



State of Ohio Living Will Declaration

**Provided by
Danny N. Crank
Butler County Recorder**

I, _____, presently residing at _____
First/Middle/Last Maiden Address
_____, _____, Ohio _____, was
City Zip Code
born on the _____ day of _____, _____, am married to

_____(or unmarried), (the “Declarant”), being of sound mind and not under or subject to duress, fraud or undue influence, intending to create a Living Will Declaration under Chapter 2133 of the Ohio Revised Code, as amended from time to time, do voluntarily make known my desire that my dying shall not be artificially prolonged. If I am unable to give directions regarding the use of life-sustaining treatment when I am in a terminal condition or a permanently unconscious state, it is my intention that this Living Will Declaration shall be honored by my family and physicians as the final expression of my right to refuse medical or surgical treatment. I am a competent adult who understands and accepts the consequences of such refusal and the purpose and effect of this document.

In the event I am in a terminal condition, I do hereby declare and direct that my attending physician shall:

1. Administer no life-sustaining treatment;
2. Withdraw such treatment if such treatment has commenced; and
3. Permit me to die naturally and provide me with only that care necessary to make me comfortable and to relieve my pain but not to postpone my death.

In the event I am in a permanently unconscious state, I do hereby declare and direct that my attending physician shall:

1. Administer no life-sustaining treatment, except for the provision of artificially or technically supplied nutrition or hydration unless, in the following paragraph, I have authorized its withholding or withdrawal;
2. Withdraw such treatment if such treatment has commenced; and
3. Permit me to die naturally and provide me with only that care necessary to make me comfortable and to relieve my pain but not to postpone my death.

I understand the purpose and effect of this document and sign my name to this Living Will Declaration after careful deliberation on _____ at _____, Ohio.

Declarant

THIS LIVING WILL DECLARATION WILL NOT BE VALID UNLESS IT IS EITHER (1) SIGNED BY TWO ELIGIBLE WITNESSES AS DEFINED BELOW WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE OR (2) ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

I attest that the Declarant signed or acknowledged this Living Will Declaration in my presence, and that the Declarant appears to be of sound mind and not under or subject to duress, fraud or undue influence. I further attest that I am not the attending physician of the Declarant, I am not the administrator of a nursing home in which the Declarant is receiving care, and that I am an adult not related to the Declarant by blood, marriage or adoption.

Signature: _____ Residence Address: _____
Print Name: _____
Date: _____

Signature: _____ Residence Address: _____
Print Name: _____
Date: _____

OR
ACKNOWLEDGMENT

State of Ohio

County of _____ ss:

On this the _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed to the above Living Will Declaration as the Declarant, and acknowledged that (s)he executed the same for the purposes expressed therein. I attest that the Declarant appears to be of sound mind and not under or subject to duress, fraud or undue influence.

My Commission

Expires: _____

Notary Public