

Planning For The Journey

You are encouraged to "Plan for the Journey" as we all are stewards of our bodies and God given gifts and talents. Below are links to the presentation and various forms that were introduced. Some of the forms include the Funeral Service Planning Form, a Living Will, Organ Donation, and other ways you might plan for the future. In the last item, we will go through what items and information would be helpful to you and the loved ones you leave behind, in preparing to put your affairs in order.

[Planning For The Journey - Introduction - March 29, 2009](#)

[Funeral Service Planning Form - form to plan for a funeral service](#)

[Ways To Give - from the ELCA](#)

[Life Goes On - Organ Donation from Secretary of State](#)

[Illinois Advanced Directive - Planning for Important Healthcare Decisions](#)

[Illinois Living Will Declaration - Living Will for Illinois](#)

[Living Will - 2](#)

[Health Care Directive \(Living Will -2\)](#)

[Everything Someone Should Know About You Before You Die, But Were Afraid to Ask \(Is Your Spouse, Partner or Family Prepared For Your Death?\)](#)

PLANNING FOR THE JOURNEY

Good morning. I'm Rich Guzik representing the Stewardship Ministry. This year you have received your annual giving statement with a message from the Stewardship ministry, you have heard temple talks regarding stewardship from several members of the congregation, and the February newsletter had an article about "Planning for the Journey." Today I will talk a little bit about some of the planning that you may wish to consider for your journey.

Let me start with a reading from

2 Kings 20:1-6

1 About this time King Hezekiah became sick and almost died. The prophet Isaiah son of Amoz went to see him and said to him, "The Lord tells you that you are to put everything in order, because you will not recover. Get ready to die." **2** Hezekiah turned his face to the wall and prayed: **3** "Remember, Lord, that I have served you faithfully and loyally and that I have always tried to do what you wanted me to." And he began to cry bitterly. **4** Isaiah left the king, but before he had passed through the central courtyard of the palace the Lord told him **5** to go back to Hezekiah, ruler of the Lord's people, and say to him, "I, the Lord, the God of your ancestor David, have heard your prayer and seen your tears. I will heal you, and in three days you will go to the Temple. **6** I will let you live fifteen years longer. I will rescue you and this city Jerusalem from the emperor of Assyria. I will defend this city, for the sake of my own honor and because of the promise I made to my servant David."

King Hezekiah was given a warning to prepare for his death, but was given a reprieve of 15 years. I don't know if each of us will be treated like King Hezekiah and be told exactly when our journey here on earth ends and our journey in God's heavenly kingdom will begin, so it would be prudent to prepare for the end of one journey and the beginning of the other. As Christians, we have been in constant preparation for entering the kingdom of God, so today we will concentrate on preparing for the end of our journey here on earth.

The following is an excerpt from the MetroLuthern.org written by Russell Tokheim, February 2009:

"Although most people don't relish thinking about their own mortality, making plans for one's own funeral or memorial service is one of the kindest things a person can do for his/her survivors. There is some interest among Lutheran congregations in the Twin Cities area in encouraging members to have a plan on file with their church.

Such planning is also a way through scripture and music selections to have one more witness to one's faith.

Normandale Lutheran Church (ELCA) in Edina, Minnesota, is one local Lutheran congregation that has held planning workshops for members to plan their own services. Its second funeral workshop in November was sponsored by the church's Center for Healing and Wholeness, a ministry to seniors. This workshop was titled "Sleeper Awake! (Planning Your Service of Resurrection)."

Meredith Holm, parish nurse and wife of Senior Pastor David Holm, said, "My husband has said many times that planning a meaningful funeral or memorial service would be so much easier if we had information from the person. Many times the family doesn't remember under stress the deceased's favorite hymns or scriptures. It's such a comfort to the family to have the person's wishes in writing."

Dr. Jack Swanson, Normandale organist, believes that "having a plan on file makes it easier for the family." Swanson said. "Family members are often unprepared and make poor choices for funeral or memorial services. Planning in advance means selections can be made in a calm, reasoned manner."

Preparing for the future, especially end of life decisions, is not a very pleasant or inviting task. It's just something that we normally do not think about doing. No one wants to think about dying.

When my mother-in-law, Virginia, recently passed away, I was surprised that she and my father-in-law, Ed, both had made some very important decisions regarding their burial, wake, and memorial service, years ago. Their church had a form, which they encouraged all members to complete and turn in to the church office, and also keep themselves. The form documented the type of service, the scripture readings, hymns to be sung, anthems, solos, pastor to officiate, soloist, readers, communion assistants, funeral home, committal ceremony, post service lunch/fellowship, names of pall bearers and relatives and most everything else that needs to be known and decided when someone dies. They also completed a biography that might be included with the obituary. With this information available and these decisions already made, it still took several days to make all of the necessary arrangements and decisions to celebrate Virginia's life and to lay her to rest.

Our church office has a copy of this "Funeral Service Planning Form." You can pick one up from Dana or have her email one to you. If you so desire, you can return the completed form to the church office, which will be kept on file for your family. I found it very thoughtful on Virginia's part to let us know her preferences, so that we did not have to struggle with all of these decisions during our time of grief. I encourage you to be as thoughtful as Virginia.

There are other plans that you might wish to think about – financial planning. You might consider bequeathing part of your estate to United in Faith to help us

to continue to be a community of united disciples offering gifts to the world that can be found no place else.

Today, we have the following information available for you:

- the “Funeral Service Planning Form”, to guide you through the planning of your funeral;
- the brochures from the Stewardship Ministry – “Leave a Legacy” which outlines ways that you might remember United in Faith at the end of your journey on earth and - the “Mission Endowment Fund” which outlines the purpose and management of the fund;
- “Ways To Give” and “Estate Protection Planning” from Thrivent;
- from the ELCA, “Ways to Give” and the “ELCA Foundation” which offers information on ways to implement some of your financial planning with United in Faith in mind;
- a Living Will Declaration to declare your desire regarding receiving life sustaining treatment if you have an incurable and irreversible injury, disease or illness judged to be a terminal;
- and how to register as an organ donor.

You will be able to find some of this information on our church’s website – [www-unitedinfaith.org](http://www.unitedinfaith.org).

Are there any questions?

I want to thank each and every one of you for giving a few moments of your time and pray that this forum today has provided food for thought regarding your journey.

Thank You.

FUNERAL SERVICE PLANNING FORM

Date: ___/___/___

Full Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Baptized? ___ Yes ___ No Baptismal Date: _____

Place of Baptism: _____

Marital Status: ___ single ___ married ___ widowed ___ divorced

Date of Marriage: _____ Name of Spouse: _____

Names and Phone numbers of Children:

Names and Phone numbers of Brothers and Sisters or Others:

Funeral Home Desired: _____ Phone: _____

Place of Burial: _____ Wake: ___ Yes ___ No

Interment at: _____ Graveside service: ___ Yes ___ No

___ Burial ___ Cremation Viewing before service: ___ Yes ___ No

Type of Service: ___ funeral ___ memorial

Service to include Holy Communion: ___ Yes ___ No

Name of Pastor to officiate: _____

Organist: _____ Soloist or Special Musician: _____

Members of family to be asked to assist in reading, Holy Communion, other?

Pallbearers and telephone numbers:

Suggested Scriptures:

First Reading _____

Second Reading _____

Gospel Reading _____

Hymns to be sung by congregation: (This is an encouraged practice)

Suggested solos, anthems, or other music:

Committal: _____ at cemetery _____ at graveside _____ at service

Memorials to be given to: _____

Flowers: _____ Yes _____ No _____ in lieu of – do what: _____

Fellowship Lunch to follow after the service: _____ Yes _____ No

_____ At the church _____ Other: _____

Ways to Give - Leave a Legacy for Ministry to UIF

Your Will . . . Do you have one?

At one time or another, most people think about making a will. Individual circumstances are different, but every person -- no matter what other estate planning tools exist -- should have a will.

The State's Will

If you don't have a will, your state has one for you. If you have not prepared your will, your state of residency at death will distribute your estate according to its laws. Your estate will be divided according to a formula, without taking into account any special needs of your family or your personal wishes. Without a will, you lose the power to control the disposition of your property. Furthermore, your state has no charitable intent.

Only Through a Will Can You -

- ...distribute your property as you choose;
- ...appoint your own executor;
- ...minimize certain estate costs;
- ...suggest a guardian for any surviving minor children;
- ...provide for trusts;
- ...exercise testamentary powers of appointment;
- ...provide for your church or favorite ministry.

Everyone Needs A Will

Everyone who owns property, has investments or savings, has dependents, and wants to remember the work of the church or other charities needs a will.

What About Jointly Owned Property?

Jointly owned property does not eliminate the need for a will. Although joint tenancy with right of survivorship property, such as bank accounts, real estate, and stocks, will automatically pass to the survivor, it is possible for both joint owners to die in a common accident. The only way to insure that your final wishes are carried out is to prepare separate wills.

What Does A Will Do?

A will provides a plan for the distribution of your estate. It expresses your final wishes to family and heirs. It is the final witness to your Christian faith.

When Should You Make a Will?

It is never too early to consider how you would like your property dispersed. When you have made a plan, visit your attorney and have your will prepared. Important decisions will be made which require professional advice. Without a legal will, your desire to benefit your family, **United in Faith**, and other ELCA ministries may not be achieved.

Changing Your Will

Your will does not become final until your death or incompetency. Changes in circumstances may suggest changes in a will.

[Over]

If you already have a will, consider the following questions:

- Is your will up-to-date?
- Do you have any minor children?
- Have you moved to a different state?
- Has the size of your estate changed since my will was written?
- Have any of the individuals (executor, beneficiary, ministry) named in your will died or ceased operation? Moved? Changed names?
- Are **United in Faith** or other ELCA ministries included in your will?
- Should you learn more about life income gifts?
- Have you provided a means to pay for probate and estate taxes?
- Has any tax law changed which will have an impact on your planned disposition of property?

Remember The Church In Your Will

As a Christian, you are the caretaker of the unique God-given gift of life. You have rejoiced in your talents by being a lifelong steward. The distribution of your estate is the last witness of your life. You can continue your Christian stewardship by providing for the work of the Church in your will.

- There are many ways to express your stewardship through your will:
- You may give **United in Faith** a certain percent of your estate or leave a bequest to **United in Faith** or to your favorite ELCA ministry.
- Establish an ELCA Foundation endowment fund that will continue to support **United in Faith** or another favorite ELCA ministry forever.
- Create a life income plan to provide an income for a survivor and designate **United in Faith** or another favorite ELCA ministry as final beneficiary.
- The above examples are only a few of the options available.
- Please contact your ELCA Foundation Regional Gift Planner or the ELCA Foundation in Chicago for assistance in establishing your life goals as well as providing for your legacy.

Forms of Bequests:

- a specific dollar amount
- a percent of the estate's residual value
- a specific asset

You can name **UIF**, a synod, a churchwide ministry, LSTC or other ELCA affiliated ministries to receive a bequest. When leaving a bequest to UIF, include its legal name and address: **United in Faith Lutheran Church, 6525 W.Irving Park Rd. Chicago IL 60634**. All gifts to ELCA ministries can be left to "the Evangelical Lutheran Church in America, in c/o the ELCA Foundation, a Minnesota nonprofit corporation, located at 8765 W. Higgins Road, Chicago, Illinois 60631." All the ministries of the church are and will be as strong as our interest and support. The examples and information in this brochure are for illustrative and educational purposes only and should not be considered tax or legal advise. Please consult with your tax or legal advisor about proceeding with your estate plan. Call the ELCA at 800/638-3522, ext. 2970 to discuss gift planning options that will support **United in Faith** and other favorite ministries and fulfill your legacy goals at the same time.

Information from this brochure comes from the ELCA Foundation: <http://www.elca.org/foundation/>



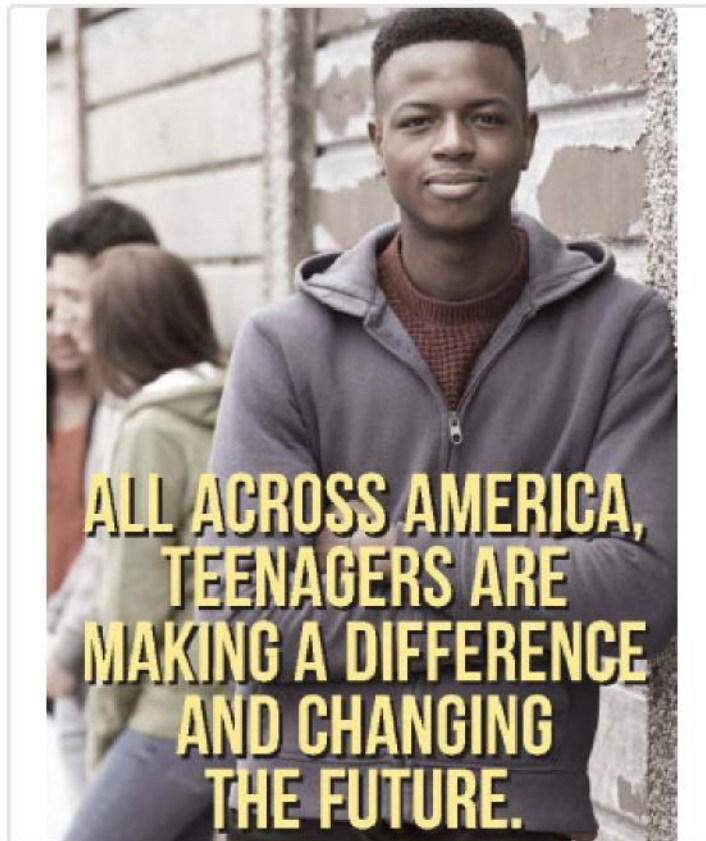
LifeGoesOn.com
Be an organ/tissue donor®
Alexi Giannoulas
Illinois Secretary of State



<https://www.lifegoeson.com>) (<https://www.lifegoeson.com>) .

(poster contest/home.html) .

2024 Student Poster Contest Information
(poster contest/home.html) .





ILLINOIS Alton Garmoulas - Secretary of State USA
DRIVER'S LICENSE
Federal Limits Apply

1 LIC NO: A123-4567-8910
2 DOB: 11/31/2000
3 EXP: 05/31/2025
4 ISS: 01/09/2023

1 CUSTOMER
2 JOHN SAMPLE
3 1234 UNCOLN AVENUE
4 SPRINGFIELD, IL 62723

5 CLASS: ADIOL **NO** NONE
6 STREET: NONE

7 SEX: M HAIR: B EYES: B HT: 5'07"
8 WT: 170 lbs BLOOD: XYZ FEET: ABC
9 DO: 4884321987654321

DONOR

Are you a Donor?
Check your driver's license
or state ID card.

Register Now

[\(https://apps.ilsos.gov/organdonorregister/](https://apps.ilsos.gov/organdonorregister/)

Donation

Organ/tissue donors save lives, restore sight and improve the quality of life for recipients across Illinois every day. The Illinois Secretary of State's office maintains Illinois' official registry of those who wish to donate organs/tissue upon their death.



Patrick and Derrick

Patrick was a victim of gun violence in 2016 and needed a small bowel transplant by early 2017. Patrick's identical twin brother Derrick was a perfect match, allowing Patrick to live his life without anti-rejection medication, a true rarity and miracle.



Community

Become a volunteer for the Life Goes On Organ/Tissue Donor Program. Our advocates are dedicated to making an impact in their communities, places of worship, social groups and schools. All you need is a passion to help save lives and a willingness to share our message.

Help in your Community (community/home.html)



Resources

Get educated about the benefits of organ/tissue donation. To promote awareness about the importance of organ/tissue donation, the Secretary of State's office provides resources for educating yourself and others about donation.

Find Resources (resources/home.html)



About Us

The mission of the Secretary of State's Organ/Tissue Donor Program is to strengthen Illinois' Organ/Tissue Donor Registry through outreach and registration initiatives. The program employs regional coordinators who coordinate events throughout the state.

See More About Us (about_us/home.html)

Contact Us

Illinois Secretary of State's Office
Life Goes On Organ Tissue Donor Program
501 S. Second St. Rm. 451
Springfield, IL 62756-9000
Staff (https://www.lifegoeson.com/contact_us/home.html)

P • 800-210-2106

E • info@lifegoeson.com (<mailto:info@lifegoeson.com>)

More Information

Helpful Links (<https://www.lifegoeson.com/resources/links.html>)

Newsletter (<https://www.lifegoeson.com/publications/home.html#newsletter>)

Procurement Registry Access (<https://www.lifegoeson.com/resources/procureaccess.html> Non-Transplant Organ Donation Task Force

(https://www.ilsos.gov/services/open_meetings_act/nontransplant_organ_donor/home.html Paid for by the Office of the Illinois Secretary of State.

Social Media

(<https://www.facebook.com/ILDonorProgram/>



(<https://www.instagram.com/ildonorprogram/>



(<https://twitter.com/ILSecofState>



(<https://www.youtube.com/user/ODILSOS>

[ilsos.gov](https://www.ilsos.gov) (<https://www.ilsos.gov>) • Privacy Policy (<https://www.lifegoeson.com/privacypolicy.html>) •

National Center for Missing & Exploited Children (<https://www.missingkids.org/>) •

Amber Alert (<http://www.amberillinois.org/>)

Advance Directives

[RESOURCES >](#)

[FORMS >](#)

[LAWS & RULES >](#)

[PUBLICATIONS >](#)

You have the right to make decisions about the health care you get now and in the future. An advance directive is a written statement you prepare that expresses how you want medical decisions made in the future should you not be able to make them yourself.

Federal law requires that you be told of your right to make an advance directive when you are admitted to a health care facility, and the Patient Self-Determination Act (see [Laws & Rules](#)) requires certain providers participating in the Medicare and Medicaid programs to furnish patients with information on advance directives. The information is to be given to patients upon admission to a facility or when provision of care begins. Providers covered by this requirement include hospitals, nursing facilities, providers of home health or personal care services, hospice programs and health maintenance organizations.

Illinois law allows you to make four types of advance directives: a health care power of attorney; a living will; a mental health treatment preference declaration, and a Practitioner Orders For Life-Sustaining Treatment (POLST). The Department of Public Health is required by law (see [Illinois Compiled Statutes - Advance Directive Information](#)) to make available to you standard forms for each of these types of advance directives. [The forms can be downloaded here](#). More information on these advance directives is provided below.

After reviewing the information below on the different types of advance directives, you may want to discuss them with your family, your health care professional and/or attorney. You may decide to make more than one advance directive. For example, you could make a health care power of attorney, as well as a living will. If you decide to have one or more advance directives, you should tell your health care professionals and provide them with copies of any advance directives you have. You should also provide copies of your advance directives to those you have appointed to make health care decisions for you, and you may want to provide copies to your family members.

Health Care Power of Attorney

The health care power of attorney lets you choose someone to make health care decisions for you in the future, if you are no longer able to make these decisions for yourself. You are called the "principal" in the power of attorney form and the person you choose to make decisions is called your "agent." Your agent would make health care decisions for you if you were no longer able to make these decisions for yourself. So long as you are able to make these decisions, you will have the power to do so. You may give your agent specific directions about the health care

you do or do not want. The agent you choose cannot be your health care professional or other health care provider. You should have someone who is not your agent witness your signing of the power of attorney.

The power of your agent to make health care decisions on your behalf is broad. Your agent would be required to follow any specific instructions you give regarding care you want provided or withheld. For example, you can say whether you want all life-sustaining treatments provided in all events; whether and when you want life-sustaining treatment ended; instructions regarding refusal of certain types of treatments on religious or other personal grounds; and instructions regarding anatomical gifts and disposal of remains. Unless you include time limits, the health care power of attorney will continue in effect from the time it is signed until your death. You can cancel your power of attorney at any time, either by telling someone or by canceling it in writing. You can name a backup agent to act if the first one cannot or will not take action. If you want to change your power of attorney, you must do so in writing.

You may use a standard health care power of attorney form or write your own. Illinois law also allows you or your agent to present an electronic copy of an executed health care power of attorney if the original document is not available.

Living Will

A living will tells your health care professional whether you want death-delaying procedures used if you have a terminal condition and are unable to state your wishes. A living will, unlike a health care power of attorney, only applies if you have a terminal condition. A terminal condition means an incurable and irreversible condition such that death is imminent and the application of any death delaying procedures serves only to prolong the dying process.

Even if you sign a living will, food and water cannot be withdrawn if it would be the only cause of death. Also, if you are pregnant and your health care professional thinks you could have a live birth, your living will cannot go into effect.

You can use a standard living will form or write your own. You may write specific directions about the death-delaying procedures you do or do not want. Two people must witness your signing of the living will. Your health care professional cannot be a witness. It is your responsibility to tell your health care professional if you have a living will, if you are able to do so. You can cancel your living will at any time, either by telling someone or by canceling it in writing.

If you have both a health care power of attorney and a living will, the agent you name in your power of attorney will make your health care decisions unless he or she is unavailable.

Mental Health Treatment Preference Declaration

A mental health treatment preference declaration lets you say if you want to receive electroconvulsive treatment (ECT) or psychotropic medicine when you have a mental illness and are unable to make these decisions for yourself. It also allows you to say whether you wish to be admitted to a mental health facility for up to 17 days of treatment.

You can write your wishes and/or choose someone to make your mental health decisions for you. In the declaration, you are called the "principal", and the person you choose is called an "attorney-in-fact." Neither your health care professional nor any employee of a health care facility in which you reside may be your attorney-in-fact. Your attorney-in-fact must accept the appointment in writing before he or she can start making decisions regarding your mental health treatment. The attorney-in-fact must make decisions consistent with any desires you express in your declaration unless a court orders differently or an emergency threatens your life or health.

Your mental health treatment preference declaration expires three years from the date you sign it. Two people must witness you signing the declaration. The following people may not witness your signing of the declaration: your health care professional; an employee of a health care facility in which you reside; or a family member related by blood, marriage or adoption. You may cancel your declaration in writing prior to its expiration as long as you are not receiving mental health treatment at the time of cancellation. If you are receiving mental health treatment, your declaration will not expire and you may not cancel it until the treatment is successfully completed.

Practitioner Orders For Life-Sustaining Treatment

You may also ask your health care professional about having a practitioner order for life-sustaining treatment (POLST). A POLST Order is an advanced directive that says that cardiopulmonary resuscitation (CPR) cannot be used if your heart and/or breathing stops; it can also be used to record your desires for life-sustaining treatment. [The Department of Public Health has published a Uniform POLST Order that is available for download here.](#) This webpage also provides a link to guidance for individuals, health care professionals and health care providers concerning the IDPH Uniform POLST Order.

The Uniform POLST Order requires your signature or that of your authorized legal representative (your legal guardian, health care power of attorney, or health care surrogate), as well as the signature of your attending practitioner and a witness who is 18 years of age or older. A POLST Order will not be entered into your medical record unless it contains all of the required signatures. You can ask your practitioner to work with you to prepare the Uniform POLST Order.

What Happens If You Cannot Make Health Care Decisions For Yourself And You Don't Have an Advance Directive?

If you cannot make health care decisions for yourself, a health care "surrogate" may be chosen for you. Under Illinois law, two doctors must certify that you cannot make health care decisions for yourself before a health care surrogate can be appointed. A health care surrogate can be one of the following persons (in order of priority): guardian of the person, spouse, any adult child(ren), either parent, any adult brother or sister, any adult grandchild(ren), a close friend, or guardian of the estate.

However, while your health care surrogate can make most health care decisions for you, there are certain decisions that a surrogate cannot make. For example, a health care surrogate cannot tell

your health care professional to withdraw or withhold life-sustaining treatment unless you have a "qualifying condition". A qualifying condition can be

1. a "terminal condition" (an incurable or irreversible injury for which there is no reasonable prospect of cure or recovery, death is imminent, and life-sustaining treatment will only prolong the dying process)
2. "permanent unconsciousness" (a condition that, to a high degree of medical certainty, will last permanently, without improvement; there is no thought, purposeful social interaction or sensory awareness present; and providing life-sustaining treatment will only have minimal medical benefit), or
3. an "incurable or irreversible condition" (an illness or injury for which there is no reasonable prospect for cure or recovery, that ultimately will cause the patient's death, that imposes severe pain or an inhumane burden on the patient, and for which life-sustaining treatment will have minimal medical benefit). Two doctors must certify that you have one of these qualifying conditions.

There are also limitations on the decision-making authority of a health care surrogate that relate to mental health treatment. A health care surrogate, other than a court-appointed guardian, cannot consent for you to have certain mental health treatments, including treatment by electroconvulsive therapy (ECT), psychotropic medication or admission to a mental health facility, although the health care surrogate can petition a court to allow these mental health services.

To avoid the decision-making limitations of a health care surrogate, you may want to consider having one or more advance directives.

Final Notes

You should talk with your family, your health care professional, your attorney, and any agent or attorney-in-fact that you appoint about your decision to make one or more advance directives. If they know what health care you want, they will find it easier to follow your wishes. If you cancel or change an advance directive in the future, remember to tell these same people about the change or cancellation.

No health care facility, health care professional or insurer can make you execute an advance directive as a condition of providing treatment or insurance. It is entirely your decision. If a health care facility, health care professional or insurer objects to following your advance directive, they must tell you or the individual responsible for making your health care decisions. They must continue to provide care until you or your decision maker can transfer you to another health care provider who will follow the orders contained in your advance directive.

Resources

[Conversation Project Video – Selecting Health Care Decision Maker](#)

[View This Page \(En Español\)](#)

Forms

[Declaration for Mental Health Treatment Form](#)

[Declaration for Mental Health Treatment Form \(En Español\)](#)

[Living Will Declaration Form](#)

[Living Will Declaration Form \(En Español\)](#)

[Practitioner Orders For Life-Sustaining Treatment \(POLST\) Form](#)

[\(Arabic\)](#) [\(Chinese \(Simplified\)\)](#) [\(Chinese \(Traditional\)\)](#) [\(French\)](#) [\(Hindi\)](#) [\(Korean\)](#) [\(Polish\)](#) [\(Spanish\)](#)

[Power of Attorney for Health Care](#)

[Power of Attorney for Health Care \(Spanish\)](#)

Laws & Rules

[Emergency Medical Services \(EMS\) Systems Act](#)

[Health Care Surrogate Act](#)

[Hospital Licensing Act](#)

[Illinois Compiled Statutes - Advance Directive Information](#)

[Illinois Living Will Act](#)

[Illinois Power of Attorney Act](#)

[Mental Health Treatment Preference Declaration Act](#)

[Nursing Home Care Act](#)

[Patient Self-Determination Act](#)

Publications

[POLST Registry Advisory Committee Report 2020](#)

Living Will

DECLARATION

This declaration is made this _____ day of _____ (month, year).

I, _____, born on _____, being of sound mind, willfully and voluntarily make known my desires that my moment of death shall not be artificially postponed.

If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me and has determined that my death is imminent except for death delaying procedures, I direct that such procedures which would only prolong the dying process be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary by my attending physician to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such death delaying procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

Signed _____

City, County and State of Residence _____

The declarant is personally known to me and I believe him or her to be of sound mind. I saw the declarant sign the declaration in my presence (or the declarant acknowledged in my presence that he or she had signed the declaration) and I signed the declaration as a witness in the presence of the declarant. I did not sign the declarant's signature above for or at the direction of the declarant. At the date of this instrument, I am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or, to the best of my knowledge and belief, under any will of declarant or other instrument taking effect at declarant's death, or directly financially responsible for declarant's medical care.

Witness _____

Witness _____

History
(Source: P.A. 85-1209.)
Annotations

Note. This section was Ill.Rev.Stat., Ch. 110 1/2, Para. 703.

Rev 5/2012

LIVING WILL

This document is a preliminary measure taken in case there ever comes a time when you can no longer communicate your health care wishes to your doctors. The Living Will allows you to tell your health care providers your preferences for end of life treatment.

This form was completed and signed on ____ day of _____, 20____.

Health Care Directive

I, _____, with a street address of _____, City of _____, County of _____, State of _____, with the last four (4) digits of my social security number (SSN) being xxx-xx-_____, (Hereinafter may be referred to as the 'Principal') desire to advise my doctors and medical providers of my wishes for my health care in the event I am not able to communicate my wishes.

1) LIFE SUPPORT:

I desire that my doctor make a concerted effort to return me to an acceptable quality of life using then available treatments and therapies. However, if my quality of life becomes unacceptable as I have defined below and my doctors have determined that my condition will not improve (is irreversible), I direct that all treatments that extend my life be withdrawn.

An unacceptable quality of life means (initial and check all that apply):

- _____ Chronic coma or persistent vegetative state.
- _____ No longer able to communicate my needs.
- _____ No longer able to recognize family or friends.
- _____ Total dependence on others for daily care.
- _____ Other: _____

Initial and check only one:

- _____ Even if I have the quality of life described above, I still wish to be treated with food and water by tube or intravenously (IV).
- _____ If I have the quality of life described above, I do NOT wish to be treated with food and water by tube or intravenously (IV).

2) CERTAIN LIFE-SUSTAINING TREATMENT: (You do not have to initial and check any of these if you do not wish to.)

Some people do not wish to have certain life sustaining treatments under any circumstance, even if recovery is a possibility. Check treatments below, if any, that you do not wish to have under any circumstances:

- _____ Cardiopulmonary Resuscitation (CPR)
- _____ Ventilation (breathing machine)
- _____ Feeding Tube
- _____ Dialysis
- _____ Other: _____

3) END OF LIFE WISHES: (hospice care, funeral arrangements, etc.):

When I am near death, it is important to me that:

I have signed this document on this _____ day of _____, 20____.

Principal's Signature

Printed Name

Address

Phone Number

(You may either choose **two (2) witnesses** or a **notary public** to observe and acknowledge your signature on the next page.)

WITNESS ACKNOWLEDGMENT

On the date set forth above, I hereby state as follows:

The above-named person is personally known to me, and I believe him/her to be of sound mind and to have voluntarily executed this document. I am at least 18 years old, not related to him/her by blood, marriage or adoption, and I am not an agent or successor agent named in this document. To my knowledge, I am not a beneficiary of his/her will or any codicil, and I have no claim against his/her estate. I am not directly involved in his/her health care.

Witness #1's Signature _____ Printed Name _____

Address _____ Phone Number _____

Witness #2's Signature _____ Printed Name _____

Address _____ Phone Number _____

NOTARY ACKNOWLEDGMENT

State of _____ }

County of _____ }

Signed and sworn to me on the ___ day of _____, in the year 20__.

I, the undersigned authority in and for said County in said State, hereby certify that the **Principal** _____, whose name is signed above in this living will, and who is known to me, acknowledged before me on this day that, being informed of the contents of the said document, (s)he executed the same voluntarily on the day the same bears date.

Given under my hand this ___ day of _____, 20__.

Notary Public Signature _____ State of _____

Printed Name _____

My commission expires _____

(Notary Seal)

Instructions for Completing the Health Care Directive or Writing a Living Will

1. Print your name on the first blank line. "I, **MY NAME**, want everyone who cares for me to know what health care I want when I cannot let others know what I want."
2. Think about the statement, "A quality of life that is unacceptable to me means" and check each item from the list below that applies.

This means that if you are in the condition described, you would want your family and doctors to stop or withdraw treatment. You would not want to continue to live in that condition.

You may add any words you want on the blank lines to further describe the conditions when you would not want to continue to receive treatment.

3. Think about the statement, "There are some procedures that I do not want under any circumstances."

If you have decided that you would never want a treatment listed, check that box. If you have not decided yet, or if you would want your doctor to try these treatments, leave the box blank.

4. Think about the statement, "When I am near death, it is important to me that." When writing a living will, you can write anything you like on these lines. Some people say, "I want hospice care.", "I want to die at home.", or "I want my family near me." You may leave these lines blank if you wish.
5. You must sign this form on the reverse side and you must have your signature witnessed.

The witness cannot be related to you by blood, marriage or adoption, cannot be a beneficiary to your estate, and cannot be directly involved in your healthcare.

In Arizona, it is not necessary to have this form notarized, but there is a space for a notary if you desire.

6. After writing a living will, give a copy of it to your Health Care (Medical) Power of Attorney, to your family and close friends, and to your doctor. Keep a copy to take to the hospital or clinic if you become ill and need treatment.