# KENTUCKY LIVING WILL DIRECTIVE

My wishes regarding life-prolonging treatment and artificially provided nutrition and hydration to be provided to me if I no longer have decisional capacity, have a terminal condition, or become permanently unconscious have been indicated by checking and initialing the appropriate lines below. By checking and initialing the appropriate lines, I specifically designate _____as my health care surrogate(s) to make health care decisions for me in accordance with this directive when I no longer have decisional capacity. If _____refuses or is not able to act for me, I designate _____ as my health care surrogate(s).

Any prior designation is revoked.

If I do not designate a surrogate, the following are my directions to my attending physician. If I have designated a surrogate, my surrogate shall comply with my wishes as indicated below: (Initial choices below).

_____Direct that treatment be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical treatment deemed necessary to alleviate pain.

_____DO NOT authorize that life-prolonging treatment be withheld or withdrawn.

_____Authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

_____DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

_____Authorize my surrogate, designated above, to withhold or withdraw artificially provided nourishment or fluids, or other treatment if the surrogate determines that withholding or withdrawing is in my best interest; but I do not mandate that withholding or withdrawing.

_____Authorize the giving of all or any part of my body upon death for any purpose specified in KRS 311.185.

_____DO NOT authorize the giving of all or any part of my body upon death.

In the absence of my ability to give directions regarding the use of life-prolonging treatment and artificially provided nutrition and hydration, it is my intention that this directive shall be honored by my attending physician, my family, and any surrogate designated pursuant to this directive as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of the refusal.

If I have been diagnosed as pregnant and that diagnosis is known to my attending physician, this directive shall have no force or effect during the course of my pregnancy.

I understand the full import of this directive and I am emotionally and mentally competent to make this directive.

Signed this _____. day of _____, 20_____

Signature and address of the grantor.

_____
Signature

_____
Address

_____

In our joint presence, the grantor, who is of sound mind and eighteen (18) years of age, or older, voluntarily dated and signed this writing or directed it to be dated and signed for the grantor.

Signature and address of witness.

_____
Signature
_____
Address

Signature and address of witness.

_____
Signature
_____
Address

OR
STATE OF KENTUCKY

_____County

Before me, the undersigned authority, came the grantor who is of sound mind and eighteen (18) years of age, or older, and acknowledged that he voluntarily dated and signed this writing or directed it to be signed and dated as above.
Done this _____day of _____, 20_____

Signature of Notary Public or other officer.

_____
Signature

Date commission expires: _____

Execution of this document restricts withholding and withdrawing of some medical procedures.

(2)An advance directive shall be in writing, dated, and signed by the grantor, or at the grantor's direction, and either witnessed by two (2) or more adults in the presence of the grantor and in the presence of each other, or acknowledged before a notary public or other person authorized to administer oaths. None of the following shall be a witness to serve as a notary public or other person authorized to administer oaths in regard to any advance directive made under this section:
(a)A blood relative of the grantor;
(b)A beneficiary of the grantor under descent and distribution statutes of the Commonwealth;
(c)An employee of a health care facility in which the grantor is a patient, unless the employee serves as a notary public;
(d)An attending physician of the grantor; or
(e)Any person directly financially responsible for the grantor's health care.
(3)A person designated as a surrogate pursuant to an advance directive may resign at any time by giving written notice to the grantor; to the immediate successor surrogate, if any; to the attending physician; and to any health care facility which is then waiting for the surrogate to make a health care decision.
(4)An employee, owner, director, or office of a health care facility where the grantor is a resident or patient shall not be designated or act as surrogate unless related to the grantor within fourth degree of consanguinity or affinity or a member of the same religious order.