

Living Will



of

John James Ahern

(Declarant)

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Living Will Declaration

I, John James Ahern of 123 Long Street in the State of California, County of San Diego (hereinafter referred to as the **Declarant**) make this Declaration this 17th day of July, 2020.

1. Declaration

1.1 I, being of sound and disposing mind, memory and understanding, do hereby willfully and voluntarily make known and declare this to be my Living Will, making known my desire that my life shall not be artificially prolonged under the circumstances (if any) set forth below, and do hereby declare:-

- (a) In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this Declaration be honored by my family and physicians and any health facility in which I may be a patient as the final expression of my legal right to refuse or accept medical or surgical treatment, and I accept the consequences from such refusal.
- (b) I understand the full import of this Declaration and am aware that this Declaration may authorize a physician to withhold or withdraw life-sustaining procedures.
- (c) I am emotionally and mentally competent to make this Declaration.

2. Treatment Options

2.1 If, at any time, I have a medical condition certified to be a terminal condition by two physicians who have personally examined me, and the physicians have determined that my death could occur within a reasonably short period of time without the use of life-sustaining procedures then I direct that, save as may be set out herein, such life-sustaining procedures shall be applied to prolong my life within the limits of generally accepted healthcare standards.

2.2 Specifically, and notwithstanding the foregoing, if I am suffering from a terminal condition then:

(a) [Deliberately left blank]

2.3 Specifically, and notwithstanding the foregoing, if I am in a state of permanent unconsciousness and the application of life-sustaining procedures would serve only to prolong the dying process then:

(a) [Deliberately left blank]

3. Relief from Pain

3.1 [Deliberately left blank]

4. Pregnancy

4.1 [Deliberately left blank]

5. Revocation Procedures

5.1 [Deliberately left blank]

6. Effect of Copy

6.1 A copy of this declaration has the same effect as the original.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

In Witness Whereof, I have hereunto subscribed my name and affixed my seal at 123 Long Street in the State of California, County of San Diego this 17th day of July 2020, in the presence of the subscribing witnesses whom I have requested to become attesting witnesses hereto.

Signature of Declarant

Witness Affidavit

I declare, on the basis of information and belief, that the person who signed or acknowledged this document (the principal) is personally known to me (or has proven their identity to me), that he/she signed or acknowledged this Living Will in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence. I am not related to the principal by blood, marriage, or adoption, either as a spouse, a lineal ancestor, descendant of the parents of the principal, or spouse of any of them. I am not directly financially responsible for the principal's medical care. I am not entitled to any portion of the principal's estate upon his/her decease, whether under any will or as an heir by intestate succession, nor am I the beneficiary of an insurance policy on the principal's life, nor do I have a claim against the principal's estate as of this time. I am not the principal's attending physician, nor an employee of the attending physician. No more than one witness is

an employee of a health facility in which the principal is a patient. I am not appointed as a healthcare agent or successor healthcare agent by this document.

Witness No. 1

Signature: _____

Print Name: _____

Address: _____

Telephone: _____

Date: _____

Witness No. 2

Signature: _____

Print Name: _____

Address: _____

Telephone: _____

Date: _____

Notary Affidavit

State of _____

County of _____

On this ____ day of _____, 20____, before me, _____, Notary Public, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her the signature on the instrument, he/she executed the instrument.

Witness my hand and official seal.

Signature _____ My Commission Expires:

(SEAL)