

# Living Will

A living will allows you to put in writing your wishes for end-of-life care in the event you cannot communicate those wishes yourself. Generally, a living will is a request to die naturally and does not exclude the use of comfort or pain reduction measures.

**Kansas' easy-to-use, fill-in-the-blank form states:**

"If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition...I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care."

**With the help of an attorney, you can identify specific procedures to be performed or withheld, such as the use of:**

- Mechanical ventilation
- Artificial nutrition and hydration or tube feeding
- Dialysis
- Antibiotics or antiviral medications



**Store advance health-care directives  
in accessible places.**



Your house.



Your vehicle's glove box.



With family and friends.



With your Durable Power of  
Attorney for Health Care.



Your hospital and  
doctor's office.



Other places you  
frequently visit.



**DO NOT** store your advance health care  
directives in a safety deposit box at your bank!

For more information on advance health care planning in Kansas, or to access the necessary forms to complete your advance directives, contact your local K-State Research and Extension office.

# Durable Power of Attorney for Health Care

A Durable Power of Attorney for Health Care, a person whom you appoint, will be able to make health-care decisions on your behalf if you become unable to do so for yourself.

**Your Durable Power of Attorney for Health Care can:**

- Speak for you only if you become incapacitated due to illness or injury.
- Make treatment decisions.
- Access medical records.
- Make decisions after death such as organ donation and burial.
- NOT revoke wishes from a living will.

**Your Durable Power of Attorney for Health Care should be someone:**

- you trust,
- who knows you well,
- who will advocate for you, and
- who will honor your wishes.



## Power of Attorney

I, the undersigned

(legal name)

(Social Security number)

residing at

residing at

(number)