreversible coma or persistent vegetative state. It follows Arizona's sample form.

1. **Read every statement first**
   Then initial the ones you agree with.
2. **Do not combine paragraph 5**
   If you want your life prolonged as long as possible (paragraph 5), do not initial paragraphs 1 to 4.
3. **Add your own wishes (optional)**
   For example, hospice at home or religious preferences.
4. **Sign before a notary or one qualified witness**
   Use one or the other. We recommend a notary.

Signing requirements: Arizona requires a notary **or** one adult witness, with the same rules as a health care power of attorney (A.R.S. §§ 36-3261, 36-3221).

After It's Signed

- Attach it to your Health Care Power of Attorney if you have one, and give copies to your doctors and agent.

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Have questions about your Living Will? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**.

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LIVING WILL

State of Arizona • A.R.S. §§ 36-3261 and 36-3262 • Based on the sample form in § 36-3262

Principal full name

Date of birth

(Some general statements concerning your health care options are outlined below. If you agree with one of the statements, you should initial that statement. Read all of these statements carefully before you initial your selection. You can also write your own statement concerning life-sustaining treatment and other matters relating to your health care. You may initial any combination of paragraphs 1, 2, 3 and 4 but if you initial paragraph 5 the others should not be initialed.)

1. If I have a terminal condition I do not want my life to be prolonged and I do not want life-sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death.

2. If I am in a terminal condition or an irreversible coma or a persistent vegetative state that my doctors reasonably feel to be irreversible or incurable, I do want the medical treatment necessary to provide care that would keep me comfortable, but I do not want the following:

   (a) Cardiopulmonary resuscitation, for example, the use of drugs, electric shock and artificial breathing.

   (b) Artificially administered food and fluids.

   (c) To be taken to a hospital if at all avoidable.

3. Notwithstanding my other directions, if I am known to be pregnant, I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

4. Notwithstanding my other directions I do want the use of all medical care necessary to treat my condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable or I am in a persistent vegetative state.

5. I want my life to be prolonged to the greatest extent possible.

OTHER OR ADDITIONAL STATEMENTS OF DESIRES

I have attached additional special provisions or limitations to this document to be honored in the absence of my being able to give health care directions.

I have not attached additional special provisions or limitations.

Additional statements (optional)

SIGNATURE OF PRINCIPAL

Do not date or sign until your notary or witness is present.

X

Principal signature (or mark)

Date

Principal address

Initials: _____

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VERIFICATION BY NOTARY OR WITNESS

Use **one** of the two options below: a notary public (Option A) **or** one qualified adult witness (Option B). Arizona law (A.R.S. § 36-3221) requires one or the other. The undersigned affirm(s) that the notary or witness was present when the principal dated and signed or marked this living will, and that the principal appeared to be of sound mind and free from duress at the time of execution. The notary or witness further affirms that he or she is not: (1) under eighteen years of age; (2) designated to make medical decisions on the principal's behalf; or (3) directly involved with the provision of health care to the principal at the time this living will is executed. If only one witness signs, that witness also affirms that he or she is not related to the principal by blood, marriage or adoption and is not entitled to any part of the principal's estate by will or by operation of law.

OPTION A — NOTARY ACKNOWLEDGMENT

STATE OF ARIZONA

COUNTY OF _____

On this _____ day of _____, 20____, before me personally appeared _____, the principal, who signed this living will in my presence. I affirm the statements in the verification paragraph above.

X _____
Signature of Notary Public

_____
Notary Public (printed name)

_____ _____
My commission expires Commission number

(Notary seal)

Option B — Statement of witness

I affirm under penalty of perjury the statements in the verification paragraph above.

X _____ _____
Witness signature Date

_____ _____
Witness printed name Witness address

IF THE PRINCIPAL IS PHYSICALLY UNABLE TO SIGN OR MARK

The notary or witness verifies that the principal directly indicated that this living will expresses the principal's wishes and that the principal intends to adopt it at this time.

X _____ _____
Signature of notary or witness Date

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