IOWA DECLARATION RELATING TO LIFE-SUSTAINING PROCEDURES
(Living Will)
AND
DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS
(Medical Power of Attorney)

I. DECLARATION RELATING TO LIFE-SUSTAINING PROCEDURES

If I should have an incurable or irreversible condition that will result either in death within a relatively short period of time or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery, it is my desire that me life not be prolonged by the administration of life-sustaining procedures. If I am unable to participate in my health care decisions, I direct my attending physician to withhold or withdraw life-sustaining procedures that merely prolong the dying process and are not necessary to my comfort or freedom from pain.

This declaration is subject to any specific instructions or statement of desires I have added in “Additional Provisions” below.

II. DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

1. I (The Principal) hereby designate:

____
(Type or Print Name of Agent)

____
(Phone Number) (Type or Print Street Address)

____
(City) (State) (Zip Code)

as my attorney in fact (my agent) and give to my agent the power to make health care decisions for me. This power exists only when I am unable, in the judgment of my attending physician, to make those health care decisions. The attorney in fact must act consistently with my desires as stated in this document or otherwise made known.

Except as otherwise specified in this document, this document gives my agent the power, where otherwise consistent with the laws of the State of Iowa, to consent to my physician not giving health care or stopping health care which is necessary to keep me alive.

This document gives my agent power to make health care decisions on my behalf, including to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any statement of my desires and any limitations included in this document. My agent has the right to examine my medical records and to consent to disclosure of such records.

2. NOTE: Optional
Insert here specific instructions or statement of desires of principal (if any). (The principal does not have to give any specific instruction or statement or desires but may do so.)

3. NOTE: Optional
(The principal may designate one or more alternates as attorney in fact but does not have to.) If the person designated above is unable to serve,
I designate

____
(Type or Print Name of Agent)

____
(Phone Number) (Type or Print Street Address)

____
(City) (State) (Zip Code)
to serve as my attorney-in-fact.

4. This Power of Attorney *must* either be witnessed by two persons or notarized.

STATE OF IOWA ______________, COUNTY, ss: ______________

On this day of _______________________, 20____ before me, the undersigned, a Notary Public

in and for the State of Iowa, personally appeared
____

to me known to be the person named in and who executed the foregoing instrument, and acknowledged that (he) (she) executed the same as (his) (her) voluntary act and deed.

____
Notary Public in Iowa

OR
Two Witnesses

By signing, I declare that I signed this form in the presence of the other witness and the Principal, and I witnessed the signing by the Principal or other person acting on behalf of and at the Principal's direction.

Witness (1) Signature

SIGNATURE

PRINT FIRST NAME MIDDLE INITIAL LAST NAME

STREET ADDRESS CITY STATE ZIP

Witness 2) Signature

SIGNATURE

PRINT FIRST NAME MIDDLE INITIAL LAST NAME

STREET ADDRESS CITY STATE ZIP

5. Signed this ______________day of __________________ , 20____

SIGNATURE OF PRINCIPAL **(person granting the Power of Attorney**

PRINT FIRST NAME MIDDLE INITIAL LAST NAME

STREET ADDRESS CITY STATE ZIP

6. Copies of this form are located:

DISCLAIMER: The law allows you to complete advance directives without the assistance of legal counsel. America Living Will Registry provides these advance directive forms as a service to you and does not take responsibility for the manner in which you complete them. If you have any questions about any part of these advance directive forms, be sure to consult an attorney before you sign them.