

Instructions for Using This Document

This document includes a Living Will, Healthcare Proxy and Optional Organ and Tissue Donation form. You can fill out any or all the forms. Make any changes you want. Then sign in front of two witnesses. If you want the Living Will, Healthcare Proxy and Optional Organ and Tissue Donation you must sign this document in three places. The document does not have to be notarized.

Living Will Declaration

By: _____
(Name of person signing document)

If I am terminally ill or permanently unconscious, and I am not able to make decisions about my medical treatment, I direct my physician to withhold or withdraw treatment that prolongs the process of my dying and is not necessary to my comfort.

Specifically, if I am terminally ill or permanently unconscious, I **do not want** (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Antibiotics | <input type="checkbox"/> CPR (Cardiopulmonary Resuscitation) | <input type="checkbox"/> Kidney Dialysis |
| <input type="checkbox"/> Blood Products | <input type="checkbox"/> Intravenous (IV) Nutrition/Hydration | <input type="checkbox"/> Surgery |
| | | <input type="checkbox"/> Ventilator (Artificial Breathing) |

This document is intended to be a Living Will under the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act.

Signed this ____ day of _____, 20_____

Signature of Declarant

Witnesses

The declarant voluntarily signed this writing in my presence.

Signature of Witness

Signature of Witness

Address

Address

Date

Date

Healthcare Proxy

Anytime I am temporarily or permanently unable to make healthcare decisions, my healthcare proxy shall be:

(Name of person)

My healthcare proxy may make all decisions about:

- My personal care
- My medical care
- Hospitalization
- Whether I shall receive medical treatment or procedures including artificial feeding or fluids, even though I may die.
- Visitors, if problems arise concerning visits by friends and family

Such decisions shall be consistent with my wishes, or, if my wishes are unknown, shall be consistent with my best interest.

This document is intended to be a durable power of attorney under A.C.A. 20-13-104 and a declaration and proxy statement under the Rights of the Terminally Ill or Permanently Unconscious Act.

You may add further instructions here:

Signed: _____
Signature of Declarant

Date

Witnesses

The declarant voluntarily signed this writing in my presence.

Witness Signature

Witness Signature

Address City State Zip

Address City State Zip

Date

Date

Optional Organ and Tissue Donation

I, _____, do hereby authorize the donation for transplantation
(Name of person signing document)

and/or medical research the following anatomical gifts:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Body | <input type="checkbox"/> Liver |
| <input type="checkbox"/> Bone | <input type="checkbox"/> Lungs |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Pancreas |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Heart Valves | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Kidneys | <input type="checkbox"/> All of the Above |

I further consent to the removal of any blood and tissue samples needed for lab tests. I also consent for the Procurement Coordinator and physicians to have access to medical records related to the donation.

Signed this ____ day of _____, 20__

Signature of Declarant

Address *City* *State* *Zip*

Witnesses

The declarant voluntarily signed this writing in my presence.

Witness *Witness*

Address *City* *State* *Zip* *Address* *City* *State* *Zip*

Date *Date*