

*Advance Directive and Durable Power of Attorney*

Living Will Declaration and Durable Power of Attorney for Healthcare Decisions

State of Kansas

The Rest of Your Life recommends that you review completed documents with an attorney, especially if there are mitigating circumstances surrounding your Advance Directive or Durable Power of Attorney.

## Advance Directives Electronic Forms

The ROYL is a leader in offering electronic Advance Directive documents for digital signatures. Electronic Advance Directive Forms are secure and accessible anytime from any device that allows for Internet access.

## Why do an Advance Directive?

Anyone 18 years of age or older should have an Advance Directive. This document allows for the care you have designated to be respected and followed through in the event you cannot speak for yourself. It allows for you to name someone to speak on your behalf, but most importantly it removes the stress, anxiety and guilt from decisions that your loved ones would otherwise have to make on your behalf.

An Advance Directive is not just for aging people. The cases of Teri Shivo and Karen Ann Quinlan serve as examples of how any adult, regardless of age, can benefit from having one. Both young adults, Shivo and Quinlan were kept alive by machines for years because they did not tell or write down what they wanted in the event of a tragic accident. The court battles that ensued took not only an emotional toll, but required government involvement because of disagreements between spouses and family members.

## Description:

An Advance Directive, sometimes referred to as a Living Will or an Advance Health Care Directive, allows you to make your wishes known if you are unable to speak for yourself. An Advance Directive provides you and your loved ones with peace of mind that your care is compatible with your wishes. This is truly a gift to those you love as it helps them clearly know what to do in this stressful situation.

Advance Directive requirements vary from state to state. You can download the appropriate state form here at no cost prior to completing the form online so that you have the required information prepared in advance.

## Security:

Your documents are processed using DocuSign, the leader in global electronic signature and document security.

When you complete your Advance Directive with The ROYL, you can download it as a PDF file to your computer's hard drive. DocuSign will email a final copy to the designees in your Advance Directive. We recommend you print a hard copy and send it via email or mail to others you want to have copies.

Contact us if you have questions in preparing the forms selected.

**NOTICE: You must have the required information available prior to initiating the document (designees, contact information, wishes for care).**

# LIVING WILL DECLARATION

I, EXAMPLE, being of sound mind, willfully and voluntarily making known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, 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.

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

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

Declarations made this \_\_\_\_\_ (day) of \_\_\_\_\_ (month, year)

**Signature:** \_\_\_\_\_

**X** \_\_\_\_\_

**Address:** \_\_\_\_\_

street city state zip

This document must be witnessed by two individuals *or* acknowledged by a notary public.

<b>Notary Public:</b>	<b>Notary Seal:</b>
STATE OF _____ COUNTY OF _____	
This instrument was acknowledged before me this _____ day of _____ (month, year)	
Signature of Notary _____	
My appointment expires: _____	
<b>OR</b>	
<b>Witnesses:</b>	
The declarant has been personally known to me and I believe the declarant to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of declarant or codicil thereto, or directly responsible for declarant's medical care.	
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____



This document is based on Kansas Statute 65-28,101 et seq. as amended  
Copy protected. Additional forms and information are available through  
Kansas Health Ethics, Inc., 5900 East Central Ave., Suite 101, Wichita, KS 67208.  
Telephone (316) 684-1991  
[www.kansashealthethics.org](http://www.kansashealthethics.org)

# DURABLE POWER OF ATTORNEY FOR HEALTHCARE DECISIONS

## DECISION TO NAME SOMEONE TO SPEAK FOR ME

I, (your name) EXAMPLE, appoint the following person(s) to make healthcare decisions for me when I am unable to make or communicate my own wishes:

Agent may not be the treating healthcare provider, an employee of the treating healthcare provider, or an employee, owner, director or officer of a facility, unless that person is a relative or is bound to you by common vows to a religious life.

PLEASE PRINT:

Name of Agent: \_\_\_\_\_ Telephone \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Agent's address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Name of First Alternate Agent: \_\_\_\_\_ Telephone \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Agent's address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Name of Second Alternate Agent: \_\_\_\_\_ Telephone \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Agent's address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**This power of attorney for healthcare decisions shall become effective when I am unable to make decisions or unable to communicate my wishes regarding healthcare. This power of attorney for healthcare decisions shall not be affected by my subsequent disability or incapacity. Any durable power of attorney for healthcare decisions I have previously made is hereby revoked.**

### AUTHORITY GRANTED

#### My healthcare agent may:

1. Consent, refuse consent, or withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition;
2. Make all arrangements for me at any hospital, treatment facility, hospice, nursing home or similar institution;
3. Employ or discharge healthcare personnel including physicians, psychiatrists, dentists, nurses, therapists or other persons who provide treatment for me;
4. Request, receive and review any information, spoken or written, regarding my personal affairs or physical or mental health including medical and hospital records, and execute any releases or other documents that may be required in order to obtain such information; and
5. Make decisions about organ and tissue donations, autopsy and the disposition of my body.

#### My agent shall authorize consent for the following special instructions:

- I wish to be a donor for organs and tissues.
- I have attached information about treatment choices I wish to have honored by my agent.

### LIMITATIONS ON AUTHORITY GRANTED

#### My healthcare agent may not:

1. Exceed the powers set out in writing in this document; *or*
2. Revoke any existing Living Will Declaration I may have.
  - I have attached information about special limitations I wish to have honored by my agent.

X \_\_\_\_\_  
signature date

### Notary Public:

Notary Seal:

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ (month, year)

Signature of Notary \_\_\_\_\_

My appointment expires: \_\_\_\_\_

**OR**

### Witnesses: (witnesses may not be the agent or a relative, or beneficiary of the principal)

X \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

X \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_



# A letter to my loved ones...

Dear Loved Ones,

I want the best quality of life possible during my last days. Therefore, I hereby request as follows...

(a) I ask that medical treatment to alleviate pain, to provide comfort, and to mitigate suffering be provided so that I may be as free of pain and suffering as possible. Please consult with my doctor in this regard.

(b) If my temperature is above normal, I want a cool moist cloth put on my head.

(c) I want my mouth and lips kept moist.

(d) I need to be kept fresh and clean at all times. I wish to have warm baths often or warm showers, if I am stable enough for a shower.

(e) I desire to be massaged with or without warm oils as often as you think will help maintain my skin integrity and provide for my comfort.

(f) I want my personal care such as nail clipping, hair combing, teeth brushing and shaving as long as they do not cause me pain.

*I hope my family and friends would consider that...*

(a) I enjoy your company and want you with me when possible. I desire that one of you stay with me when it seems that my death may be imminent.

(b) Please continue to talk to me about daily happenings and events, even if you think I don't understand, because I might be able to understand.

(c) Please don't be afraid to hold my hand or hug me.

(d) Please tell the members of my church or synagogue I am sick and ask them to pray for me and visit me.

(e) Please maintain a cheerful atmosphere around me.

(f) Please place pictures of my loved ones in my room, near my bed, or near the place I sit during the day.

(g) My clothes and bed linens are to be kept clean, and they are to be changed as soon as possible, if they have been soiled.

(h) If at all possible, allow me to die in my home.

(i) Please arrange for me to watch television or listen to my favorite sports events.

(j) Let me enjoy the outdoors as often as possible by letting me spend time in my yard, garden and other appropriate outdoor places, even if it causes slight discomfort to either you or me.

(k) I want to have my favorite types of music played when possible.

(l) I want to have religious readings read to me when I am near death.

(m) I want to have my favorite poems read to me from time to time.

*I want you to know the following about my thoughts and concerns, if I am disabled and cannot convey these thoughts to you verbally...*

(1) I want you to know that I love you.

(2) I would like to be forgiven for the times I have hurt you.

(3) I forgive you for what you may have done to me in my life.

(4) I want you to know that I do not fear death itself.

(5) I want all of my family members to recommit their love for one another.

(6) Please remember me the way I was before I had a terminal illness.

(7) Please help me maintain meaning to my life during this process of dying by realizing that this is an opportunity for personal growth for all.

(8) Don't be afraid to seek counseling, if you have trouble with my death.

*If friends want to know how I want to be remembered, tell them the following...*

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*The following person(s) know my funeral plans...*

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*At any memorial service for me, I want to include the following music, songs, readings or other plans for such a service...*

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*I also have the following requests...*

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*In Process*

**These are requests of my family members, loved ones, and friends, and are not to be considered legal directives to my attorney-in-fact for health care, if any.**

*(If you wish to change your answer, you may do so by drawing an "X" through the answer you do not want, and circling the answer you prefer.)*

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

*Signature* \_\_\_\_\_

*Print Name* \_\_\_\_\_

*4 of 4 Principal* \_\_\_\_\_