

Appendix: State Power of Attorney Laws

This Appendix contains a summary of the laws relating to power of attorney, living will, and advance health care directive issues for all states and the District of Columbia (Washington D.C.). It has been compiled directly from the most recently-available statutes and has been abridged for clarity and succinctness. It is recommended that you review the listing that pertains to your home state. As you review your state's particular laws, keep in mind that your power of attorney or other documents are going to be interpreted under the laws of the state where you reside at the time you prepare your documents and, perhaps, in a different state where you may be hospitalized. Every effort has been made to ensure that the information contained in this Appendix is as complete and up-to-date as possible. However, state laws are subject to constant change. While most laws relating to powers of attorney are relatively stable, it is advisable to check your particular state statutes to be certain there have been no major modifications since this book was prepared, especially for those legal points that are particularly important in your situation. To simplify this process as much as possible, the exact name of the statute and the chapter or section number of where the information can be found is noted after each section of information. Any of these official statute books should be available at any public library or on the internet. A librarian will be glad to assist you in locating the correct book and in finding the appropriate pages. The correct terminology for each state is used in these listings. However, some states use certain language interchangeably. In those states, the most commonly-used language is stated. The state-by-state listings following in this Appendix contain the following information for each state:

State Website: This listing provides the internet website address of the location of the state's statutes. The addresses were current at the time of this book's publication; however, like most websites, the page addresses are subject to change. If an expired state webpage is not automatically redirected to a new site, laws can be searched at <http://www.findlaw.com>

State Law Description: This is the title where most of the relevant state laws on powers of attorney are contained.

Living Will Form: Under this listing, the exact state title and statutory location of a state's Living Will Form is provided. State-specific forms for all states are provided on the CD.

Other Directives: The existence and location of additional official state directives relating to advance health care and powers of attorney are indicated in this listing. Examples of such forms are Anatomical Gift Act forms (organ donation forms), Designation of Primary Physician, and other related forms.

Living Will Effective: This listing indicates the requirements of state law regarding when a living will becomes effective. Most states require that two physicians must diagnose and document that a patient either has a terminal illness with no hope of recovery or is in a permanent state of unconsciousness, or some similar diagnosis.

Living Will/Advance Health Care Directive Witness Requirements: Under this listing are noted the specific state requirements for witnesses to the signing of a living will and any related advance health care directives. In general, most states require that there are two witnesses, and that the witnesses be over eighteen, not related by blood or marriage to the declarant, not entitled to any part of the declarant's estate, and not financially responsible for the declarant's health care costs. Note that a few states require that, if the declarant is a patient in a nursing home or hospital, one of the witnesses be a patient advocate or patient ombudsman. In some states, the patient advocate or ombudsman is required to be a third witness, in addition to the other two required witnesses.

Advance Health Care Directive Form: Under this listing, the exact location of a state's official Advance Health Care Directive Form is shown, if the state provides one. Also noted is the availability of any such form on the enclosed CD.

Durable Health Care Power of Attorney: The existence and location of official state health care powers of attorney are indicated in this listing. Also noted are details of state law regarding agent's powers, revocation, and physician's immunity. Also noted is the availability of such form in the book and on the enclosed CD.

Durable Financial Power of Attorney: This listing indicates the requirements of state law regarding durable powers of attorney for financial affairs. If the state legislature provides the form, this is also noted. Also noted is the availability of state-supplied or other statutory and legally-valid form in the book and on the enclosed CD.

Alabama

State Website: www.legislature.state.al.us/CodeofAlabama/1975/coatoc.htm

State Law Reference: Code of Alabama.

Living Will Form: Living Will (Section 22-8A-4). This form is provided on the CD as part of the state-specific *Advance Health Care Directive*.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 22-19-40).

Living Will Effective: Two (2) physicians, one being the attending physician, must diagnose and document in the medical records that you either have a terminal illness or injury or are in a permanent state of unconsciousness. Not valid if pregnant. (Section 22-8A-4).

Living Will/Advance Health Care Directive Witness Requirements: Living will must be signed in the presence of two (2) or more witnesses at least nineteen (19) years of age. Witnesses cannot be related by blood, adoption, or marriage, entitled to any part of your estate, or be directly financially responsible for your health care. (Section 22-8A-4).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. State-specific form is provided by legislature and is included on CD. Referred to as a Living Will. (Section 22-8A-4).

Durable Health Care Power of Attorney: Agent may authorize withholding or withdrawal of life-sustaining treatment, and make all other health care decisions. Directives prepared in other states are valid if in compliance with Alabama law. Health care providers who rely in good faith on agent's directions are immune from civil and criminal liability. Revocable by written revocation, destruction of document, or verbal expression of intent to cancel. Directives prepared in other states are valid if in compliance with Alabama law. Health care providers who rely in good faith on agent's directions are immune from civil and criminal liability. State-specific form is part of Advance Health Care Directive. (Section 22-8A-4). Follow signature, witness, and notary requirements as noted on form. Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See book for legally-valid power of attorney forms to use. (Section 26-1-2). Follow signature, witness, and notary requirements as noted on form.

Alaska

State Website: www.legis.state.ak.us/folhome.htm

State Law Reference: Alaska Statutes.

Living Will Form: Declaration Relating to Use of Life-Sustaining Procedures serves as Living Will (Section 13.52.300). This form is provided on the CD as part of the state-specific *Advance Health Care Directive*.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive (Section 13.52.170 through 13.52.280).

Living Will Effective: Two (2) physicians determine that you are in a terminal condition

and your death will result without using life-sustaining procedures. Your physician must then record your diagnosis and the contents of your Declaration in your medical records. (Section 13.52.300).

Living Will/Advance Health Care Directive Witness Requirements: Sign your Declaration, or direct another to sign it, in the presence of two (2) adult witnesses or a notary public. Witnesses cannot be related by blood or marriage. (Section 13.52.300).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. (Section 13.52.300).

Durable Power of Attorney for Health Care: Agent may consent or refuse to consent to medical care or relief for the principal from pain but agent may not authorize the termination of life-sustaining procedures; may include provision indicating whether a living will has been executed. Revocable at any time. A third party who relies on reasonable representations of an attorney-in-fact does not incur a liability to the principal or principal's heirs, assigns, or estate. State-specific form is part of Advance Health Care Directive. (Section 13.52.300). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on CD. You may also use a generic durable financial power of attorney form in the book. You may also use a generic durable financial power of attorney form in book. (Sections 13.26.332 and 13.26.353). Follow signature, witness, and notary requirements as noted on form.

Arizona

State Website: www.azleg.state.az.us/

State Law Reference: Arizona Revised Statutes Annotated.

Living Will Form: Living Will (Sections 36-3261 and 36-3262). This form is provided on the CD as part of the state-specific *Advance Health Care Directive*. Arizona maintains a Living Will/Advance Directive Registry at www.azsos.gov/adv_dir/.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive (Sections 36-841 through 36-850).

Living Will Effective: For the living will to become operative, a physician must certify that your condition is terminal, irreversible, or incurable. (Section 36-3251)

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of one (1) or more witnesses or a notary public. Witnesses cannot be related by blood, adoption, or marriage, entitled to any part of your estate, or be directly financially responsible for your health care. (Section 36-3261 and 36-3221).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as a Living Will. (Sections 36-3261 and 36-3261).

Durable Health Care Power of Attorney: Agent has power to give or refuse consent to all medical, surgical, hospital, and make health care decisions on that person's behalf. Person may revoke health care directive or disqualify a surrogate by (1) written revocation; (2) orally

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notifying surrogate or health care provider; (3) making new health care directive; (4) any other act demonstrating specific intent to revoke. Health care directive prepared in another state is valid in this state if it was valid where and at the time it was adopted to the extent it does not conflict with the criminal laws of Arizona. Health care provider making good faith decisions in reliance on apparently genuine health care directive or decision of a surrogate is immune from civil, criminal, and professional discipline for that reliance. State-specific form is part of Advance Health Care Directive. (Sections 36-3221 through 36-3224). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use (Section 14-5501). Follow signature, witness, and notary requirements as noted on form.

Arkansas

State Website: <http://www.arkleg.state.ar.us/>

State Law Reference: Arkansas Code.

Living Will Form: Declaration serves as Living Will (Section 20-17-202). This form is provided on the CD as part of the state-specific *Advance Health Care Directive*.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 20-17-1201+).

Living Will Effective: Declaration applies when two (2) physicians diagnose you to have an incurable or irreversible condition that will cause death in a relatively short time. Not valid if pregnant. (20-17-203).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses. No other restrictions apply. (Section 20-17-202).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as a Declaration. (Section 20-17-202).

Durable Power of Attorney for Health Care: Agent may authorize withholding of any medical procedure or intervention that will serve only to prolong the dying process or to maintain the patient in a condition of permanent unconsciousness, Revocable at any time in any manner by the declarant without regard to declarant's mental/physical condition. Revocation is effective upon communication to attending physician. A declaration executed in another state in compliance with the laws of that state or Arkansas law is valid. Physician whose actions are in accord with reasonable medical standards is not subject to criminal, civil, or professional liability with respect to them. No state-specific form provided by legislature. Generic form is part of the state-specific *Advance Health Care Directive* (Section 20-13-104). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on CD. You may also use a generic durable financial power of attorney form in Book. (Section 28-68-402). Follow signature, witness, and notary requirements as noted on form.

California

State Website: www.leginfo.ca.gov/

State Law Reference: California Law.

Living Will Form: California Advanced Health Care Directive serves as Living Will (Probate Code, Section 4701). This form is provided on the CD An organ donation form is provided on the CD as part of the state-specific *Advance Health Care Directive* .

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive (Health and Safety Code, Sections 7150 +).

Living Will Effective: This Directive becomes effective in the event that you have an incurable and irreversible condition that will result in death within a relatively short time, become unconscious and, to a reasonable degree of medical certainty, will not regain consciousness, or the likely risks and burdens of treatment would outweigh the expected benefits. Not valid if pregnant. (Probate Code, Section 4701).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. A witness cannot be the person you appointed as your agent, your health care provider or an employee of your health care provider, or the operator or employee of a residential care facility for the elderly. Witnesses cannot be related to you by blood, marriage, or adoption, or be entitled to any part of your estate. A third witness, who must be a patient advocate or ombudsman, is required if the patient is in a skilled nursing facility (Probate Code, Section 4701).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. (Probate Code, Section 4701).

Power of Attorney for Health Care: Agent may make decisions on any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition; including decision to begin, continue, increase, limit, discontinue or not begin any health care. Agent has same right as principal to receive information and consent regarding health care decisions and records except to consent to commitment, convulsive treatment, or psychosurgery, sterilization or abortion. No authority while principal can give informed consent to a health care decision. Anytime while principal has capacity to give a durable power of attorney, he may (1) revoke the appointment of the attorney-in-fact orally or in writing; (2) revoke the agent's authority by notifying the physician orally or in writing; (3) a subsequent durable power of attorney revokes prior one; (4) divorce revokes any designation of former spouse. Enforceable if executed in another state or jurisdiction in compliance with the laws of that state or jurisdiction or in substantial compliance with the laws of California. State-specific form is part of Advance Health Care Directive. (Probate Code, Sections 4701, 4673, 4674, and 4675). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on CD. You may also use a generic durable financial power of attorney form in the book. (Probate Code, Sections 4120 +). Follow signature, witness, and notary requirements as noted on form.

Colorado

State Website: www.leg.state.co.us/

State Law Reference: Colorado Revised Statutes.

Living Will Form: Colorado Declaration as to Medical or Surgical Treatment serves as Living Will (Section 15-18-103). This form is provided on the CD as part of the state-specific *Advance Health Care Directive*.

Other Directives: An organ donation form is provided on the CD as part of the state-specific *Advance Health Care Directive* (Section 12-34-101).

Living Will Effective: Two (2) physicians must determine that you are in a terminal condition and your death will result without using life-sustaining procedures. Your physician must then record your diagnosis and the contents of your Declaration in your medical records. Not valid if pregnant. (Sections 15-18-103 and 15-18-104).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. A witness cannot be a person who has claim against your estate upon your death, stands to inherit from your estate, or a physician, an employee of your attending physician or treating health care facility, or a patient of your treating health care facility. (Sections 15-18-105 and 15-18-106).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as a Declaration as to Medical or Surgical Treatment. (Section 15-18-104).

Durable Power of Attorney for Health Care: Agent has authority to act on behalf of principal who lacks decisional capacity in consenting to or refusing medical treatment including artificial nourishment and hydration; may include conditions or limitations of agent's authority. Divorce, dissolution, annulment, or legal separation revokes any designation of former spouse as agent; otherwise can be revoked at any time. A durable power of attorney executed in another state shall be presumed to comply with this law and may, in good faith, be relied on by a health care provider. No criminal or civil liability or regulatory sanction for complying in good faith with medical treatment decision of agent acting in accordance with advanced medical directive. State-specific form is part of *Advance Health Care Directive*. (Section 15-14-506). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on CD. You may also use a generic durable financial power of attorney form in the book. (Sections 15-1-1301+, 15-14-501+, and 15-14-601+). Follow signature, witness, and notary requirements as noted on form.

Connecticut

State Website: www.cga.ct.gov/

State Law Reference: Connecticut General Statutes Annotated.

Living Will Form: Connecticut Health Care Instructions serves as Living Will (Section 19a-575). This form is provided on the CD as part of the state-specific *Advance Health Care Directive*.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 19a-279+).

Living Will Effective: When you have an incurable or irreversible medical condition which, without the use of life support, will result in death in a relatively short period of time, or you are in a permanent coma or a persistent vegetative state. Not valid if pregnant. (Section 19a-575).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. Your appointed agent cannot be a witness. If you reside in a resident facility operated or licensed by the department of mental health or department of mental retardation, additional Living Will/Advance Health Care Directive Witness Requirements: must be met and you should consult an attorney. (Sections 19a-575 and 19a-576).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Connecticut Health Care Instructions. (Section 19a-575).

Durable Health Care Power of Attorney: Agent may consent, refuse consent, or withdraw consent to any medical treatment other than that designed solely to maintain physical comfort, the withdrawal of life support systems, or of nutrition or hydration; does not apply to pregnant patient. May be revoked at any time, in any manner; automatically revoked by divorce, legal separation, annulment, or dissolution of marriage if spouse is appointed as health care agent, unless principal specifies otherwise. Physician withholding, removing life-support system of an incapacitated patient shall not be civilly or criminally liable if decision was based on physician's (1) best medical judgment; (2) physician deems patient in a terminal condition; (3) patient's wishes were considered according to an executed document. Connecticut Health Care Instructions also contain Appointment of Health Care Agent and Appointment of Attorney-In-Fact for Health Care Decisions. State-specific form is part of Advance Health Care Directive. (Sections 1-54a and 19a-575). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on CD. You may also use a generic durable financial power of attorney form in the book. (Section 45a-562). Follow signature, witness, and notary requirements as noted on form.

Delaware

State Website: www.delcode.delaware.gov/index.shtml

Living Will Form: Instructions for Health Care serves as Living Will (Section 16-2503). This form is provided on the CD as part of the state-specific *Advance Health Care Directive*.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Sections 16-2710 - 16-2719).

Living Will Effective: Two (2) physicians determine in writing that you have a terminal condition and/or are in a permanent state of unconsciousness. (Section 16-2505).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence

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of two (2) adult witnesses. A witness cannot be a person who has claim against your estate upon your death, stands to inherit from your estate, be directly financially responsible for your health care, or be an owner, operator, or employee of a residential long-term health care institution in which you reside. If declarant is a patient in a nursing home, one of the witnesses must be a patient advocate or ombudsman. (Sections 16-2503 and 16-2505).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Instructions for Health Care. Delaware Advance Directive contains Power of Attorney for Health Care and Instructions for Health Care. (Section 16-2503).

Durable Health Care Power of Attorney: Agent may grant, refuse, withdraw consent to provision of medical treatment, including right to refuse medical treatment which would extend appointer's life. Revocable at any time without regard to declarant's mental state or competency by (1) destruction of declaration with intent to revoke; (2) oral statement in presence of 2 persons 18 years or older expressing intent to revoke; (3) written revocation signed and dated by declarant or (4) new declaration with contrary intent. Directives of other states in compliance with the laws of that state or of Delaware are valid. Physicians or nurses acting in reliance on properly executed document are presumed to be acting in good faith and there is no civil or criminal liability unless negligent. State-specific form is part of Advance Health Care Directive. (Section 16-2503). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form is provided. See the book for legally-valid power of attorney forms to use. (Section 12-4901+). Follow signature, witness, and notary requirements as noted on form.

District of Columbia (Washington D.C.)

State Website: <http://government.westlaw.com/linkedslice/default.asp?SP=DCC-1000>

State Law Reference: District of Columbia Code Annotated.

Living Will Form: District of Columbia Declaration serves as Living Will (Section 7-622). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 7-1521.04).

Living Will Effective: Two (2) physicians determine that you are in a terminal condition and your death will result without using life-sustaining procedures. Your physician must then record your diagnosis and the contents of your Declaration in your medical records. (Sections 7-621 and 7-622).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. A witness cannot be your appointed attorney-in-fact, health care provider, or an employee of your health care provider. Witnesses also cannot be related by blood, marriage, or adoption, stand to inherit from your estate, or be financially responsible for your health care. (Section 7-622).

Advance Health Care Directive: State-specific form is provided by legislature and is included

on CD. Referred to as a Declaration. (Section 7-622).

Durable Health Care Power of Attorney: Agent may grant, refuse, withdraw consent to the provision of any health-care service, treatment, or procedure if principal is incapable of making or communicating decisions himself. Revocable at any time by notifying health care provider or attorney-in-fact orally or in writing. Divorce automatically revokes designation of former spouse. State-specific form is part of Advance Health Care Directive. (Section 21-2207). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on CD. You may also use a generic durable financial power of attorney form in the book. (Section 21-2081). Follow signature, witness, and notary requirements as noted on form.

Florida

State Website: <http://www.flsenate.gov/statutes/index.cfm>

State Law Reference: Florida Statutes Annotated.

Living Will Form: Living Will (Section 765-303). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Sections 765.510 - 765.546).

Living Will Effective: Two (2) physicians determine in writing that you have a terminal condition, and/or are in a permanent state of unconsciousness and can no longer make your own health care decisions. (Section 765.306).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. At least one (1) of your witnesses must not be related to you by marriage or blood. (Section 765.302).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as a Living Will. (Section 765.303).

Durable Health Care Power of Attorney: Agent may make all health care decisions regarding principal's health care during principal's incapacity, including life-prolonging procedures: any medical procedure, treatment, or intervention which utilizes mechanical or other artificial means to sustain, restore, supplant a spontaneous vital function and serves only to prolong the dying process of a patient in terminal condition. Does not include medication or medical procedure to provide comfort care or to alleviate pain; cannot withhold or withdraw life-prolonging procedures from pregnant patient prior to viability. Revocable at any time by principal by (1) signed, dated writing; (2) destruction of declaration; (3) oral expression of intent to revoke; (4) subsequent advance health care directive materially different from the previously executed advance directive; (5) divorce revokes any designation of the former spouse as surrogate. An advance directive executed in another state in compliance with the laws of that state or Florida is validly executed. Health care facility, provider, or other person acting under their direction is not subject to criminal, civil, or professional liability for carrying out

health care decision. State-specific form is part of Advance Health Care Directive. (Section 765.203). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 709.08). Follow signature, witness, and notary requirements as noted on form.

Georgia

State Website: www.legis.state.ga.us

State Law Reference: Code of Georgia Annotated.

Living Will Form: Georgia Living Will (Section 31-32-3). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 44-5-140).

Living Will Effective: Two (2) physicians determine in writing that you have a terminal condition, and/or are in a permanent state of unconsciousness. Not valid if pregnant. (Sections 31-32-2 and 31-32-8).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. A witness cannot be a person who has claim against your estate upon your death, stands to inherit from your estate, be directly financially responsible for your health care, or be an owner, operator, or employee of a health care institution in which you are a patient. Witnesses also cannot be related by blood or marriage. (Section 31-32-5).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Georgia Advance Directive for Health Care. (Section 31-32-4).

Durable Health Care Power of Attorney: Agent has all powers the principal may have to be informed about and to consent or refuse to consent to, including any type of health care for the principal including withholding or withdrawal of life-sustaining or death-delaying procedures or after death, anatomical gifts, autopsies or disposition of remains. Revocable at any time by principal without regard to physical or mental condition by (1) destruction of the document; (2) written revocation signed and dated by the principal; (3) by oral or any other expression of intent to revoke in presence of an adult witness who within 30 days must sign and date in writing confirming the expression of such intent; (4) divorce revokes agency in former spouse. No health care provider subject to any civil, criminal, or professional liability solely for complying with decision of agent. State-specific form is part of Advance Health Care Directive. (Section 31-32-4). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on CD. You may also use a generic durable financial power of attorney form in the book. (Sections 10-6-140 through 10-6-142). Follow signature, witness, and notary requirements as noted on form.

Hawaii

State Website: <http://www.capitol.hawaii.gov/>

State Law Reference: Hawaii Revised Statutes.

Living Will Form: Instruction for Health Care serves as Living Will (Section 327E-3). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 327-1).

Living Will Effective: In the event that you have an incurable and irreversible condition that will result in death within a relatively short time, become unconscious and, to a reasonable degree of medical certainty, will not regain consciousness, or the likely risks and burdens of treatment would outweigh the expected benefits. Not valid if pregnant. (Section 327E-3).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. At least one (1) of your witnesses cannot be related to you by marriage or blood or entitled to any part of your estate. A witness cannot be the person you appoint as your agent, health care provider, or an employee of your health care provider. (Section 327E-3).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Instructions for Health Care. (Section 327E-3).

Durable Health Care Power of Attorney: Agent authorized to make any lawful health care decisions that could have been made by principal at time of election. Agent may decide that principal's life should not be prolonged through surgery, resuscitation, life-sustaining medicine, or procedures for provision of nutrition or hydration if explicitly appointed. Effective only during period of incapacity of principal as determined by licensed physician. Not revoked until notice of actual death or disability of principal is given to attorney-in-fact (durable or otherwise). State-specific form is part of Advance Health Care Directive. (Section 327E-3). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Sections 551D-1 through 551D-7). Follow signature, witness, and notary requirements as noted on form.

Idaho

State Website: <http://www3.state.id.us/>

State Law Reference: Idaho Code.

Living Will Form: Idaho Living Will (Section 39-4510). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 39-3401).

Living Will Effective: Two (2) physicians determine that you are in a terminal condition, your death will result without using life-sustaining procedures, or you are in a persistent

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vegetative state. Not valid if pregnant. May submit to optional state registry of Living Wills. (Section 39-4510).

Living Will/Advance Health Care Directive Witness Requirements: Although Idaho does not have any witness requirements, we suggest that you sign in the presence of two adult witnesses or a notary public, and we suggest that witnesses should not be your appointed attorney-in-fact, your health care provider, or a person related to you by blood, marriage or adoption.

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Idaho Living Will. (Section 39-4510).

Durable Health Care Power of Attorney: Agent may make health care decisions for principal, meaning consent, refusal of consent, or withdrawal of consent to any care, treatment, services, or procedure to maintain, diagnose, or treat an individual's physical condition. Also includes life-prolonging care decisions. Effective only when competent person is unable to communicate rationally. Revocable at any time by the maker without regard to competence by (1) destruction of the document; (2) by written, signed revocation; (3) by verbal expression of intent to revoke. No civil or criminal liability for physician acting in accordance with wishes of patient as expressed by statutory procedure. State-specific form is part of Advance Health Care Directive. (Section 39-4510). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 15-5-501+). Follow signature, witness, and notary requirements as noted on form.

Illinois

State Website: <http://www.ilga.gov/>

State Law Reference: Illinois Compiled Statutes.

Living Will Form: Illinois Declaration serves as Living Will (755 ILCS 35/3). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (755 ILCS 50).

Living Will Effective: If death would occur without the use of death-delaying procedures. Your physician must personally examine you and certify in writing that you are terminally ill. Not valid if pregnant. (755 ILCS 35/2).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. Witnesses cannot be entitled to any part of your estate or financially responsible for your medical care. (755 ILCS 35/3).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Illinois Declaration (755 ILCS 35/3)

Durable Health Care Power of Attorney: Health care powers may be delegated to an agent and include consent or refusal or withdrawal of any type of health care for individual. May extend beyond principal's death if necessary to permit anatomical gift, autopsy, or disposition

of remains. Revocable at any time by principal without regard to mental or physical condition by (1) written revocation signed and dated; (2) oral expression in presence of witness who signs and dates a written confirmation; (3) destruction of power of attorney in manner indicating intent to revoke. Living will not operative as long as properly authorized agent is available. Revocable at any time by principal without regard to mental or physical condition by (1) written revocation signed and dated; (2) oral expression in presence of witness who signs and dates a written confirmation; (3) destruction of power of attorney in manner indicating intent to revoke. No civil, criminal, or professional liability if good faith reliance on any decision or direction by agent not clearly contrary to terms of a health care agency. State-specific form is part of Advance Health Care Directive. (755 ILCS 45/4-1+). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on CD. You may also use a generic durable financial power of attorney form in the book. (755 ILCS 45/2-1+). Follow signature, witness, and notary requirements as noted on form.

Indiana

State Website: <http://www.in.gov/legislative/ic/code/>

State Law Reference: Indiana Code Annotated.

Living Will Form: Indiana Living Will Declaration (Section 16-36-4-10). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 29-2-16-1).

Living Will Effective: Your physician must certify in writing that you are in a terminal condition and your death would occur within a short period of time without the use of life-sustaining medical care. (Section 16-36-4-10).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. Witnesses cannot be entitled to any part of your estate, related to you by blood or marriage, financially responsible for your medical care, or be the person who signed the Declaration on your behalf. (Section 16-36-4-8).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Indiana Living Will Declaration. (Section 16-36-4-10).

Durable Health Care Power of Attorney: Agent may act in matters affecting the principal's health care: any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition including admission to a health care facility and disclosure of medical records to health care provide; this appointment does not affect individual's authorization re: life-prolonging measures (i.e. a living will). Individual capable of consenting to health care may revoke appointment at any time by notifying representative or health care provider orally or in writing. Individual who may consent to his own health care may disqualify others from consenting or revoking appointment for the individual (disqualification

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must be in writing). No criminal, civil, or professional liability for a physician acting in good faith in reliance on the agent's direction. State-specific form is part of the Advance Health Care Directive. (Section 16-36-4-10). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 29-3-5). Follow signature, witness, and notary requirements as noted on form.

Iowa

State Website: <http://www.legis.state.ia.us/>

State Law Reference: Iowa Code Annotated.

Living Will Form: Iowa Declaration serves as Living Will (Section 144A.3). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 142C).

Living Will Effective: Two (2) physicians must certify in writing that you are in a terminal condition and your death would occur within a short period of time without the use of life-sustaining medical care. Not valid if pregnant. (Section 144A.5).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses eighteen (18) years or older or a notary public. A witness cannot be your health care provider or an employee of your health care provider. (Section 144A.3).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Iowa Declaration. (Section 144A.3)

Durable Health Care Power of Attorney: Agent has power of consent, refusal of consent, or withdrawal of consent to health care. Attorney-in-fact has priority over court-appointed guardian to make health care decisions; does not include provision of nutrition or hydration except when required through intubation. May be revoked at any time in any manner by which principal is able to communicate intent to revoke. Power revoked in case of divorce where spouse designated durable power of attorney for health care. Similar document executed in another state in compliance with the laws of that state is valid and enforceable in Iowa; to the extent the document is consistent with Iowa law. Health care provider not subject to civil or criminal liability or professional disciplinary action if acting in good faith on decision of attorney-in-fact. State-specific form is part of Advance Health Care Directive. (Section 144B.2). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form is provided. See the book for legally-valid power of attorney forms to use. (Section 633B.1+). Follow signature, witness, and notary requirements as noted on form.

Kansas

State Website: <http://www.kslegislature.org/>

State Law Reference: Kansas Statutes Annotated.

Living Will Form: Kansas Declaration serves as Living Will (Section 65-28,103). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 65-3209+).

Living Will Effective: Two (2) physicians must certify in writing that you are in a terminal condition and your death would occur within a short period of time without the use of life-sustaining medical care. (Section 65-28,103).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses eighteen (18) years or older or a notary public. Witnesses cannot be entitled to any part of your estate, be financially responsible for your medical care, be related to you by blood or marriage, or be the person who signed the Declaration on your behalf. (Section 65-28,103).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Kansas Declaration. (Section (65-28,103).

Durable Health Care Power of Attorney: Agent may consent, refuse consent, or withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition and make decisions about organ donation, autopsy, and disposition of body; make all necessary arrangements for principal at any hospital/facility and employ health care personnel; request and review and execute any information regarding principal's affairs, including medical and hospital records. By an instrument in writing witnessed as required for power of attorney or "set out another manner of revocation, if desired." Any durable power of attorney for health care decisions which is valid under the laws of the state of the principal's residence at the time it was signed is valid under the act. State-specific form is part of Advance Health Care Directive. (Section 58-629). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 58-650+). Follow signature, witness, and notary requirements as noted on form.

Kentucky

State Website: <http://lrc.ky.gov/>

State Law Reference: Kentucky Revised Statutes.

Living Will Form: Living Will Directive (Section 311.625). This form is provided on the CD

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Sections 311.165 through 311.235).

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Living Will Effective: When you become unable to make your own medical decisions. Not valid if pregnant. (Section 311.625).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses eighteen (18) years or older or a notary public. Witnesses cannot be entitled to any part of your estate, financially responsible for your medical care, or related to you by blood or marriage. (Section 311.625).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Living Will Directive. (Section 311.625).

Durable Health Care Power of Attorney: Surrogate may make health care decisions grantor could make if he or she had decisional capacity, provided all decisions are in accordance with grantor's wishes and surrogate has considered recommendations of attending physician; these decisions include withholding or withdrawal of artificial nutrition or hydration if (1) death is imminent (i.e. death is expected within a few days); (2) provision of nutrition cannot be physically assimilated; (3) burden or provision of such nutrition and hydration outweighs benefit. (Artificial nutrition or hydration not to be withdrawn if needed for comfort or relief of pain.); (4) When patient is in permanently unconscious state and advanced directive has authorized withdrawal or withholding of such nutrition and hydration. May be revoked in whole or in part or surrogate's powers reduced or limited at any time if grantor has decisional capacity; by (1) oral statement of intent to revoke in presence of 2 adults, one of whom is a health care provider; (2) destruction of declaration with intent to revoke; (3) effective immediately for attending physician once revocation received; (4) oral statement by grantor with decisional capacity to revoke overrides previous written directive. Directives made outside the provisions of this act does not restrict health care providers from following such directives if they are consistent with accepted medical practice. Any health professional is not subject to criminal prosecution or civil liability or deemed to have engaged in unprofessional conduct as a result of withholding or withdrawing life prolonging treatment in accordance with directive unless there was bad faith. State-specific form is part of Advance Health Care Directive. (Section 311.625). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 386.093). Follow signature, witness, and notary requirements as noted on form.

Louisiana

State Website: <http://www.legis.state.la.us/>

State Law Reference: Louisiana Revised Statutes and Louisiana Civil Code Annotated.

Living Will Form: Louisiana Declaration serves as Living Will (Revised Statutes, Section 40:1299.58.3). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Revised Statutes, Section 17:2354).

Living Will Effective: Two (2) physicians must certify in writing that you are in a terminal condition and your death would occur within a short period of time without the use of life-sustaining medical care. (Revised Statutes, Section 40:1299.58.2).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. Witnesses cannot be entitled to any part of your estate or related by blood or marriage. (Revised Statutes, Sections 40:1299.58.2 and 40:1299.58.3).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Louisiana Declaration. (Revised Statutes, Section 40:1299.58.3).

Durable Health Care Power of Attorney: Agent may authorize any medical procedure or intervention, including but not limited to invasive administration of nutrition and hydration, which would serve only to prolong the dying process for a person diagnosed as having a terminal and irreversible condition. Does not include any measure necessary for comfort care. Revocable at any time by declarant without regard to mental state or competency by (1) destruction of document; (2) written revocation signed and dated by declarant; (3) oral or nonverbal expression by declarant of intent to revoke. Effective upon communication to physician. Declaration properly executed in and under the laws of another states is deemed to be validly executed. Any health care facility, physician or other person acting under their direction shall not be criminally, civilly, or professionally liable for withholding life-sustaining procedures in accordance with the provisions of this chapter, No state-specific form provided by legislature. Also may use Advance health Care Directive. (Revised Statutes, Section 40:1299.53). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid forms to use. (Civil Code, Section 3026). Follow signature, witness, and notary requirements as noted on form.

Maine

State Website: <http://janus.state.me.us/legis/statutes/>

State Law Reference: Maine Revised Statutes Annotated.

Living Will Form: Instructions for Health Care serves as Living Will (Section 18A-5-804). This form is provided on the CD

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 22-2-2901+).

Living Will Effective: The Living Will becomes effective in the event that you have an incurable and irreversible condition that will result in death within a relatively short time, become unconscious and, to a reasonable degree of medical certainty, will not regain consciousness, or the likely risks and burdens of treatment would outweigh the expected benefits. (Section 18A-5-804).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. No other restrictions apply. (Section 18A-5-804).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Instructions for Health care. (Section 18A-5-801).

Durable Health Care Power of Attorney: Agent may consent or withhold consent or ap-

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proval relating to any medical or other health care treatment of the principal including life-sustaining treatment when principal is in terminal condition or persistent vegetative state. May be revoked or terminated by a fiduciary of principal only with prior approval of court upon petition by any interested person. Declaration executed in another state in compliance with laws of that state and Maine is valid. Physician or other health care provider whose action is in accord with reasonable medical standards and in good faith is not subject to criminal or civil liability or discipline for unprofessional conduct. State-specific form is part of Advance Health Care Directive. (Section 18A-5-506). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 18A-5-508). Follow signature, witness, and notary requirements as noted on form.

Maryland

State Website: <http://mlis.state.md.us/>

State Law Reference: Maryland Code.

Living Will Form: Advance Medical Directive Health Care Instructions serve as Living Will (Health General, Section 5-603). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Estates & Trusts, Section 4-501).

Living Will Effective: Two (2) physicians must agree in writing that you are incapable of making an informed health care decision, but you are not unconscious or unable to communicate by any other means. (Health General, Section 5-606).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. The person you assign as your agent cannot be a witness. At least one (1) of your witnesses must be a person who is not entitled to any portion of your estate or financial benefit by reason of your death. (Health General, Section 5-603).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Maryland Advance Directive: Planning for future Health Care Decisions. (Health General, Section 5-603).

Durable Health Care Power of Attorney: Agent may make health care decisions for declarant under circumstances stated in directive based on wishes of declarant; decision regarding the provision, withholding of life-sustaining procedures should be based, in whole or in part, on the patients preexisting, long-term mental or physical disability or a patient's economic disadvantage; can't authorize sterilization or treatment for mental disorder. Revocable at any time by (1) signed and dated writing; oral statement to health care practitioner; (3) execution of subsequent directive. Declaration executed out-of-state by nonresident is effective if declaration is in compliance with the laws of Maryland or the laws of the state where executed (to the extent permitted by the laws of Maryland). Any health-care provider

who withholds or withdraws health care or life-sustaining procedures in accordance with this subtitle and in good faith, is not subject to civil or criminal liability and may not be found to have committed professional misconduct. State-specific form is part of Advance Health Care Directive. (Health General, Section 5-603). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Estates and Trusts, Section 13-601). Follow signature, witness, and notary requirements as noted on form.

Massachusetts

State Website: <http://www.mass.gov/legis/laws/mgl/>

State Law Reference: Massachusetts General Laws.

Living Will Form: No state statute governing the use of Living Wills. However, you have a constitutional right to state your wishes about medical care. A basic living will form is provided in this book. This form is also provided on the CD as a state-specific Massachusetts Living Will form.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act.

Living Will Effective: In the event that you develop an irreversible condition that prevents you from making your own medical decisions.

Living Will/Advance Health Care Directive Witness Requirements: Because Massachusetts does not have a statute governing the use of Living Wills, there are no specific requirements to make your Living Will legally binding. We suggest that you sign in the presence of two (2) witnesses eighteen (18) years or older or a notary public. A witness should not be your health care provider or an employee of your health care provider. Witnesses should not be entitled to any part of your estate, financially responsible for your medical care, or related to you by blood or marriage.

Advance Health Care Directive: No state statute. Form provided on CD.

Durable Health Care Power of Attorney: Agent may make any and all health care decisions on principal's behalf that principal could make including decisions about life-sustaining treatment (which do not include those procedures to provide comfort care or pain alleviation), subject to any express limitations of health care proxy's authority (proxy has priority over other persons, including one with durable power of attorney unless limited by principal or court order). Revocable by (1) notification of agent or health care provider orally or in writing or by any other act evidencing specific intent to revoke the proxy; (2) execution of subsequent health care proxy; (3) divorce or legal separation where spouse was principal's agent under health care proxy. Effective if executed in another state or jurisdiction if in compliance with laws of that state or jurisdiction. No civil, criminal, or professional liability for carrying out in good faith a health care decision by an agent pursuant to a health care proxy. No state-specific form provided by legislature. Provided as part of the Advance Health Care Directive. (Chapter 201D, Sections 1-17). Follow signature, witness, and notary requirements as noted

on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. Follow signature, witness, and notary requirements as noted on form.

Michigan

State Website: <http://www.michiganlegislature.org/>

State Law Reference: Michigan Compiled Laws Annotated.

Living Will Form: No state statute governing the use of Living Wills. However, you have a constitutional right to state your wishes about medical care. A basic living will form is provided in this book. This form is also provided on the CD as a state-specific Michigan Living Will form.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act

Living Will Effective: In the event that you develop an irreversible condition that prevents you from making your own medical decisions.

Living Will/Advance Health Care Directive Witness Requirements: Because Michigan does not have a statute governing the use of Living Wills, there are no specific requirements to make your Living Will legally binding. We suggest that you sign in the presence of two (2) witnesses eighteen (18) years or older or a notary public. A witness should not be your health care provider or an employee of your health care provider. Witnesses should not be entitled to any part of your estate, be financially responsible for your medical care, or be related to you by blood or marriage.

Advance Health Care Directive: No state statute. Form provided on CD.

Durable Health Care Power of Attorney: May authorize patient advocate to exercise 1 or more powers concerning patient's care, custody, and medical treatment that patient could have exercised on own behalf. Patient advocate may make decision to withhold or withdraw treatment which would allow patient to die only if patient has expressed in a clear and convincing manner that patient advocate is allowed to do so and that patient acknowledges that such a decision would allow death. (1) Revocable at any time and in any manner sufficient to communicate intent by patient to revoke; (2) resignation or removal of patient advocate; (3) subsequent designation that revokes prior designation, either expressly or by inconsistency; (4) divorce revokes designation of patient advocate in former spouse; (5) death of patient; (6) order of probate court; (7) occurrence of provision for revocation contained in designation; (8) any current desires of patient are binding on patient advocate. Person providing, performing, withholding, withdrawing medical treatment reasonably relying on decisions of patient advocate is liable in same manner and to same extent as if patient had made decision on his or her own behalf. No state-specific form provided by legislature. Provided as part of the Advance Health Care Directive. (Sections 700.5506+). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Sections 700.5501+). Follow signature, witness, and notary requirements as noted on form.

Minnesota

State Website: <http://www.revisor.leg.state.mn.us/stats/>

State Law Reference: Minnesota Statutes Annotated.

Living Will Form: Health Care Living Will (Section 145B-04). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Sections 525.9211+).

Living Will Effective: Living Will becomes effective in the event that you can no longer make your own medical decisions. Not valid if pregnant. (Sections 145B.02 and 145B.04).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses eighteen (18) years or older or a notary public. A witness cannot be the person whom you appointed as your agent. At least one (1) witness cannot be your health care provider or an employee of your health care provider. (Section 145B.03).

Advance Health Care Directive: Agent may consent, refuse to consent, withdraw consent to any care, treatment, procedure or health care decision to maintain, diagnose, or treat mental or physical condition of principal including food and water by artificial means. Divorce revokes any designation of former spouse as agent to make health care decisions. Revocable at any time by (1) destroying; (2) written statement expressing intent to revoke; (3) verbally expressing intent to revoke in presence of 2 witnesses; (4) executing subsequent instrument. Power of attorney document, when executed in another state in compliance with that state's law is valid and enforceable in Minnesota to the extent it is consistent with Minnesota law. Health care provider is not subject to criminal prosecution, civil liability or professional disciplinary action if they rely in good faith on health care decision made by agent; no criminal, civil, or professional liability for health care provider who administers health care to keep patient alive (despite agent's decision) if all reasonable steps were promptly taken to transfer patient to complying provider. State-specific form is provided by legislature and is included on CD. Referred to as Health Care Living Will. (Section 145B.04).

Durable Health Care Power of Attorney: State-specific form is part of Advance Health Care Directive. (Section 145B.04). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form provided by legislature allows choice as to whether Power of Attorney will be durable or non-durable. May also use generic durable power of attorney forms in the book. (Section 523.07). Follow signature, witness, and notary requirements as noted on form. Also included on CD is Minnesota Affidavit by Attorney-in-Fact of Nontermination or Nonrevocation, to be used to verify to a third party that Power of Attorney is still in full force and effect.

Mississippi

State Website: <http://www.mscode.com/>

State Law Reference: Mississippi Code Annotated.

Living Will Form: Instructions for Health Care serves as Living Will (Section 41-41-209). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Sections 41-39-31+).

Living Will Effective: In the event that you have an incurable and irreversible condition that will result in death within a relatively short time, become unconscious and, to a reasonable degree of medical certainty, will not regain consciousness, or the likely risks and burdens of treatment would outweigh the expected benefits. (Section 41-41-209).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses eighteen (18) years or older or a notary public. A witness cannot be the person whom you appointed as your agent, health care provider, or an employee of your health care provider. At least one (1) witness cannot be related to you by blood or marriage or entitled to your estate upon your death. (Section 41-41-209).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. (Section 41-41-209).

Durable Health Care Power of Attorney: Agent may consent, refuse consent, or withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition; may include decisions after death such as anatomical gift, autopsy, etc. Does not affect health care treatment in an emergency. Unless the document provides a shorter time, it shall be effective until revoked by principal. Durable power of attorney revocable at any time the principal has capacity to give a durable power of attorney for health care by notifying the attorney-in-fact in writing or notifying the health care provider in writing or by executing subsequent valid durable power of attorney for health care (revokes prior durable power of attorney for health care). No civil, criminal, or professional responsibility if health care provider relies in good faith on health care decision. State-specific form is part of Advance Health Care Directive. (Section 41-41-209). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Sections 87-3-105). Follow signature, witness, and notary requirements as noted on form.

Missouri

State Website: <http://www.moga.state.mo.us/STATUTES/STATUTES.HTM#T>

State Law Reference: Missouri Annotated Statutes.

Living Will Form: Missouri Declaration serves as Living Will (Section 459.015). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Sections 194.210+).

Living Will Effective: The Declaration becomes effective in the event that you have an incurable or irreversible medical condition which, without the use of life support, will result in death in a relative short period of time, or you are in a permanent coma or persistent vegetative state. (Section 459.025)

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. If you have someone sign the Declaration on your behalf, that person cannot serve as a witness. (Section 459.015).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Missouri Declaration. (Section 459.015).

Durable Health Care Power of Attorney: Agent may make health care decisions, but no agent may authorize withdrawal of artificially supplied nutrition and hydration which the patient may ingest through natural means. Revocable at any time in any manner by which patient is able to communicate the intent to revoke. Revocation is effective upon communication to agent or to physician. Any third party acting in good faith may rely on the instructions of the attorney-in-fact without liability to the patient or the patient's successors-in-interest. No state-specific form provided by legislature. Provided as part of the Advance Health Care Directive. (Section 404.822). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 404.705). Follow signature, witness, and notary requirements as noted on form.

Montana

State Website: http://data.opi.state.mt.us/bills/mca_toc/index.htm

State Law Reference: Montana Code Annotated.

Living Will Form: Montana Declaration serves as Living Will (Section 50-9-103). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 72-17-101+).

Living Will Effective: Becomes effective when you have an incurable or irreversible medical condition which, without the use of life support, will result in death in a relatively short period of time, or you are in a permanent coma or persistent vegetative state. (Section 50-9-105).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. No other restrictions apply. Do not use your appointed health care agent as one of your witnesses. (Section 50-9-103).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Montana Declaration. (Section 50-9-103).

Durable Health Care Power of Attorney: Agent may authorize withholding or withdrawal of life-sustaining treatment, defined as any medical procedure or intervention that will serve only to prolong the dying process. Qualified patient may designate another individual to make

decisions governing withholding or withdrawal of life-sustaining treatment. Life-sustaining procedures may not be withdrawn when qualified patient is known to be pregnant and when it is likely fetus will result in live birth. Revocable at any time in any manner without regard to physical or mental condition. Revocation is effective upon notice. Declarations made in another state in compliance with that state's laws executed in a substantially similar manner to laws of Montana are effective. Individuals appointed under this section are not criminally or civilly liable for decisions made pursuant to executed declaration; attending physicians or health care providers are not subject to civil or criminal liability or guilty of unprofessional conduct if acting in accordance with reasonable medical standards and in good faith. State-specific form is part of Advance Health Care Directive. (Section 50-9-103). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on enclosed CD. You may also use a generic durable financial power of attorney form in the book. (Section 72-5-501). Follow signature, witness, and notary requirements as noted on form.

Nebraska

State Website: <http://www.unicam.state.ne.us/web/public/home>

State Law Reference: Revised Statutes of Nebraska.

Living Will Form: Nebraska Declaration serves as Living Will (Section 20-404). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 71-4804).

Living Will Effective: Declaration becomes effective when your attending physician determines you to have an incurable or irreversible medical condition which, without the use of life support, will result in death in a relatively short period of time, or you are in a permanent coma or persistent vegetative state. (Section 20-405).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. Witnesses cannot be employees of your life or health insurance provider and at least one (1) witness must not be an administrator or employee of your treating health care provider. (Section 20-404).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Nebraska Declaration. (Section 20-404).

Durable Health Care Power of Attorney: Agent may consent, refuse consent, or withdraw of consent to health care. However, powers do not include (1) withdrawal of routine comfort care; (2) withdrawal of usual and typical provision of nutrition and hydration; (3) withdrawal or withholding of life-sustaining procedures or artificially administered nutrition or hydration except if declarant gives that authority. Revocable at any time by competent principal in any manner he/she is able to communicate an intent to revoke; withdrawal at any time by attorney-in-fact. Otherwise, effective until death of principal; divorce or legal separation, unless otherwise noted in divorce decree, shall be deemed to revoke power of attorney for health

care in spouse. Declaration executed in another state is valid according to its terms if valid under the laws of that state. No criminal, civil, or professional liability for attending physician following agent's direction if acting in good faith. Does not limit liability for negligence. State-specific form is part of Advance Health Care Directive. (Section 30-3408). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on enclosed CD. You may also use a generic durable financial power of attorney form in the book. (Section 49-1522). Follow signature, witness, and notary requirements as noted on form.

Nevada

State Website: <http://www.leg.state.nv.us/NRS/>

State Law Reference: Nevada Revised Statutes Annotated.

Living Will Form: Nevada Declaration serves as Living Will (Section 449-610). This form is provided on the CD as part of the state-specific Advance Health Care Directive. Nevada maintains a Living Will/Advance Directive Registry at www.nvsos.gov/index.aspx?page=214

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Sections 451.500+).

Living Will Effective: Declaration becomes effective when your doctor determines that your death would occur without the use of life-sustaining medical care. (Section 449.617).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. No other restrictions apply. (Section 449.610).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Nevada Declaration. (Section 449.610).

Durable Health Care Power of Attorney: Attorney-in-fact has power to make health care decisions before or after death for disabled principal including consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat physical or mental condition except treatment specifically stated: commitment to mental facility, convulsive treatment, psychosurgery, sterilization, or abortion or any other specifically designated treatments. Divorce revokes designation of former spouse. Power of attorney remains valid indefinitely unless principal designates shorter period or it is revoked or another power of attorney is executed subsequently. State-specific form is part of Advance Health Care Directive. (Section 449.830). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 111.460). Follow signature, witness, and notary requirements as noted on form.

New Hampshire

State Website: <http://gencourt.state.nh.us/rsa/html/indexes/default.asp>

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State Law Reference: New Hampshire Revised Statutes.

Living Will Form: New Hampshire Declaration serves as Living Will (Section 137-J:20). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 291-A).

Living Will Effective: Two (2) physicians must certify in writing that you are in a terminal condition and your death would occur within a short period of time without the use of life-sustaining medical care. (Section 137-J:20).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses eighteen (18) years or older or a notary public. A witness cannot be a person who has a claim against your estate, stands to inherit from your estate, be your spouse, or be your doctor or a person acting under direction or control of your doctor. If you are a resident of a health care facility or a patient in a hospital, one of your witnesses may be your doctor or an employee of your doctor. (Section 137-J:14).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as New Hampshire Declaration. (Section 137-J:19).

Durable Health Care Power of Attorney: Agent may consent, refuse to consent or withdraw consent to any care, treatment, admission to a health care facility, any service or procedure to maintain, diagnose or treat an individual's physical or mental condition. Artificial nutrition and hydration may not be withdrawn or withheld unless clear expression of such power in document. Does not include power to consent to voluntary admission to state institution, voluntary sterilization or consent to withholding of life-sustaining treatment for pregnant patient unless treatment will not permit continuing development and live birth of unborn child. Revocable by (1) notifying attorney-in-fact or health care provider orally or in writing or in any other way communicating specific intent to revoke; (2) execution of subsequent durable power of attorney; (3) filing of action of divorce if spouse is agent. Revocation effective upon notice to health care provider or to attorney-in-fact. Person who is directly interested or related to patient may file an action to revoke durable power of attorney on grounds that principal was not of sound mind or under duress, fraud, or undue influence. Documents executed in another state are enforceable if they are in compliance with the law of that state or jurisdiction. No state-specific form provided by legislature. Provided as part of the Advance Health Care Directive. (Section 137-J:19). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on enclosed CD. You may also use a generic durable financial power of attorney form in the book. (Section 506:6). Follow signature, witness, and notary requirements as noted on form.

New Jersey

State Website: <http://www.njleg.state.nj.us>

State Law Reference: New Jersey Revised Statutes.

Living Will Form: New Jersey Instruction Directive serves as Living Will (Section 26-2H-

55). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 26:6-57+).

Living Will Effective: Your doctor or treating health care institution must receive this document. Your attending physician and one (1) other physician must confirm that you are unable to make health care decisions. (Sections 26:2H-59 and 26:2H-60).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses eighteen (18) years or older or a notary public. A witness cannot be the person whom you appointed as your agent. (Section 26:2H-56).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Advance Directive for Health Care. (Section 26:2H-58).

Durable Health Care Power of Attorney: Agent may make decisions to accept or refuse treatment, service, or procedure used to diagnose, treat, or care for a patient's physical or mental condition including life-sustaining treatment. Includes decisions on acceptance or rejection of services of particular physician or health care provider or transfer of care; on the use of any medical device or procedure, artificially provided fluids and nutrition, drugs, surgery or therapy that uses mechanical or other artificial means to sustain, restore, or supplant a vital bodily function and thereby increase the expected life span of a patient; does not include provision of comfort care or alleviation of pain. Revocable by (1) oral or written notification; (2) execution of subsequent directive; (3) divorce revokes former spouse's designation as representative. Patient's clearly expressed wishes take precedent over any patient's decision or proxy directive. Effective if executed in compliance with New Jersey law or the laws of that state. No civil, criminal, or professional liability for any physician acting in good faith and pursuant to agent's decisions. No state-specific form provided by legislature. Provided as part of the Advance Health Care Directive. (Section 26:2H-56). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 46:2B-8.1). Follow signature, witness, and notary requirements as noted on form.

New Mexico

State Website: <http://www.legis.state.nm.us/>

State Law Reference: New Mexico Statutes Annotated.

Living Will Form: Optional Advance Health Care Directive (Section 24-7A-4). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Sections 24-6B-1+).

Living Will Effective: This document becomes effective in the event that you have an incurable and irreversible condition that will result in death within a relatively short time, become unconscious and, to a reasonable degree of medical certainty, will not regain consciousness,

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or the likely risks and burdens of treatment would outweigh the expected benefits. (Section 24-7A-4).

Living Will/Advance Health Care Directive Witness Requirements: The law does not require that your advance directive be witnessed. To avoid future concerns, we recommend that you sign in the presence of two (2) witnesses eighteen (18) years or older or a notary public. A witness should not be the person whom you appointed as your agent. (Section 24-7A-4)

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. (Section 24-7A-4).

Durable Health Care Power of Attorney: Agent may make health care decisions including selection and discharge of health care providers, approval and disapproval of diagnostic tests, surgical procedures, programs of medication, orders not to resuscitate, and directions to provide, withhold or withdraw artificial nutrition and hydration and all others forms of treatment or health care which maintains, diagnoses, or otherwise affects an individual's mental or physical condition. Individual with capacity may revoke by (1) signed writing; (2) personally informing supervising health care provider; (3) in any manner that communicates intent to revoke; (4) filing for divorce or legal separation revokes designation of spouse as agent (revived by remarriage); (5) conflicting earlier health care directive (to the extent of the conflict). Out-of-state document is valid if it complies with provisions of Uniform Health Care Decisions Act of New Mexico regardless of where it was executed or communicated. No civil or criminal liability or discipline for unprofessional conduct if health care provider acting in good faith and in accordance with generally accepted health care standards. State-specific form is part of Advance Health Care Directive. Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on enclosed CD. You may also use a generic durable financial power of attorney form in the book. (Section 46B-1-104). Follow signature, witness, and notary requirements as noted on form.

New York

State Website: <http://assembly.state.ny.us/leg/>

State Law Reference: New York Consolidated Laws.

Living Will Form: Order Not to Resuscitate acts as Living Will. (Public Health, Section 2960+). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Public Health, Section 4300+).

Living Will Effective: The Living Will becomes effective when you become terminally ill, permanently unconscious, or minimally conscious due to brain damage and will never regain the ability to make decisions. (Public Health, Section 2965).

Living Will/Advance Health Care Directive Witness Requirements: Order not to resuscitate acts as Living Will in New York. You must sign in the presence of two (2) adult witnesses who do not benefit from your estate. (Public Health, Section 2964).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Order Not To Resuscitate. (Public Health, Sections 2960+).

Durable Health Care Power of Attorney: Agent may make any decision to consent or refuse consent of any treatment, service, or procedure to diagnose or treat an individual's physical or mental condition. Proxy document may provide that it expires on a specified date or occurrence of condition; otherwise in effect until revoked. Revocable by (1) notifying agent or health care provider orally, in writing, or any other act evidencing intent to revoke; (2) divorce if former spouse was agent; (3) upon execution of a subsequent health care proxy. Out-of-state document is effective if executed in another state in compliance with laws of that state. No criminal, civil, or professional liability for acting in good faith pursuant to statute. State-specific form is part of Advance Health Care Directive. (Public Health, Sections 2980+). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on enclosed CD. You may also use a generic durable financial power of attorney form in the book. (General Obligations, Sections 5-1501+). Follow signature, witness, and notary requirements as noted on form. Note that a New York Statutory Major Gifts Rider is required to be signed by the principal at the same time as the underlying Power of Attorney if the principal wishes to authorize the attorney-in-fact to make major gifts or changes to the principal's ownership interest in property.

North Carolina

State Website: <http://www.ncga.state.nc.us/>

State Law Reference: North Carolina General Statutes.

Living Will Form: Declaration of a Desire for a Natural Death serves as Living Will (Section 90-321). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 130A-402+).

Living Will Effective: Two (2) physicians must certify in writing that you are in a terminal condition and your death would occur within a short period of time without the use of life-sustaining medical care. Not valid if pregnant. (Section 90-321).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses and a notary public. A witness cannot be a person who has claim against your estate upon your death, stands to inherit from your estate, be directly financially responsible for your health care, or be an owner, operator, or employee of a health care institution in which you are a patient. Witnesses also cannot be related by blood or marriage. (Section 90-321).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Declaration of a Desire for a Natural Death. (Section 90-321).

Durable Health Care Power of Attorney: Agent may make decisions regarding life-sustaining procedures, including those which serve to artificially prolong the dying process and may include mechanical ventilation, dialysis, antibiotics, artificial nutrition and hydration and other forms of treatment which sustain, restore, or supplant vital bodily functions but do not include care necessary to provide comfort or alleviate pain. May be revoked at anytime by principal capable of making and communicating health care decisions or by death of principal or by execution of a subsequent instrument or written instrument of revocation or any other method where intent to revoke is communicated (effective upon communication). Revoked on decree of divorce if spouse is agent, except if alternate has been appointed. If all health care attorneys-in-fact are unwilling or unable to act, the health care power of attorney will cease to be effective. No person acting on the authority of the health care agent shall be liable for actions taken pursuant to decision of health care agent. Withholding or discontinuing life-sustaining procedures shall not be considered suicide or cause of death for criminal or civil purpose. State-specific form is part of Advance Health Care Directive. (Sections 32A-15+). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on enclosed CD. You may also use a generic durable financial power of attorney form in the book. (Section 32A-1+). Follow signature, witness, and notary requirements as noted on form.

North Dakota

State Website: <http://www.legis.nd.gov/information/statutes/cent-code.html>

State Law Reference: North Dakota Century Code.

Living Will Form: Declaration serves as Living Will (Section 23-06.5-17). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Sections 23-06.6-01+).

Living Will Effective: Two (2) physicians must certify in writing that you are in a terminal condition and your death would occur within a short period of time without the use of life-sustaining medical care. Not valid if pregnant. (Section 23-06.5-17).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses and a notary public. A witness cannot be a person who has claim against your estate upon your death, stands to inherit from your estate, be directly financially responsible for your health care, or be your doctor. Witnesses also cannot be related by blood or marriage. If you are presently living in a nursing home or other long-term care facility, one (1) of your witnesses must be one (1) of the following: a member of the clergy, a lawyer licensed to practice in North Dakota, or a person designated by the Department of Human Services or the county court for the county in which the facility is located. (Section 23-06.5-17).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. (Section 23-06.5-17).

Durable Health Care Power of Attorney: Agent has power to make any health care decisions principal could if he did not lack capacity (lack of capacity must be certified in writing by principal's attending physician), decisions including consent, refusal to consent or withdrawal of consent or request any care, treatment, service, or procedure to maintain, diagnose, or treat individual's physical or mental condition; does not include admission to mental health facility, psychosurgery, abortion, or sterilization. Revocable by (1) notification of agent orally, in writing, or any other act evidencing specific intent to revoke; (2) execution of subsequent durable power of attorney; (3) divorce where spouse was principal's agent. Out-of-state document is effective if executed in another state in compliance with the law of that state. No civil, criminal, or professional liability if acting in good faith and with ordinary care pursuant to directives of durable power of attorney. State-specific form is part of Advance Health Care Directive. (Section 23-06.5-17). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 30.1-30). Follow signature, witness, and notary requirements as noted on form.

Ohio

State Website: <http://codes.ohio.gov/>

State Law Reference: Ohio Revised Code Annotated.

Living Will Form: Living Will Declaration (Section 2133-04). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 2108.01+).

Living Will Effective: Two (2) physicians determine that you are in a terminal condition and your death will result without using life-sustaining procedures, including the determination that there is no reasonable possibility that you will regain the ability to make your own health care decisions. Not valid if pregnant, unless pregnancy will not develop live birth. (Section 2133.03).

Living Will/Advance Health Care Directive Witness Requirements: Sign in front of two (2) witnesses eighteen (18) years or older or a notary public. Witnesses cannot be related to you by blood, marriage, or adoption, or be your doctor or the administrator of a nursing home in which you are receiving treatment. (Section 2133.02).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. (Section 2133.02 does not provide a statutory form, but it provides suggestions for phrasing the directive.)

Durable Health Care Power of Attorney: Agent may make decisions regarding medical procedure, treatment, intervention, or other measure that will serve to prolong the process of dying, including right to give informed consent and make other decisions principal could

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if s/he had capacity. Does not expire unless principal specifies an expiration date in the instrument. Revocable at any time in any manner; effective when expressed, but if physician had knowledge of the durable power of attorney, revocation is effective on communication to physician. Valid Durable Power of Attorney for health care revokes any prior instrument. Effective if document complies with the laws of the state where executed and that substantially complies with Ohio law. No civil, criminal, or professional liability for good faith reliance which is in accordance with reasonable medical standards on agent's health care decisions. No state-specific form provided by legislature. Provided as part of the Advance Health Care Directive. (Sections 1337.11+). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 1337.09). Follow signature, witness, and notary requirements as noted on form.

Oklahoma

State Website: <http://www.lsb.state.ok.us/>

State Law Reference: Oklahoma Statutes Annotated.

Living Will Form: Living Will is Part 1 of Advance Directive for Health Care (Section 63-3101.4). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Sections 63-2201+).

Living Will Effective: This Directive goes into effect once it is given to your doctor and you are unable to make your own medical decisions. In order to follow your instructions regarding life-sustaining treatment, your doctor must first consult another doctor to determine that you are persistently unconscious or suffering from a terminal condition. Not valid if pregnant. (Section 63-3101.3)

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. A witness cannot be any person who would inherit from you under any existing will or by operation of law. (Section 63-3101.4).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. (Section 63-3101.4).

Durable Health Care Power of Attorney: Agent may grant complete or limited authority to make health and medical care decisions but not life-sustaining treatment decisions unless the power complies with requirements for a "health care proxy" under Oklahoma law. Revocable in whole or in part in any manner at any time without regard to declarant's mental or physical condition. Effective upon communication to physician. Out-of-state document is effective if executed in another state if it substantially complies with the Uniform Durable Power of Attorney Act. No civil, criminal, or professional liability for carrying out the directives of durable power of attorney in good faith and in accordance with reasonable medical standards. May use generic form and. Also provided as part of the Advance Health Care Directive. (Section

63-3101.4). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on enclosed CD. You may also use a generic durable financial power of attorney form in the book. (Sections 15-1001+). Follow signature, witness, and notary requirements as noted on form.

Oregon

State Website: <http://www.leg.state.or.us/ors/>

State Law Reference: Oregon Revised Statutes.

Living Will Form: Health Care Instructions serves as Living Will (Section 127.531). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Sections 97.950 through 97.964).

Living Will Effective: Two (2) physicians agree that you have an incurable and irreversible condition that will result in death within a relatively short time, will become unconscious and, to a reasonable degree of medical certainty, will not regain consciousness, or the likely risks and burdens of treatment would outweigh the expected benefits.

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. If you have someone sign the Declaration on your behalf, that person cannot serve as a witness. Your attending physician cannot be a witness. At least one (1) of your witnesses cannot be related to you by blood, marriage, or adoption, entitled to any portion of your estate, or be an owner, operator, or employee of your treating health care facility. (Section 127.515).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. (Section 127.531).

Durable Health Care Power of Attorney: Agent may make health care decisions for principal regarding life-sustaining procedures including any medical procedure or intervention that uses mechanical or other artificial means to sustain, restore, or supplant a vital function only when authorized or when principal is terminally ill and such treatment only serves to artificially prolong the moment of death; does not include procedures to sustain patient cleanliness and comfort. Agent may withdraw up to time of principal's incapacity. Principal may revoke (1) in any manner by which s/he is able to communicate to health care provider or attorney-in-fact intent to revoke; (2) by execution of subsequent durable power of attorney; (3) upon divorce if spouse is agent. Out-of-state document is valid upon execution in compliance with formalities of that state where principal is resident or is located or with state of Oregon. Health care provider acting on a durable power of attorney or health care agent in good faith is not liable for criminal, civil, or professional disciplinary actions. State-specific form is part of Advance Health Care Directive. (Section 127.531). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See

the book for legally-valid power of attorney forms to use. (Section 127.005). Follow signature, witness, and notary requirements as noted on form.

Pennsylvania

State Website: <http://members.aol.com/StatutesPA/Index.html>

State Law Reference: Pennsylvania Code.

Living Will Form: Declaration serves as Living Will. (Section 20-5404). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 20-8613).

Living Will Effective: The Declaration becomes effective when your physician receives a copy of it and determines that you are incompetent and in a terminal condition or a state of permanent unconsciousness. Not valid if pregnant. (Section 20-5405).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. If you have someone sign the Declaration on your behalf, that person cannot serve as a witness. (Section 20-5404).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Declaration. (Section 20-5404).

Durable Health Care Power of Attorney: Agent may authorize admission to medical facility and enter into agreements for principal's care and to consent, arrange, and authorize medical and surgical procedures including administration of drugs. Durable health care power of attorney is not affected by subsequent disability or incapacity. Agent must have actual notice of revocation for it to be effective. Divorce revokes power of attorney for spouse. Person acting in good faith reliance on power of attorney shall incur no liability as a result. State-specific form is part of Advance Health Care Directive. (Section 20-5404). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on enclosed CD. You may also use a generic durable financial power of attorney form in the book. (Section 20-5601). Follow signature, witness, and notary requirements as noted on form.

Rhode Island

State Website: <http://www.rilin.state.ri.us/Statutes/Statutes.html>

State Law Reference: Rhode Island General Laws.

Living Will Form: Declaration serves as Living Will (Section 23-4.11-3). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 23-18.6+).

Living Will Effective: Your doctor must determine that your death would occur without

use of life- sustaining medical care. Not valid if pregnant, unless pregnancy will not develop live birth. (Section 23-4.11-3).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. Witnesses cannot be related to you by blood, marriage, or adoption. (Section 23-4.11-3).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Declaration. (Section 23-4.11-3).

Durable Health Care Power of Attorney: Agent may consent to or refuse any medical procedure or intervention that will only prolong the dying process; this does not include refusal of intervention necessary to alleviate pain or provide comfort. Revocable at any time in any manner declarant is able to communicate intent to revoke, without regard to physical or mental condition. Effective upon communication to physician. Controls over living will executed by same person for any inconsistent provisions. Durable power of attorney executed in another state in compliance with laws of that state is valid. No civil, criminal, or professional liability when acting in accordance with the statute and in accordance with reasonable medical standards.. State-specific form is part of Advance Health Care Directive. (Sections 23-4.10+). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on enclosed CD. You may also use a generic durable financial power of attorney form in the book. (Sections 18-16-1+). Follow signature, witness, and notary requirements as noted on form.

South Carolina

State Website: <http://www.scstatehouse.net/>

State Law Reference: Code of Laws of South Carolina Annotated.

Living Will Form: Declaration of a Desire for a Natural Death serves as Living Will (Section 44-77-50). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Sections 44-43-310+).

Living Will Effective: Two (2) physicians must determine you are in a terminal condition and your death will result without using life-sustaining procedures. (Section 44-77-30).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses and a notary public. A witness cannot be a beneficiary of your life insurance policy, your health care provider, or an employee of your health care provider. Witnesses cannot be related to you by blood, marriage, or adoption, entitled to any part of your estate, or directly financially responsible for your health care. In addition, at least one (1) witness must not be an employee of a health facility in which you are a patient. If you are a resident in a hospital or nursing facility, one of the witnesses must also be an ombudsman designated by the State Ombudsman, Office of the Governor. (Section 44-77-40).

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Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as a Declaration of a Desire for a Natural Death. (Section 44-77-50).

Durable Health Care Power of Attorney: Agent may make decisions regarding any medical procedure or intervention serving only to prolong the dying process, not including medication or treatment for pain alleviation or comfort care. Principal should indicate whether provision of nutrition and hydration through surgically implanted tubes is desired. Revocable by (1) written or oral statement or other act constituting notification to agent or health care provider of specific intent to revoke; (2) principal's execution of subsequent health care power of attorney. Out-of-state document is effective if executed in compliance with South Carolina law or laws of another state and recorded as required by Code of South Carolina, Section 62-5-501 (c) if the document relates to any powers other than powers of the agent to make health care decisions. No civil, criminal, or professional liability for relying in good faith on agent's health care decision. State-specific form is part of Advance Health Care Directive. (Section 62-5-504). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 62-5-501). Follow signature, witness, and notary requirements as noted on form. Note that any financial power of attorney must be recorded in the same manner as a deed in the county office where the principal resides at the time the instrument is recorded.

South Dakota

State Website: <http://legis.state.sd.us/statutes/>

State Law Reference: South Dakota Codified Laws Annotated.

Living Will Form: Living Will Declaration (Section 34-12D-3). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Sections 34-26-20 through 34-26-47).

Living Will Effective: Declaration is effective when your death will result without using life-sustaining procedures, including the determination that there is no reasonable possibility that you will regain the ability to make your own health care decisions. Not valid if pregnant. (Section 34-12D-5).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses eighteen (18) years or older or a notary public. Although South Dakota does not have any restrictions on who can be a witness, we suggest that you not use your appointed attorney-in-fact or your health care provider. (Section 34-12D-2).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Living Will Declaration. (Section 34-12D-3).

Durable Health Care Power of Attorney: Agent may make any health care decisions for principal which principal could have made if s/he had decisional capacity including rejection or withdrawal of consent for medical procedures, treatment, or intervention. Agent may not

authorize withholding artificial nutrition and hydration for comfort care or pain relief. Artificial nutrition or hydration may be withheld under certain circumstances or if specifically authorized. Revocation must be recorded with register of deeds. No civil, criminal, or professional liability for physician acting in good faith on a health care decision by agent or attorney-in-fact. No state-specific form provided by legislature. Provided as part of the Advance Health Care Directive. (Sections 34-12C and 59-7-2.1). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 59-7-9). Follow signature, witness, and notary requirements as noted on form.

Tennessee

State Website: <http://www.michie.com>

State Law Reference: Tennessee Code Annotated.

Living Will Form: Living Will (Section 32-11-105). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 68-30-101+).

Living Will Effective: The Living Will becomes effective when your death will result without using life-sustaining procedures. (Section 32-11-105).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses and a notary public. A witness cannot be a person who has claim against your estate upon your death, stands to inherit from your estate, be your doctor or an employee of your doctor, or be an owner, operator, or employee of a health care institution in which you are a patient. Witnesses also cannot be related by blood or marriage. (Section 32-11-104 and 32-11-105).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Living Will. (Section 32-11-105).

Durable Health Care Power of Attorney: Agent may authorize any procedure, treatment to diagnose, assess, or treat a disease, illness, or injury, including surgery, drugs, transfusions, mechanical ventilation, dialysis, CPR, artificial nourishment, hydration or other nutrients, radiation. Death by starvation or dehydration allowed only if specifically directed with statutory phrase. Revocable by (1) notifying the attorney-in-fact orally or in writing; (2) notifying health care giver orally or in writing; (3) executing subsequent durable power of attorney; (4) divorce if former spouse was designated; (5) principal's current wishes supersede durable power of attorney. Out-of-state document is effective if document complies with laws of Tennessee or laws of the state of principal's residence. No criminal, civil, or professional liability for physician acting in good faith. No state-specific form provided by legislature. Provided as part of the Advance Health Care Directive. (Section 34-6-201). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See

the book for legally-valid power of attorney forms to use. (Section 34-6-101+). Follow signature, witness, and notary requirements as noted on form.

Texas

State Website: www.capitol.state.tx.us

State Law Reference: Texas Statutes and Code Annotated.

Living Will Form: Directive to Physicians and Family or Surrogate serves as Living Will (Health and Safety Code, Section 166.033). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act Texas (Health and Safety Code, Section 692).

Living Will Effective: This Directive becomes effective when your attending physician certifies in writing that you are in a terminal or irreversible condition. Not valid if pregnant. (Health and Safety Code, Section 166.031).

Living Will/Advance Health Care Directive Witness Requirements: At least one (1) witness cannot be related to you by blood, marriage, or adoption, designated to make treatment decisions for you, entitled to any part of your estate, or be your doctor or an employee of your doctor. A witness cannot be an employee of a health care facility in which you are a patient, an officer, director, partner, or a business office employee of the health care facility or any part of any parent organization of the health care facility, or have a claim against your estate after you die. (Health and Safety Code, Section 166.003).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Directive to Physicians and Family or Surrogate. (Health and Safety Code, Section 166.033).

Durable Health Care Power of Attorney: Agent may make decisions regarding consent to health care, treatment, service, or procedure to maintain, diagnose, or treat individual's physical or mental condition. Agent may not consent to voluntary in-patient mental health services, convulsive treatment, psychosurgery, abortion, or neglect of principal through omission of care primarily intended to provide for comfort of principal. Effective indefinitely upon execution and delivery of document unless revoked. Revocable orally or in writing with specific intent to revoke or execution of subsequent power of attorney; divorce if spouse is agent. Effective upon receipt and notice to agent and health care provider. Durable power of attorney executed in another state valid if it complies with the law of that state or jurisdiction. Agent not liable for health care decision made in good faith. Physician not liable for acts or decisions made under durable power of attorney if done in good faith and does not constitute a failure to exercise due care in the provision of health care services. State-specific form is part of Advance Health Care Directive. (Health and Safety Code, Section 166.033). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form is provided by legislature and is included on enclosed CD. You may also use a generic durable financial power of attorney

form in the book. (Probate Code, Sections 481+). Follow signature, witness, and notary requirements as noted on form.

Utah

State Website: <http://www.le.state.ut.us/>

State Law Reference: Utah Code Annotated.

Living Will Form: Advance Health Care Directive serves as Living Will, (Section 75-2a-117). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 26-28-101+).

Living Will Effective: Two (2) physicians must physically examine you and certify in writing you are in a terminal condition or persistent vegetative state. Not valid if pregnant. (Sections 75-2a-103 and 75-2a-109).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses eighteen (18) years or older. A witness cannot be entitled to any part of your estate, be financially responsible for your medical care, be related to you by blood or marriage, be the person who signed the Declaration on your behalf, or be an employee of your health care facility. (Section 75-2a-117).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. (Section 75-2a-117).

Durable Health Care Power of Attorney: Agent may make any decisions regarding, including refusal of, any medical procedure or intervention that would serve only to prolong the dying process including artificial nutrition and hydration unless declaration specifically excludes; does not include medication, sustenance, or any procedure to alleviate pain; separate procedure for “do not resuscitate” directive. Current wishes of declarant take precedent over any directive. Revocable at any time by (1) signed revocation; (2) destruction of document; (3) oral expression of intent to revoke in presence of witness. Effective on receipt by physician. A similar instrument executed in another state is presumed to comply with Utah law and may be relied upon in good faith. No civil, criminal, or professional liability for good faith compliance with directive. State-specific form is part of Advance Health Care Directive. (Section 75-2a-117). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 75-5-501). Follow signature, witness, and notary requirements as noted on form.

Vermont

State Website: <http://www.leg.state.vt.us/statutes/statutes2.htm>

State Law Reference: Vermont Statutes Annotated.

Living Will Form: Advance Health Care Directive serves as Living Will (Section 18-

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231-9700+). This form is provided on the CD as part of the state-specific Advance Health Care Directive. Vermont maintains a Living Will/Advance Directive Registry at www.healthvermont.gov/vadr

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 18-109-5238+).

Living Will Effective: Document becomes effective if death would occur regardless of the use of life-sustaining procedures. (Section 18-231-9703).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses eighteen (18) years or older. A witness cannot be entitled to any part of your estate, be your spouse, attending physician or any person acting under the direction or control of your attending physician, or any person who has a claim against your estate. (Section 18-231-9703).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. (Section 18-231).

Durable Health Care Power of Attorney: Agent is authorized to make health care decisions for principal during periods of incapacity as certified in writing by principal's attending physician including withdrawal of consent to any care, treatment, service, or procedure or to maintain, diagnose, or treat an individual's physical or mental condition; does not include consent to sterilization or admission to state institution. Principal's current wishes supersede directives at all times. Revocable by (1) notifying agent or health care provider orally or in writing or any other act evidencing specific intent to revoke; (2) executing a subsequent durable power of attorney; (3) divorce, if former spouse was principal's agent. Out-of-state document is effective if in compliance with the law of the state in which it was executed. No civil, criminal, or professional liability if physician acts in good faith; no immunity for failure to exercise due care in provision of services. No state-specific form provided by legislature. Provided as part of the Advance Health Care Directive. Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form is provided by legislature and is included on enclosed CD. See the book for legally-valid power of attorney forms to use. (Section 14-123-3508). Follow signature, witness, and notary requirements as noted on form.

Virginia

State Website: <http://leg1.state.va.us/>

State Law Reference: Virginia Code Annotated.

Living Will Form: Advance Medical Directive serves as Living Will (Section 54.1-2984). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 32.1-8-290).

Living Will Effective: This directive becomes effective in the event that you develop a

terminal condition or are in a permanent vegetative state and can no longer make your own medical decisions. (Section 54.1-2984).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses eighteen (18) years or older. Witnesses cannot be related by blood or marriage. (Section 54.1-2982 and 54.1-2983).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Advance Medical Directive. (Section 54.1-2984).

Durable Health Care Power of Attorney: Agent may make decisions regarding any medical procedure, treatment, intervention, utilizing mechanical or other artificial means to sustain, restore, or supplant a vital function, or is of a nature to afford patient no reasonable expectation of recovery from a terminal condition and when applied to a patient in terminal condition, would serve only to prolong the dying process. Includes artificially administered hydration and nutrition and CPR by emergency medical services personnel, but does not include any medication or procedure to alleviate pain or provide comfort care. Revocable at any time by (1) signed, dated writing; (2) physical cancellation or destruction; (3) oral expression of intent to revoke. Effective upon communication to attending physician. Directive executed in another state valid if in compliance with Virginia law or law of state where executed. No civil, criminal, or professional liability if acting in good faith. State-specific form is part of Advance Health Care Directive. (Section 54.1-2984). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 54.1-3900+). Follow signature, witness, and notary requirements as noted on form.

Washington

State Website: <http://www.leg.wa.gov/>

State Law Reference: Washington Revised Code Annotated.

Living Will Form: Health Care Directive serves as Living Will (Section 70.122.030). This form is provided on the CD as part of the state-specific Advance Health Care Directive. Washington maintains a Living Will/Advance Directive Registry at www.doh.wa.gov/livingwill/

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 68.50.520+).

Living Will Effective: Declaration applies when two (2) physicians diagnose you to have a incurable or irreversible condition that will cause death in a relatively short time and you can no longer make your own medical decisions. Not valid if pregnant. (Section 70.122.020).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses eighteen (18) years or older. A witness cannot be entitled to any part of your estate, related by blood or marriage, be your attending physician or any person acting under the direction or control of your attending physician, or be any person who has a claim against your estate. (Section 70.122.030).

Advance Health Care Directive: State-specific form is provided by legislature and is included

on CD. (Section 70.122.030).

Health Care Power of Attorney: Appointed attorney-in-fact may make health care decisions on principal's behalf or provide informed consent. Continues until revoked or terminated by principal, court-appointed guardian or court order. Anyone acting in good faith and without negligence shall incur no liability. No state-specific form provided by legislature. Provided as part of the Advance Health Care Directive. (Section 11.94.010+). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 11.94.010+). Follow signature, witness, and notary requirements as noted on form.

West Virginia

State Website: <http://www.legis.state.wv.us/>

State Law Reference: West Virginia Code Annotated.

Living Will Form: Living Will, (Section 16-30-4). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 16-19-1+).

Living Will Effective: Your physician must certify in writing that you are in a terminal condition and your death would occur within a short period of time without the use of life-sustaining medical care. (Section 16-30-4).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses and a notary public. A witness cannot be a person who stands to inherit from your estate, be directly financially responsible for your health care, be your attending physician, or be your health care representative or successor if you have a medical power of attorney. A witness cannot be related by blood or marriage or be the person who signed the document on your behalf. (Section 16-30-4).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Living Will. (Section 16-30-4).

Health Care Power of Attorney: Agent may make any decision to accept or reject medical or surgical treatments which prolong the dying process artificially. Desires of principal at all times supersede effect of medical power of attorney. Revocable at any time by (1) destruction of document; (2) written revocation signed and dated; (3) verbal expression with witness present; (4) divorce if former spouse was designated. Out-of-state document is valid if in compliance with laws of West Virginia or state where executed and expressly delegates health care decisions. No criminal civil liability for good faith compliance with directions of medical power of attorney or representative. State-specific form is part of Advance Health Care Directive. (Section 16-30-4). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See

the book for legally-valid power of attorney forms to use. (Sections 39-4-1 through 39-4-7). Follow signature, witness, and notary requirements as noted on form.

Wisconsin

State Website: <http://www.legis.state.wi.us/>

State Law Reference: Wisconsin Statutes Annotated.

Living Will Form: Declaration to Physicians serves as Living Will (Section 154-03). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 157.06).

Living Will Effective: This directive becomes effective in the event that your attending physician and one (1) other physician certifies you have developed a terminal condition or are in a permanent vegetative state and can no longer make your own medical decisions. Not valid if pregnant. (Section 154.03).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) adult witnesses. A witness cannot be a person who stands to inherit from your estate, be directly financially responsible for your health care, be your attending physician, or be an employee of your health care provider or an inpatient health care facility in which you are a patient, unless the employee is a chaplain or social worker. A witness also cannot be related by blood or marriage. (Section 154.03).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. Referred to as Declaration to Physicians. (Section 154.03).

Health Care Power of Attorney: Agent may make decisions in the exercise of the right to accept, maintain, discontinue, or refuse any care, treatment, service or procedure to diagnose, maintain, or treat physical or mental condition. Feeding tube may be withheld or withdrawn unless it would cause pain. Agent may not consent to withholding or withdrawing of orally ingested nutrition or hydration unless provision is medically contraindicated. Revocable at any time by (1) canceling or destroying document; (2) revocation in writing signed and dated; (3) verbal revocation in presence of 2 witnesses; (4) executing a subsequent power of attorney; (5) divorce if former spouse was attorney-in-fact. No civil, criminal, or professional liability for any physician if acting in good faith. No state-specific form provided by legislature. Provided as part of the Advance Health Care Directive. (Section 155.05). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: State-specific form provided by legislature provides the principal with a choice as to whether the Power of Attorney will be durable or non-durable. May also use basic forms in the book which are legally valid. (Section 243.07). Follow signature, witness, and notary requirements as noted on form.

Wyoming

State Website: <http://legisweb.state.wy.us/>

State Law Reference: Wyoming Statutes.

Living Will Form: Living Will Declaration (Section 35-22-403). This form is provided on the CD as part of the state-specific Advance Health Care Directive.

Other Directives: An organ donation form is provided on the CD as part of the state-specific Advance Health Care Directive under the Anatomical Gift Act (Section 35-5-102).

Living Will Effective: This Declaration becomes effective when two (2) physicians agree that you have a terminal condition from which there can be no recovery and your death is imminent. Not valid if pregnant. (Section 35-22-403).

Living Will/Advance Health Care Directive Witness Requirements: Sign in the presence of two (2) witnesses eighteen (18) years or older or a notary public. Witnesses cannot be entitled to any part of your estate or financially responsible for your medical care. A witness cannot be related to you by blood or marriage or be the person who signed the Declaration on your behalf. (Section 35-22-403).

Advance Health Care Directive: State-specific form is provided by legislature and is included on CD. (Section 35-22-403).

Health Care Power of Attorney: Agent may consent, refuse of consent, or withdraw of consent to any medical procedure, care, treatment, intervention, or nourishment by artificial means in the event of a terminal condition except for alleviation of pain and comfort care and consent to convulsive treatment, psychosurgery, or commitment to mental facility; does not affect health care treatment in an emergency. Principal's wishes if able to give informed consent take precedent over durable power of attorney. Revocable by (1) notifying attorney-in-fact in writing; (2) notifying health care provider in writing; (3) divorce if former spouse was attorney-in-fact; (4) a subsequent valid durable power of attorney for health care. No criminal, civil, or professional liability for any physician if acting in good faith. No state-specific form provided by legislature. Provided as part of the Advance Health Care Directive. (Section 35-22-406). Follow signature, witness, and notary requirements as noted on form.

Durable Financial Power of Attorney: No state-specific form provided by legislature. See the book for legally-valid power of attorney forms to use. (Section 3-5-101). Follow signature, witness, and notary requirements as noted on form.