Living Will & Advance Directive — State of Rhode Island

State of Rhode Island

HEALTHCARE DECLARATION

I, _____, residing at _____, being of sound mind and memory, willfully and voluntarily execute this document, directing my healthcare treatment preferences under the laws of the State of Rhode Island. This directive shall become effective only if I become incapacitated and am unable to make or communicate my own healthcare decisions.

DIRECTIVE INSTRUCTIONS

DIRECTIVE INSTRUCTIONS ONLY: I have chosen not to appoint a healthcare proxy or agent. My medical care providers are directed to follow the instructions in this Living Will as my binding healthcare choices.

END-OF-LIFE DIRECTIVES

LIFE-SUSTAINING TREATMENT DIRECTIVE: If I am diagnosed by physicians as being in a terminal condition, a persistent vegetative state, or permanently unconscious, and my doctors determine that there is no reasonable medical expectation of my recovery, I direct that all life-sustaining treatments (including ventilators, cardiopulmonary resuscitation (CPR), and kidney dialysis) be withheld or withdrawn. I wish to be permitted to die naturally, receiving only comfort care and pain management to alleviate suffering.

ARTIFICIAL NUTRITION AND HYDRATION: I direct that artificial nutrition (tube feeding) and hydration (intravenous fluids) be withheld or withdrawn if I am in a terminal state or permanently comatose, as I do not wish to artificially prolong the process of dying.

ORGAN & TISSUE DONATION

ORGAN DONATION: Upon my death, I consent to the donation of any needed organs, tissues, or body parts for transplantation, therapy, medical research, or educational purposes.

STATE-REQUIRED PROVISIONS

RHODE ISLAND RIGHTS OF THE TERMINALLY ILL ACT (R.I. GEN. LAWS § 23-4.11-3): DECLARATION DIRECTING THAT LIFE-SUSTAINING PROCEDURES BE WITHHELD IN A TERMINAL CONDITION. SIGNED BEFORE TWO WITNESSES OR A NOTARY.

SIGNATURES

_____

Signature

Declarant: _____

Date: _____

WITNESS DECLARATIONS

The undersigned witnesses hereby declare under penalty of perjury that the principal signed this document in our presence.

_____

Witness 1 Signature

Name: _____

Address: _____

Date: _____

_____

Witness 2 Signature

Name: _____

Address: _____

Date: _____

NOTARY ACKNOWLEDGMENT

STATE OF RHODE ISLAND **COUNTY OF _____**

On this _____ day of _____, 20___, before me, the undersigned notary public, personally appeared the Principal/Testator, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

_____

Notary Public Signature

My Commission Expires: _____

[Place Seal Here]