



LIVING WILL (IN CASE OF EMERGENCY)

Where my living will may be found at my place of residence:

whatmattersny.org

I, _____, of

Street/City/State/Zip

Signature

Date

state that I have not appointed a health care proxy/agent, but but have written my goals, values, and preferences in a living will that will become effective upon my incapacity to speak for myself. I ask/expect/trust that my wishes be honored and my specific instructions followed.

The following individuals have a copy of my living will: physician lawyer, family member, friend, clergy, etc.

Name

Relationship

Email

Phone Number

Name

Relationship

Email

Phone Number