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How to Complete Your New York Living Will

Living Will — Written Instructions Regarding Life-Sustaining Treatment (New York)

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

About this form. A Living Will states your wishes about **life-sustaining treatment** if you are terminally ill or permanently unconscious and cannot speak for yourself. New York has no statutory living will form, but its courts honor written instructions as **clear and convincing evidence** of your wishes. It works best together with a **New York Health Care Proxy**, which names a person to speak for you.

1. **Enter your name (top of form)**
   Use your full legal name.

2. **Initial the treatments you do not want (Section 2)**
   Initial only the statements you agree with. Be especially clear about artificial nutrition and hydration. New York requires clear evidence of those wishes before they can be stopped.

3. **Add other instructions (Section 3) — optional**
   Add religious beliefs or other personal wishes. If you are unsure what to write, talk with your doctor or an attorney.

4. **Sign before two adult witnesses (Sections 6 and 7)**
   Do **not** sign ahead of time. We recommend witnesses who are not your health care agent and will not inherit from you. **First Choice can provide witnesses for an additional fee.**

5. **Notarize your signature**
   A notary acknowledgment is included. Notarizing adds strong proof that you signed it, which matters because New York relies on clear and convincing evidence of your wishes. Bring a current government-issued photo ID.

After It's Signed

- Give copies to your health care agent, your doctor and your hospital, and ask that it be placed in your medical record.
- Keep the original where it can be found quickly, not in a safe deposit box.
- Review it every few years or after a major change in your health. To cancel it, destroy it and tell your doctor and agent, or sign a new one.
- A Living Will is different from a MOLST form. A MOLST is a medical order your doctor completes; ask your doctor if you are seriously ill.

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Have questions about this form? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**, 2315 Capitol Avenue, Sacramento, CA 95816. **Attorneys licensed in New York.** Main headquarters in Sacramento, California.

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed New York attorney.

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LIVING WILL

New York — Written Instructions Regarding Life-Sustaining Treatment

I, _____ ,
full legal name

being of sound mind, make this statement as a directive to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated below.

1. When These Instructions Apply

I direct my attending physician and other health care providers to withhold or withdraw treatment that serves only to prolong the process of my dying, if I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, including but not limited to:

(a) a terminal condition;

(b) a permanently unconscious condition; or

(c) a minimally conscious condition in which I am permanently unable to make decisions or express my wishes.

I direct that my treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment.

2. Specific Treatments

While I understand that I am not legally required to be specific about future treatments, if I am in a condition described in Section 1, I feel especially strongly about the following. **Initial each statement that reflects your wishes.** Leave blank any you do not agree with.

(_____) I do not want cardiopulmonary resuscitation (CPR).

(_____) I do not want mechanical respiration (a breathing machine).

(_____) I do not want artificial nutrition and hydration (tube feeding or IV fluids).

(_____) I want artificial nutrition and hydration only for a limited trial period to see if my condition improves.

(_____) I do not want antibiotics, except to relieve pain or discomfort.

(_____) I do not want kidney dialysis.

(_____) I want maximum pain relief, even if it may hasten my death.

(_____) If possible, I wish to receive comfort care at home or in a hospice setting.

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3. Other Instructions (Optional)

Write any other wishes, including religious or personal beliefs your health care providers should know:

4. Relationship to My Health Care Proxy

If I have appointed a health care agent in a New York Health Care Proxy, I direct my agent to follow these instructions. These instructions are also to serve as clear and convincing evidence of my wishes, including my wishes about artificial nutrition and hydration.

My health care agent (if any): _____

Agent's telephone: _____

5. My Legal Right

These directions express my legal right to refuse treatment under the law of New York. I intend my instructions to be carried out, unless I have rescinded them in a new writing or by clearly indicating that I have changed my mind.

6. Signature

_____ _____

Signature Date

Printed name: _____

Address: _____

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7. Statement of Witnesses

I declare that the person who signed this document, or asked another to sign this document on his or her behalf, did so in my presence, is personally known to me, and appeared to be of sound mind and acting willingly and free from duress. I am 18 years of age or older.

Witness 1 signature	Witness 2 signature
Witness 1 printed name	Witness 2 printed name
Witness 1 address	Witness 2 address
Witness 1 date	Witness 2 date

Acknowledgment Before Notary Public

ACKNOWLEDGMENT OF DECLARANT (Real Property Law § 309-a)

State of New York)
) ss.:
County of _____)

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____

Signature and office of individual taking acknowledgment

Notary Public, State of New York; Qualified in _____ County

Registration No. _____; Commission Expires _____

(Notary stamp)

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