

MARYLAND LIVING WILL DECLARATION

I, _____ (Declarant), residing at _____
_____, being of sound mind, willfully and voluntarily state: If I am not able to make an informed decision regarding my health care, I direct my health care providers to follow my instructions as set forth below.

INSTRUCTIONS

**Initial statements you wish to be *included* in the document in the space provided "[____]".
Cross through any and all statements that *do not apply*.**

A. If my death from a terminal condition is imminent, and even if life-sustaining procedures are used, there is no reasonable expectation of my recovery:

- [____] I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.
- [____] I direct that my life not be extended by life-sustaining procedures, except that, if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.
- [____] I direct that, even in a terminal condition, I be given all available medical treatment in accordance with accepted health care standards.
- [____] I direct that, if I am brain dead, an anatomical gift be offered on my behalf to a patient in need of an organ or tissue transplant. If a transplant occurs, I want artificial heart/lung support devices to be continued on my behalf only until organ or tissue suitability of the patient is confirmed and organ or tissue recover can take place.

B. If I am in a persistent vegetative state; that is, if I am not conscious and am not aware of my environment or able to interact with others, and there is no reasonable expectation of my recovery within a medically appropriate period:

- [____] I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.
- [____] I direct that my life not be extended by life-sustaining procedures, except that, if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.
- [____] I direct that, even in a terminal condition, I be given all available medical treatment in accordance with accepted health care standards.

[_____] I direct that, if I am brain dead, an anatomical gift be offered on my behalf to a patient in need of an organ or tissue transplant. If a transplant occurs, I want artificial heart/lung support devices to be continued on my behalf only until organ or tissue suitability of the patient is confirmed and organ or tissue recover can take place.

C. If I am pregnant, my decision concerning life-sustaining procedures shall be modified as follows:

D. By signing below, I indicate that I am emotionally and mentally competent to make this Living Will and that I understand its purpose and effect.

(Signature of Declarant) _____ (Date) _____

WITNESS STATEMENT

The Declarant signed or acknowledged signing this Living Will in my presence, and, based upon my personal observation, the Declarant appears to be a competent individual.

(Witness No. 1 Signature) _____ (Witness No. 2 Signature) _____

(Printed Name) _____ (Printed Name) _____

(Street Address) _____ (Street Address) _____

(City or Installation, State, Zip Code) _____ (City or Installation, State, Zip Code) _____