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How to Complete Your Illinois Living Will Declaration

Living Will Declaration (Illinois Living Will Act, 755 ILCS 35/3)

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

About this form. This is Illinois's statutory living will. It tells your doctors that if you have a terminal condition and death is imminent, you do not want death-delaying procedures, only comfort care.

1. **Fill in the date and your name (Page 1)**
   Enter the date and your full legal name. Talk with your doctor and family about your wishes first.
2. **Sign in front of two witnesses (Page 1)**
   Illinois requires two witnesses who are at least 18. A witness cannot be someone who would inherit from you or who pays for your medical care. We can provide qualified witnesses for an additional fee.
3. **Notarize it too (Page 2)**
   We recommend also signing before a notary. Some other states require a living will to be both witnessed and notarized, so a notarized declaration travels better. Bring a current, government-issued photo ID.

After It's Signed

- Give the original or a copy to your doctor so it becomes part of your medical record, and give copies to your hospital, your health care agent, and your family.
- A living will applies only when your doctor determines you have a terminal condition and death is imminent. If you have a health care agent who is available, the agent makes those decisions.
- You can revoke it at any time by destroying it, signing a written revocation, or telling an adult witness who puts it in writing.
- For broader decisions, also complete an Illinois Power of Attorney for Health Care. We have a free form.

Need a Notary and Witnesses? We Come to You.

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

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LIVING WILL DECLARATION

(Illinois Living Will Act, 755 ILCS 35/3)

DECLARATION

This declaration is made this

day | of (month, year)

I,

Full name of declarant

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.

X

Signed | Printed name

City, County and State of Residence

WITNESSES

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.

X

Witness

Printed name of witness

Address of witness

X

Witness

Printed name of witness

Address of witness

Declarant's initials: _____

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OPTIONAL NOTARY ACKNOWLEDGMENT (recommended)

Notarizing this declaration helps it be accepted in states that require a living will to be both witnessed and notarized.

NOTARY ACKNOWLEDGMENT

STATE OF ILLINOIS)
COUNTY OF _____) **SS.**

This instrument was acknowledged before me on

_____ (date)

_____ by (name of declarant)

and by the witnesses

_____ Witness

_____ Witness

X _____
Notary Public

(Notary seal)

_____
Notary's printed name

_____
My commission expires

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