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LIVING WILL QUESTIONNAIRE

ATTORNEY WORK PRODUCT/ ATTORNEY-CLIENT PRIVILEGED INFORMATION

Full Legal Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell: _____ Other: _____ Fax: _____

E-Mail: _____ DOB: _____

The Living Will allows you to make future health care treatment decisions now so that if you become incapacitated and unable to make these decisions later, your family and doctors will know what medical care you want or do not want. It gives direction and guidance, but it is not as broadly applicable as a Durable Health Care Power of Attorney. I am not recommending any particular choices in this questionnaire. Before answering these questions, you should learn and think about what medical treatments you want and/or do not want. If you have any questions regarding these questions, please talk to your doctor about what the terms mean or leave the question blank and we will discuss the item further. Otherwise, please indicate your desires in this questionnaire and return it so that your Living Will can be drafted for your review.

Decisions About End of Life Care (You can initial any combination of Paragraphs A, B, C, and D. If you initial Paragraph E, do not initial any other Paragraph):

_____ A. Comfort Care Only: If I have a **terminal condition** I do not want my life to be prolonged, and I do not want life sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death.

_____ B. Specific Limitations on Medical Treatments I Want (Initial or mark one or more choices): If I have a **terminal condition**, or am in an **irreversible coma** or a **persistent vegetative** state that my doctors reasonably believe to be irreversible or incurable, I do want the medical treatment necessary to provide care that would keep me comfortable, but I do not want the following:

_____ Cardiopulmonary resuscitation, for example, the use of drugs, electric shock, and artificial breathing.

_____ Artificially administered food and fluids.

_____ To be taken to a hospital if it is at all avoidable.

_____ C. Pregnancy: Regardless of any other directions I have given in this Living Will, if I am known to be pregnant I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

_____ D. Treatment Until My Medical Condition is Reasonably Known: Regardless of the directions I have made in this Living Will, I do want the use of all medical care necessary to treat my

condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable, or I am in a persistent vegetative state.

_____ E. Direction to Prolong My Life: I want my life to be prolonged to the greatest extent possible.

Other Statements or Wishes I Want Followed for End of Life Care (Optional. You can attach additional provisions or limitations on medical care that have not been included in the above standard Living Will options):

After your Living Will is prepared, please review it prior to signing to ensure it is consistent with your wishes. If it is not, contact me and we can correct any inaccuracies. Do not sign your Living Will until your witness or a Notary Public is present to watch you sign it. The witness must be at least 18 years of age, cannot be family (related by blood, adoption, or marriage), cannot be in your will to receive part of your estate, cannot be appointed as your representative, and cannot be a health care giver. A witness can be a neighbor, friend, or an acquaintance who is an adult, is not in your will, and is not caring for you or representing you. Then, it is critical that you talk about the documents and your wishes with your family, your agent, and your physician. An agent needs to know what your feelings are in order to act on your behalf. You also need to make sure that the appropriate people have copies of the documents, including your agent, your family, and your physician. You may also register a copy of your documents with the Secretary of State. For more information, please contact me or visit the Secretary of State's website at <http://www.azsos.gov/>. If you have a Living Will and a Durable Health Care Power of Attorney, you must attach the Living Will to the Durable Health Care Power of Attorney.

Additional specific requests or instructions for me: _____

***Please indicate if you are interested in obtaining more information on any of the following additional legal forms:

_____ Durable Health Care Power of Attorney

_____ Durable Mental Health Care Power of Attorney

_____ General (Financial) Power of Attorney

_____ Other Legal Information: _____