

# DECLARATION OF LIVING WILL

You are the Principal

If I, **Principal** should have an incurable or irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician or my attending advanced practice registered nurse, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician or my attending advanced practice registered nurse, pursuant to the Montana Rights of the Terminally Ill Act, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain.

Signed this **Date** day of **Month**, **Year**.

Make sure you change the dates in this section

Signature

This document does not need to be notarized, but should be witnessed by two people.

**Address**

**Line 2: City and State**

**Phone Number**

The declarant voluntarily signed this document in my presence.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

# DECLARATION OF LIVING WILL APPOINTMENT

You are the Principal

If I, **Principal** should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician or my attending advanced practice registered nurse, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I appoint **Name of Appointee**, or if Choose an item. is not reasonably available or is unwilling to serve I appoint **Name of Secondary Appointee** in the alternative, to make decisions on my behalf regarding withholding or withdrawal of treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain, pursuant to the Montana Rights of the Terminally Ill Act.

If you don't name a secondary appointee, you can delete that line.

If the individual(s) I have appointed are not reasonably available or are unwilling to serve, I direct my attending physician or my attending advanced practice registered nurse, pursuant to the Montana Rights of the Terminally Ill Act, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

Make sure you change the date in this section

Signed this **Day** day of **Month**, **Year**.

You are the Principal

\_\_\_\_\_  
**Name of Principal**

The declarant voluntarily signed this document in my presence.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

## **WITH YOUR NEW LIVING WILL OR LIVING WILL APPOINTMENT**

- Make sure each medical institution where you receive care gets a copy of your POA, including your primary care physician, your local hospital, any specialist you see regularly, etc.
- If you've created a Living Will Appointment, be sure to inform the person you've appointed. You may want to provide them with a copy.

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