



Frequently Asked Questions about the Living Will

- ***What is a living will?***
A living will is a legal document that tells your doctor how you want to be treated if you are terminally ill or permanently unconscious and cannot make decisions for yourself. A living will says that life-prolonging medical interventions that would serve solely to prolong your dying should not be used. A living will only applies if you are terminally ill or permanently unconscious AND too sick to make decisions for yourself.
- ***Can I still make my own healthcare decisions once I have created a living will?***
Yes. Your living will does not become effective until you are terminally ill or permanently unconscious AND too sick to make decisions for yourself. As long as you can do this, you have the right to make your own decisions.
- ***Can any person create a living will?***
Yes. Any adult (including a mature or emancipated minor) who has the ability to make decisions for him or herself can complete a living will.
- ***Do I need a lawyer to create a living will?***
No. A living will can be completed without the help of a lawyer.
- ***Will another state honor my living will?***
Laws differ somewhat from state to state, but in general, a patient's expressed wishes will be honored.
- ***What should I do with my living will after I sign it?***
After your living will is signed, witnessed and notarized, keep the original document in a safe location where it can be easily found. A photo copy of your advance directive is legally valid.

A complete listing of all Frequently Asked Questions relating to the Living Will can be found by clicking on this [FAQS](http://wvendlife.org/faq/) link on this page or by visiting <http://wvendlife.org/faq/>.

So that your combined form can be found in a medical emergency, you are encouraged to submit your form to the WV e-Directive Registry by FAXing it to 844-616-1415 or mailing a copy to the WV e-Directive Registry, 64 Medical Center Drive, PO Box 9022 Health Sciences North, Morgantown, WV 26506. The combined living/medical power of attorney on this site contains an Opt-In box. If you would like to have your combined form included in the Registry, you must INDICATE in the box giving your permission.

Opt In **MARK** this box if you agree to have your form and other submitted forms included in the WV e-Directive registry and released to treating health care providers.
 The WV e-Directive Registry makes your forms immediately available in emergencies.
<http://wvendofofife.org/wv-e-directive-registry/>
REGISTRY FAX: 844-616-1415

Last Name/First/Middle _____

 Address _____
 City/State/Zip _____
 Date of Birth (mm/dd/yyyy) ____/____/____
 Last 4 SSN ____ ____ ____ ____ Sex M ____ F ____
 Email address _____

**STATE OF WEST VIRGINIA
 LIVING WILL**

**The Kind of Medical Treatment I Want and Don't Want
 If I Have a Terminal Condition or Am In a Persistent Vegetative State**

Living will made this _____ day of _____ (month, year).

I, _____, being of sound mind, willfully and voluntarily declare that I want my wishes to be respected if I am very sick and not able to communicate my wishes for myself. In the absence of my ability to give directions regarding the use of life-prolonging medical intervention, it is my desire that my dying shall not be prolonged under the following circumstances:

If I am very sick and not able to communicate my wishes for myself and I am certified by one physician who has personally examined me to have a terminal condition or to be in a persistent vegetative state (I am unconscious and am neither aware of my environment nor able to interact with others), I direct that life-prolonging medical intervention that would serve solely to prolong the dying process or maintain me in a persistent vegetative state be withheld or withdrawn. I want to be allowed to die naturally and only be given medications or other medical procedures necessary to keep me comfortable. I want to receive as much medication as is necessary to alleviate my pain.

I am giving the following SPECIAL DIRECTIVES OR LIMITATIONS ON THIS POWER: (Comments about tube feedings, breathing machines, cardiopulmonary resuscitation, dialysis, mental health treatment, funeral arrangements, autopsy, and organ donation may be placed here. My failure to provide special directives or limitations does not mean that I want or refuse certain treatments).

Principal Name (person for whom form is being completed): _____

It is my intention that this living will be honored as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences resulting from such refusal.

I understand the full import of this living will.

Signed _____ Date _____

Address _____

I did not sign the principal's signature above. I am at least eighteen years of age and am not related to the principal by blood or marriage, entitled to any portion of the estate of the principal or, to the best of my knowledge, under any will of the principal or codicil thereto, or directly financially responsible for principal's medical care. I am not the principal's attending physician or the principal's medical power of attorney representative or successor medical power of attorney representative under a medical power of attorney.

Witness _____ DATE _____

Witness _____ DATE _____

STATE OF _____

COUNTY OF _____

I, _____, a Notary Public of said County, do certify that _____, as principal, and _____ and _____, as witnesses, whose names are signed to the writing above bearing date on the _____ day of _____, 20____, have this day acknowledged the same before me.

Given under my hand this _____ day of _____, 20____.

My commission expires: _____

Signature of Notary Public