



Living Will Declaration

This is an important legal document. A living will directs the medical treatment you are to receive in the event you are in a terminal condition and are unable to participate in your own medical decisions. This living will may state what kind of treatment you want or do not want to receive.

Prepare this living will carefully. If you use this form, read it completely. You may want to seek professional help to make sure the form does what you intend and is completed without mistakes.

This living will remains valid and in effect until and unless you revoke it. Review this living will periodically to make sure it continues to reflect your wishes. You may amend or revoke this living will at any time by notifying your physician and other health care providers. You should give copies of this living will to your family, your physician, and your health care facility. This form is entirely optional. If you choose to use this form, please note that the form provides signature lines for you and a notary public. Terms used in this Living Will shall mean the following:

- (1) "Attending physician," the physician who has primary responsibility for the treatment and care of the patient;
- (2) "Declaration," a writing executed in accordance with the requirements of South Dakota Codified Law § 34-12D-2;
- (3) "Health care provider," any licensed health care facility or any person, corporation, or organization licensed, certified, or otherwise authorized or permitted by law to administer health care;
- (4) "Life-sustaining treatment," any medical procedure or intervention that, when administered to a patient, will serve only to postpone the moment of death or to maintain the patient in a condition of permanent unconsciousness. The term does not include the provision of appropriate care to maintain comfort, hygiene and human dignity, the oral administration of food and water, or the administration of any medication or other medical procedure deemed necessary to alleviate pain;
- (5) "Person," an individual, corporation, business trust, estate, trust, limited liability company, partnership, association, joint venture, government, governmental subdivision, or agency, or any other legal or commercial entity;
- (6) "Physician," an individual licensed to practice medicine in this state;
- (7) "Terminal condition," an incurable and irreversible condition such that, in accordance with accepted medical standards, death is imminent if life-sustaining treatment is not administered, or a coma or other condition of permanent unconsciousness that, in accordance with accepted medical standards, will last indefinitely without significant improvement and in which the individual is unable to communicate verbally or nonverbally, demonstrates no purposeful movement or motor ability, and is unable to interact purposefully with environmental stimulation.





Living Will Declaration		
TO MY FAMILY, HEAI	LTH CARE PRO	OVIDER AND ALL THOSE CONCERNED WITH MY CARE:
I,, direct you to follow my wishes for care if I am in a terminal condition, my death is imminent, and I am unable to communicate my decisions about my medical care.		
below for you to write you If my death is immir treatment has been Even if my death is	owing options. If y ur own instructions nent or I am perm a started, stop it, b imminent or I am the above options	you do not agree with either of the following options, space is provided s.) sanently unconscious, I choose not to prolong my life. If life-sustaining out keep me comfortable and control my pain. spermanently unconscious, I choose to prolong my life. spermanently unconscious, I choose to prolong my life. spermanently unconscious, I choose to prolong my life.
Artificial Nutrition and Hy- intestine or needle into a		water provided by means of a tube inserted into the stomach or
If my death is immir has been started, s	nent or I am perm top it.	ation, I direct the following (Initial only one.): lanently unconscious, I do not want artificial nutrition and hydration. If it lanently unconscious, I want artificial nutrition and hydration. Your Signature
Date	Time	Tour Signature
Your Address		Type or print your Signature
The declarant voluntarily	signed this docur	ment in my presence.
Date	Time	Witness Signature
Address		
Date	Time	Witness Signature
Address		
On this the	d	lay of,,
		, and,
		ed officer and signed the foregoing instrument in my presence.
		ay of,
		, Notary Public
My commission expires:		