



**STATE OF ARIZONA  
LIVING WILL ("End of Life Care") (Cont'd)**

**3. Other Statements Or Wishes I Want Followed For End of Life Care:**

**NOTE:** You can attach additional provisions or limitations on medical care that have not been included in this Living Will form. Initial or put a check mark by box A or B below. Be sure to include the attachment if you check B.

- \_\_\_\_\_ **A.** I have not attached additional special provisions or limitations about End of Life Care I want.  
\_\_\_\_\_ **B.** I have attached additional special provisions or limitations about End of Life Care I want.

**SIGNATURE OR VERIFICATION**

**A.** I am signing this Living Will as follows:

My Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B.** I am physically unable to sign this Living Will, so a witness is verifying my desires as follows:

**Witness Verification:** I believe that this Living Will accurately expresses the wishes communicated to me by the principal of this document. He/she intends to adopt this Living Will at this time. He/she is physically unable to sign or mark this document at this time. I verify that he/she directly indicated to me that the Living Will expresses his/her wishes and that he/she intends to adopt the Living Will at this time.

Witness Name (printed): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF WITNESS OR NOTARY PUBLIC**

**NOTE:** At least one adult witness OR a Notary Public must witness you signing this document and then sign it. The witness or Notary Public CANNOT be anyone who is: (a) under the age of 18; (b) related to you by blood, adoption, or marriage; (c) entitled to any part of your estate; (d) appointed as your representative; or (e) involved in providing your health care at the time this document is signed.

**A. Witness:** I certify that I witnessed the signing of this document by the Principal. The person who signed this Living Will appeared to be of sound mind and under no pressure to make specific choices or sign the document. I understand the requirements of being a witness. I confirm the following:

- ◆ I am not currently designated to make medical decisions for this person.
- ◆ I am not directly involved in administering health care to this person.
- ◆ I am not entitled to any portion of this person's estate upon his or her death under a will or by operation of law.
- ◆ I am not related to this person by blood, marriage, or adoption.

Witness Name (printed): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. Notary Public:** (NOTE: a Notary Public is only required if no witness signed above)

STATE OF ARIZONA ) ss  
COUNTY OF \_\_\_\_\_ )

The undersigned, being a Notary Public certified in Arizona, declares that the person making this Living Will has dated and signed or marked it in my presence, and appears to me to be of sound mind and free from duress. I further declare I am not related to the person signing above, by blood, marriage or adoption, or a person designated to make medical decisions on his/her behalf. I am not directly involved in providing health care to the person signing. I am not entitled to any part of his/her estate under a will now existing or by operation of law. In the event the person acknowledging this Living Will is physically unable to sign or mark this document, I verify that he/she directly indicated to me that the Living Will expresses his/her wishes and that he/she intends to adopt the Living Will at this time.

WITNESS MY HAND AND SEAL this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_