



ADVANCE DIRECTIVE / LIVING WILL

It is our belief that all adults should have an Advance Directive (Living Will) in the event you are not able to make decisions for yourself regarding your health care.

Please look over the sample provided and discuss it with your family. It has been printed from <https://www.sosnc.gov/ahcdr/Forms.aspx> which is the web site for the North Carolina Department of the Secretary of State. We also believe it is important to have a HealthCare Power of Attorney in place and recommend you contact an attorney for advice and preparation.

It is very important that we have a copy of these documents in your medical chart here at the office.

Please let your nurse, physician or nurse practitioner know if you have any questions about these that you would like to discuss.

STATE OF NORTH CAROLINA

ADVANCE DIRECTIVE FOR A
NATURAL DEATH ("LIVING WILL")

COUNTY OF _____

NOTE: YOU SHOULD USE THIS DOCUMENT TO GIVE YOUR HEALTH CARE PROVIDERS INSTRUCTIONS TO WITHHOLD OR WITHDRAW LIFE-PROLONGING MEASURES IN CERTAIN SITUATIONS. THERE IS NO LEGAL REQUIREMENT THAT ANYONE EXECUTE A LIVING WILL.

GENERAL INSTRUCTIONS: *You can use this Advance Directive ("Living Will") form to give instructions for the future if you want your health care providers to withhold or withdraw life-prolonging measures in certain situations. You should talk to your doctor about what these terms mean. The Living Will states what choices you would have made for yourself if you were able to communicate. Talk to your family members, friends, and others you trust about your choices. Also, it is a good idea to talk with professionals such as your doctors, clergypersons, and lawyers before you complete and sign this Living Will.*

You do not have to use this form to give those instructions, but if you create your own Advance Directive you need to be very careful to ensure that it is consistent with North Carolina law.

This Living Will form is intended to be valid in any jurisdiction in which it is presented, but places outside North Carolina may impose requirements that this form does not meet.

*If you want to use this form, you must complete it, sign it, and have your signature witnessed by two qualified witnesses and proved by a notary public. Follow the instructions about which choices you can initial very carefully. Do not sign this form until two witnesses and a notary public are present to watch you sign it. You then should consider giving a copy to your primary physician and/or a trusted relative, and should consider filing it with the Advanced Health Care Directive Registry maintained by the North Carolina Secretary of State:
<http://www.secretary.state.nc.us/ahcdr/>*

My Desire for a Natural Death

I, _____, being of sound mind, desire that, as specified below, my life not be prolonged by life-prolonging measures:

1. When My Directives Apply

My directions about prolonging my life shall apply *IF* my attending physician determines that I lack capacity to make or communicate health care decisions and:

NOTE: YOU MAY INITIAL ANY OR ALL OF THESE CHOICES.

_____ (Initial)	I have an incurable or irreversible condition that will result in my death within a relatively short period of time.
_____ (Initial)	I become unconscious and my health care providers determine that, to a high degree of medical certainty, I will never regain my consciousness.
_____ (Initial)	I suffer from advanced dementia or any other condition which results in the substantial loss of my cognitive ability and my health care providers determine that, to a high degree of medical certainty, this loss is not reversible.

2. These are My Directives about Prolonging My Life:

In those situations I have initialed in Section 1, I direct that my health care providers:

NOTE: INITIAL ONLY IN ONE PLACE.

_____ (Initial)	may withhold or withdraw life-prolonging measures.
_____ (Initial)	shall withhold or withdraw life-prolonging measures.

3. Exceptions – "Artificial Nutrition or Hydration"

NOTE: INITIAL ONLY IF YOU WANT TO MAKE EXCEPTIONS TO YOUR INSTRUCTIONS IN PARAGRAPH 2.

EVEN THOUGH I do not want my life prolonged in those situations I have initialed in Section 1:

_____ (Initial)	I <i>DO</i> want to receive BOTH artificial hydration AND artificial nutrition (for example, through tubes) in those situations. NOTE: DO NOT INITIAL THIS BLOCK IF ONE OF THE BLOCKS BELOW IS INITIALED.
_____ (Initial)	I <i>DO</i> want to receive ONLY artificial hydration (for example, through tubes) in those situations. NOTE: DO NOT INITIAL THE BLOCK ABOVE OR BELOW IF THIS BLOCK IS INITIALED.
_____ (Initial)	I <i>DO</i> want to receive ONLY artificial nutrition (for example, through tubes) in those situations. NOTE: DO NOT INITIAL EITHER OF THE TWO BLOCKS ABOVE IF THIS BLOCK IS INITIALED.

4. I Wish to be Made as Comfortable as Possible

I direct that my health care providers take reasonable steps to keep me as clean, comfortable, and free of pain as possible so that my dignity is maintained, even though this care may hasten my death.

5. I Understand my Advance Directive

I am aware and understand that this document directs certain life-prolonging measures to be withheld or discontinued in accordance with my advance instructions.

6. If I have an Available Health Care Agent

If I have appointed a health care agent by executing a health care power of attorney or similar instrument, and that health care agent is acting and available and gives instructions that differ from this Advance Directive, then I direct that:

<u> </u> (Initial)	<u>Follow Advance Directive:</u> This Advance Directive will override instructions my health care agent gives about prolonging my life.
<u> </u> (Initial)	<u>Follow Health Care Agent:</u> My health care agent has authority to override this Advance Directive.

NOTE: DO NOT INITIAL BOTH BLOCKS. IF YOU DO NOT INITIAL EITHER BOX, THEN YOUR HEALTH CARE PROVIDERS WILL FOLLOW THIS ADVANCE DIRECTIVE AND IGNORE THE INSTRUCTIONS OF YOUR HEALTH CARE AGENT ABOUT PROLONGING YOUR LIFE.

7. My Health Care Providers May Rely on this Directive

My health care providers shall not be liable to me or to my family, my estate, my heirs, or my personal representative for following the instructions I give in this instrument. Following my directions shall not be considered suicide, or the cause of my death, or malpractice or unprofessional conduct. If I have revoked this instrument but my health care providers do not know that I have done so, and they follow the instructions in this instrument in good faith, they shall be entitled to the same protections to which they would have been entitled if the instrument had not been revoked.

8. I Want this Directive to be Effective Anywhere

I intend that this Advance Directive be followed by any health care provider in any place.

9. I have the Right to Revoke this Advance Directive

I understand that at any time I may revoke this Advance Directive in a writing I sign or by communicating in any clear and consistent manner my intent to revoke it to my attending physician. I understand that if I revoke this instrument I should try to destroy all copies of it.

This the _____ day of _____, _____.

Signature of Declarant

Type/Print Name

I hereby state that the declarant, _____, being of sound mind, signed (or directed another to sign on declarant's behalf) the foregoing Advance Directive for a Natural Death in my presence, and that I am not related to the declarant by blood or marriage, and I would not be entitled to any portion of the estate of the declarant under any existing will or codicil of the declarant or as an heir under the Intestate Succession Act, if the declarant died on this date without a will. I also state that I am not the declarant's attending physician, nor a licensed health

care provider who is (1) an employee of the declarant's attending physician, (2) nor an employee of the health facility in which the declarant is a patient, or (3) an employee of a nursing home or any adult care home where the declarant resides. I further state that I do not have any claim against the declarant or the estate of the declarant.

Date: _____ Witness: _____

Date: _____ Witness: _____

_____ COUNTY, _____ STATE

Sworn to (or affirmed) and subscribed before me this day by _____
(type/print name of declarant)

(type/print name of witness)

(type/print name of witness)

Date _____
(Official Seal)

Signature of Notary Public

_____, Notary Public
Printed or typed name

My commission expires: _____

Organ Donor Registration

Now there are several ways to sign-up to be an organ, eye and/or tissue donor in North Carolina, including at the DMV or at:

DonateLifeNC.org
<http://www.donatelifenc.org>

This site allows you to create an online donor record. When you go to the DMV to obtain or renew your driver's license or ID card, your examiner will ask if you would like to become a donor. When you say "yes," a red heart is added to your license or ID card. This heart is legally binding; once you turn 18, your wishes to be an organ and eye donor cannot be overturned by others. It relieves your family of making this decision on your behalf, so please be sure to tell them when you join the registry.

Approximately 3,400 people, including neighbors, parents, children, relatives, coworkers and friends, are waiting for transplants in North Carolina.

One person can save eight lives through organ donation and enhance more than 50 lives through tissue donation.

Still have questions? Please visit www.DonateLifeNC.org to learn more or call Donate Life North Carolina at 919-451-7893.

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Thank you for your interest in studying what advance health care directives are available to you!

One of the most stressful times to make important life or death decisions, and decisions affecting mental health treatment or organ donation is during an actual medical emergency. The person having the emergency, his or her family and loved ones, and the health care providers are all under very critical, time-sensitive pressures during an emergency.

One of the best times to make some of these same decisions is when a person is not in a medical emergency and can take the time to reflect and study on what directions he or she wants family and medical providers to know in a crisis situation, before it ever happens.

This is why so many people today do make the effort to put on record one or more of the advance health care directives available.

The North Carolina Department of the Secretary of State is proud to offer this voluntary registry program to people who want to plan ahead and to make sure that they always have a voice in their health care issues.

Elaine F. Marshall
N.C. Secretary of State



THE NORTH CAROLINA
DEPARTMENT OF THE
SECRETARY OF STATE

ADVANCE HEALTH CARE DIRECTIVE REGISTRY



P.O. Box 29622
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www.sosnc.com

Phone: 919-807-2167
Fax: 919-807-2215
Email: ahcdr@sosnc.com

♥ Health Care Directive Registry

The NC General Assembly authorized the North Carolina Department of the Secretary of State to establish a registry where you may file your advance health care directives. Advance health care directives are legal documents that give written instructions about your health care if, in the future, you cannot speak for yourself. Advance health care directives may include any of the following:

- A Health Care Power of Attorney;
- A Declaration of a Desire for a Natural Death;
- An Advance Instruction for Mental Health Treatment; or
- Declaration of an Anatomical Gift.

A **Health Care Power of Attorney** allows you to name a person you trust to make your health care decisions if you cannot make them yourself.

A **Declaration of a Desire for a Natural Death** (or Living Will) is a statement that you desire not to have your life prolonged by extraordinary measures if you have a terminal or incurable illness, or if you are in a vegetative state.

An **Advance Instruction for Mental Health Treatment** makes a declaration of instructions, information and preferences regarding your mental health treatment. It also states that you are aware that the advance instruction authorizes a mental health treatment provider to act according to your wishes. It may also outline your consent or refusal of mental health treatment.

In each of the cases, the directive **must be notarized** before you may submit it to the Secretary of State for filing into the Advanced Health Care Directive Registry.

The North Carolina Secretary of State is only the Administrator of the Advance Health Care Directive Registry and is prohibited from giving legal advice.

Questions about advance health care directives may be answered by consulting with your attorney or other agencies that specialize in end-of-life care choices and issues.

♥ How to register:

1. Print the Registration Form from the Advance Health Care Directive Registry link on our website at www.sosnc.com.
2. Complete the Registration Form and submit a \$10 fee for processing and filing each document you wish to register.
3. Mail the Registration Form(s) along with the directive(s) [preferably copies] and the fee(s) to:

North Carolina Secretary of State
Advance Health Care Directive Registry
P.O. Box 29622
Raleigh, NC 27626-0622.

Your directive(s) will be scanned into our secure online database. We will send you two (2) Registry Cards that contain your file number and password, which can be used by you and those you select to view your directive(s) over the internet 24 hours a day, seven days a week, 365 days a year. Your directive may be accessed by clicking on the Advance Health Care Directive Registry link at www.sosnc.com. If the directives you submitted were originals, we also will return them to you.

Who should you notify of your Advance Health Care Directives?

After receiving your Registry Cards with your access information on them, you may want to make copies for everyone who you would like

to have access to your directives. You may also want to consider placing an extra copy in the glove compartment of your vehicle and a copy in any other residences you may have.

Directives should be readily available to those who will need to make decisions for you in the event you are unable to make decisions for yourself. Therefore, if you place your card in a hidden location or a safety deposit box, the directive information may not be nearby when you need it the most.

Registration of your Advance Health Care Directive is *entirely voluntary*. Whether or not you decide to register your directives with the North Carolina Secretary of State, you should notify everyone who needs to know your wishes outlined in your directives, such as your Power of Attorney designee, other family members and your doctor, hospital, agent or surrogate.

♥ Revocation

You may, at any time, revoke your directives filed with the Secretary of State *free* of charge. To do so, print a Removal Form from the Advance Health Care Directive Registry link on our website at www.sosnc.com; complete the Removal Form and have it notarized. Then mail it to the North Carolina Secretary of State, Advance Health Care Directive Registry. We will delete your directive and it will no longer be accessible over the Internet.

Please note: The person who originally sent the paperwork is the only one who may revoke a directive.