

DIRECTIVE TO PHYSICIANS

Directive made this ___ day of _____, _____, pursuant to the Texas Natural Death Act, Chapter 672 of the Texas Health and Safety Code.

I, JOHN A. DOE, being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

1. If at any time I should have an incurable condition caused by injury, disease, or illness certified by two physicians to be a terminal condition, and where the application of life-sustaining procedures would serve only to artificially prolong the moment of my death and where my attending physician determines that my death is imminent whether or not life-sustaining procedures are utilized, I direct that upon consultation of my spouse and children, those procedures be withheld or withdrawn, and that I be permitted to die naturally.

2. In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this directive shall be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences from the refusal.

3. This directive is effective until it is revoked.

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

5. I understand that I may revoke this directive at any time.

6. I understand that Texas law allows me to designate a person to make a treatment decision for me if I should become comatose, incompetent, or otherwise mentally or physically incapable of communication. I hereby designate:

JANE B. DOE
1234 Main Street
Anytown, Texas 70000
(214) 000-0000

to make such a treatment decision for me if I should become incapable of communicating with my physician. If the person I have named above is unable to act on my behalf, I designate the following persons, in the following order to do so:

LIVING WILL

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JOSEPH C. DOE
5678 Main Street
NewTown, Texas 70000
(817) 000-0000

MARY D. DOE
1234 Elm Street
Anytown, Texas 70000
(214) 999-9999

I have discussed my wishes with these persons and trust their judgment.

JOHN A. DOE

ATTESTATION

The Declarant has been personally known to me and I believe him to be of sound mind. I am not related to the Declarant by blood or marriage, nor would I be entitled to any portion of the Declarant's estate on his decease, nor am I the attending physician of Declarant or any employee of the attending physician or a health care facility in which Declarant is a patient, or a patient in the health care facility in which the Declarant is a patient, or any person who has a claim against any portion of the estate of the Declarant upon his decease.

Witness

(Printed Name of Witness)

Witness

(Printed Name of Witness)

STATE OF TEXAS

COUNTY OF ANY COUNTY

Before me, the undersigned authority, on this day personally appeared JOHN A. DOE, _____, and _____, known to me to be the Declarant and witnesses whose names are subscribed to the foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the Declarant, JOHN A. DOE, declared to me and to the said witnesses in my presence that said instrument is his Directive to Physicians, and that he had willingly and voluntarily made and executed it as his free act and deed for the purposes therein expressed.

JOHN A. DOE,
Declarant

Witness

Witness

SUBSCRIBED AND ACKNOWLEDGED before me by the said Declarant, JOHN A. DOE, and by the said witnesses, _____, and _____ on this ____ day of _____, _____.

Notary Public, State of Texas

LIVING WILL

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**CODICIL TO
DIRECTIVE TO PHYSICIANS**

I, **JOHN A. DOE**, a resident of Dallas County, Texas, declare this to be the Codicil to my Directive to Physicians dated _____, _____.

ADDITION OF PROVISION

I hereby amend my directive to Physicians by adding the following provision:

If at any time I should have an incurable condition caused by injury, disease or illness certified by two physicians to be a terminal condition and where the application of the following procedures would serve only to artificially prolong the moment of my death and where my attending physician determines that my death is imminent, I direct that upon consultation of my spouse and children, the following initialed procedures be withheld or withdrawn and that I be permitted to die naturally:

_____ Mechanical breathing
_____ Dialysis
_____ Cardiopulmonary resuscitation
_____ Blood transfusion or blood products
_____ Artificial nutrition
_____ Artificial hydration
_____ Simple diagnostic tests
_____ Antibiotics
_____ Pain medication

REPUBLICATION OF DIRECTIVE TO PHYSICIANS

I confirm and republish my Directive to Physicians dated _____, _____.
This Codicil to my Directive to Physicians is executed by me on this ____ day of _____, _____ at _____ County, Texas.

JOHN A. DOE, Declarant

ATTESTATION

The Declarant has been personally known to me and I believe him/her to be of sound mind. I am not related to the Declarant by blood or marriage, nor would I be entitled to any portion of the Declarant's estate on his/her decease, nor am I the attending physician of Declarant or any employee of the attending physician or a health care facility in which Declarant is a patient or a patient in the health care facility in which the Declarant is a patient or any person who has a claim against any portion of the estate of the Declarant upon his/her decease.

WITNESS

WITNESS

STATE OF TEXAS
COUNTY OF DALLAS

Before me, the undersigned authority, on this day personally appeared **JOHN A. DOE**, _____ and _____ known to me to be the Declarant and witness whose names are subscribed to the foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the Declarant, **JOHN A. DOE**, declared to me and to the said witnesses in my presence that said instrument is his/her Codicil to his/her Directive to Physicians and that he/she had willingly and voluntarily made and executed it as his/her free act and deed for the purposes therein expressed.

JOHN A. DOE, Declarant

WITNESS

WITNESS

SUBSCRIBED AND ACKNOWLEDGED before me by the said Declarant, and by the said witnesses, _____ and _____, on this _____ day of _____.

Notary Public, State of Texas

DESIGNATION OF ANATOMICAL GIFT

OF

JOHN A. DOE

STATE OF TEXAS

COUNTY OF DALLAS

I, **JOHN A. DOE**, in the hope that I may help others, hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires:

_____ (a) I give any needed organs or tissues

_____ (b) I give only the following organs or tissues:

specify the tissue(s) or organ(s)

_____ (c) I give my body for anatomical study if needed.

Limitations or special wishes if any:

JOHN A. DOE, Declarant

Donor's Date of Birth

_____, TEXAS

Date Signed

ATTESTATION

The Declarant has been personally known to me and I believe him/her to be of sound mind. I believe that the Declarant is aware of the nature of this document and is signing it voluntarily and free from duress. The Declarant has requested that I serve as a witness to the execution of this document.

Signed by us this same day and year as this Designation of Anatomical Gift.

WITNESS

WITNESS

STATE OF TEXAS
COUNTY OF DALLAS

Before me, the undersigned authority, on this day personally appeared **JOHN A. DOE**, _____ and _____, known to me to be the Declarant and witness whose names are subscribed to the foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the Declarant, **JOHN A. DOE**, declared to me and to the said witnesses in my presence that said instrument is his/her Designation of Anatomical Gift, and that he/she had willingly and voluntarily made and executed it as his/her free act and deed for the purposes therein expressed.

JOHN A. DOE, Declarant

WITNESS

WITNESS

SUBSCRIBED AND ACKNOWLEDGED before me by the said Declarant, and by the said witnesses, _____ and _____, on this _____ day of _____

Notary Public, State of Texas

DIRECTIVE TO PHYSICIANS

Directive made this _____ day of _____, _____, pursuant to the Texas Natural Death Act, Chapter 672 of The Texas Health and Safety Code.

I, JANE B. DOE, being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

1. If at any time I should have an incurable condition caused by injury, disease, or illness certified by two physicians to be a terminal condition, and where the application of life-sustaining procedures would serve only to artificially prolong the moment of my death and where my attending physician determines that my death is imminent whether or not life-sustaining procedures are utilized, I direct that upon consultation of my spouse and children, those procedures be withheld or withdrawn, and that I be permitted to die naturally.

2. In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this directive shall be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences from the refusal.

3. This directive is effective until it is revoked.

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

5. I understand that I may revoke this directive at any time.

6. I understand that Texas law allows me to designate a person to make a treatment decision for me if I should become comatose, incompetent, or otherwise mentally or physically incapable of communication. I hereby designate:

JOHN A. DOE
1234 Main Street
Anytown, Texas 70000
(214) 000-0000

to make such a treatment decision for me if I should become incapable of communicating with my physician. If the person I have named above is unable to act on my behalf, I designate the following persons, in the following order to do so:

LIVING WILL

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JOSEPH C. DOE
5678 Main Street
NewTown, Texas 70000
(817) 000-0000

MARY D. DOE
1234 Elm Street
Anytown, Texas 70000
(214) 999-9999

I have discussed my wishes with these persons and trust their judgment.

JANE B. DOE

LIVING WILL

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ATTESTATION

The Declarant has been personally known to me and I believe her to be of sound mind. I am not related to the Declarant by blood or marriage, nor would I be entitled to any portion of the Declarant's estate on her decease, nor am I the attending physician of Declarant or any employee of the attending physician or a health care facility in which Declarant is a patient, or a patient in the health care facility in which the Declarant is a patient, or any person who has a claim against any portion of the estate of the Declarant upon her decease.

Witness

(Printed Name of Witness)

Witness

(Printed Name of Witness)

STATE OF TEXAS

COUNTY OF ANYCOUNTY

Before me, the undersigned authority, on this day personally appeared JANE B. DOE, _____, and _____, known to me to be the Declarant and witnesses whose names are subscribed to the foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the Declarant, JANE B. DOE, declared to me and to the said witnesses in my presence that said instrument is her Directive to Physicians, and that she had willingly and voluntarily made and executed it as her free act and deed for the purposes therein expressed.

JANE B. DOE,
Declarant

Witness

(Printed Name of Witness)

Witness

(Printed Name of Witness)

SUBSCRIBED AND ACKNOWLEDGED before me by the said Declarant, JANE B. DOE, and by the said witnesses, _____, and _____ on this ____ day of _____, _____.

Notary Public, State of Texas

LIVING WILL

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**CODICIL TO
DIRECTIVE TO PHYSICIANS**

I, **JANE B. DOE**, a resident of Dallas County, Texas, declare this to be the Codicil to my Directive to Physicians dated _____.

ADDITION OF PROVISION

I hereby amend my directive to Physicians by adding the following provision:

If at any time I should have an incurable condition caused by injury, disease or illness certified by two physicians to be a terminal condition and where the application of the following procedures would serve only to artificially prolong the moment of my death and where my attending physician determines that my death is imminent, I direct that upon consultation of my spouse and children, the following initialed procedures be withheld or withdrawn and that I be permitted to die naturally:

_____ Mechanical breathing
_____ Dialysis
_____ Cardiopulmonary resuscitation
_____ Blood transfusion or blood products
_____ Artificial nutrition
_____ Artificial hydration
_____ Simple diagnostic tests
_____ Antibiotics
_____ Pain medication

REPUBLICATION OF DIRECTIVE TO PHYSICIANS

I confirm and republish my Directive to Physicians dated _____,
_____. This Codicil to my Directive to Physicians is executed by me on this ___ day of
_____, at _____ County, Texas.

JANE B. DOE, Declarant

ATTESTATION

The Declarant has been personally known to me and I believe him/her to be of sound mind. I am not related to the Declarant by blood or marriage, nor would I be entitled to any portion of the Declarant's estate on his/her decease, nor am I the attending physician of Declarant or any employee of the attending physician or a health care facility in which Declarant is a patient or a patient in the health care facility in which the Declarant is a patient or any person who has a claim against any portion of the estate of the Declarant upon his/her decease.

WITNESS

WITNESS

STATE OF TEXAS
COUNTY OF DALLAS

Before me, the undersigned authority, on this day personally appeared **JANE B. DOE**, _____ and _____ known to me to be the Declarant and witness whose names are subscribed to the foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the Declarant, **JANE B. DOE**, declared to me and to the said witnesses in my presence that said instrument is his/her Codicil to his/her Directive to Physicians and that he/she had willingly and voluntarily made and executed it as his/her free act and deed for the purposes therein expressed.

JANE B. DOE, Declarant

WITNESS

WITNESS

SUBSCRIBED AND ACKNOWLEDGED before me by the said Declarant, and by the said witnesses, _____ and _____, on this _____ day of _____, _____.

Notary Public, State of Texas

DESIGNATION OF ANATOMICAL GIFT

OF

JANE B. DOE

STATE OF TEXAS

COUNTY OF DALLAS

I, **JANE B. DOE**, in the hope that I may help others, hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires:

- _____ (a) I give any needed organs or tissues
_____ (b) I give only the following organs or tissues:

_____ *specify the tissue(s) or organ(s)*

- _____ (c) I give my body for anatomical study if needed.

Limitations or special wishes if any:

JANE B. DOE, Declarant

Donor's Date of Birth

_____, TEXAS

Date Signed

ATTESTATION

The Declarant has been personally known to me and I believe him/her to be of sound mind. I believe that the Declarant is aware of the nature of this document and is signing it voluntarily and free from duress. The Declarant has requested that I serve as a witness to the execution of this document.

Signed by us this same day and year as this Designation of Anatomical Gift.

WITNESS

WITNESS

STATE OF TEXAS
COUNTY OF DALLAS

Before me, the undersigned authority, on this day personally appeared **JANE B. DOE**, _____ and _____, known to me to be the Declarant and witness whose names are subscribed to the foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the Declarant, **JANE B. DOE**, declared to me and to the said witnesses in my presence that said instrument is his/her Designation of Anatomical Gift, and that he/she had willingly and voluntarily made and executed it as his/her free act and deed for the purposes therein expressed.

JANE B. DOE, Declarant

WITNESS

WITNESS

SUBSCRIBED AND ACKNOWLEDGED before me by the said Declarant, and by the said witnesses, _____ and _____, on this _____ day of _____

Notary Public, State of Texas