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How to Complete Your Pennsylvania Living Will

Living Will Declaration • 20 Pa.C.S. Chapter 54

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

About this form. A living will tells your doctors which life-sustaining treatments you do or do not want if you are terminally ill or permanently unconscious and cannot speak for yourself. It takes effect only when your attending physician receives it and determines that you are in one of those conditions.

1. **Read the declaration**
   It directs comfort care and limits treatment that only prolongs dying.
2. **Mark each treatment**
   Check “do want” or “do not want” on every line. If you leave a line blank, you may receive that treatment.
3. **Decide about organ donation**
   Check one box and add any limits.
4. **Add other instructions (optional)**
   For example, religious wishes or a preference for hospice at home.
5. **Sign before two adult witnesses and a notary**
   Do not sign ahead of time. Bring a current photo ID.

Signing requirements: Two witnesses, age 18 or older, are required. A person who signs for you cannot be a witness. Notarizing it as well helps it be honored in other states.

After It’s Signed

- Give copies to your doctor, hospital, health care agent and family. Your doctor must have it for it to take effect.
- You may revoke it at any time and in any manner; tell your doctor if you do.

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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 DECLARATION

Commonwealth of Pennsylvania • 20 Pa.C.S. § 5471 and Chapter 54, Subchapter B

Declarant full name

I, the declarant named above, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying if I should be in a terminal condition or in a state of permanent unconsciousness.

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

In addition, if I am in the condition described above, I feel especially strongly about the following forms of treatment (check **one** box on each line):

☐ I do want	☐ I do **not** want	cardiac resuscitation (CPR).
☐ I do want	☐ I do **not** want	mechanical respiration (breathing machine / ventilator).
☐ I do want	☐ I do **not** want	tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).
☐ I do want	☐ I do **not** want	blood or blood products.
☐ I do want	☐ I do **not** want	kidney dialysis.
☐ I do want	☐ I do **not** want	antibiotics.
☐ I do want	☐ I do **not** want	any form of surgery or invasive diagnostic tests.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

ORGAN AND TISSUE DONATION (check one)

☐ I consent to donate my organs and tissues at the time of my death for the purpose of transplant, medical study or education, with the limitations written below (if any). This does not include hands, facial tissue or limbs.

☐ I do not consent to donate my organs or tissues at the time of my death.

Limitations on donation (optional)

OTHER INSTRUCTIONS (optional)

SURROGATE (optional)

If I have not signed a separate health care power of attorney, I ask that the following person be consulted to carry out this declaration:

Name | Phone | Address

Initials: _____

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SIGNATURE

I made this declaration on (day, month, year)

X _____

Declarant signature

Declarant address

If the declarant is unable to sign, another person may sign on the declarant's behalf and at the declarant's direction:

X _____ Date

Signature of person signing for declarant

Witnesses

The declarant, or the person on behalf of and at the direction of the declarant, knowingly and voluntarily signed this writing by signature or mark in our presence. Each of us is 18 years of age or older and did not sign on behalf of the declarant (20 Pa.C.S. § 5442).

X _____ Date

Witness 1 signature

Witness 1 printed name | Witness 1 address

X _____ Date

Witness 2 signature

Witness 2 printed name | Witness 2 address

NOTARIZATION (RECOMMENDED)

A declaration that is both witnessed and notarized is more likely to be honored in other states.

ACKNOWLEDGMENT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF

This record was acknowledged before me on _____ (date) by _____ (name(s) of individual(s)).

X _____

Signature of notarial officer

Title of office (e.g., Notary Public)

My commission expires | Commission number

(Notary seal)

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