

Tennessee Living Will

Tenn. Code Ann. § 32-11-105

I _____, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

If at any time I should have a terminal condition and my attending physician has determined there is no reasonable medical expectation of recovery and which, as a medical probability, will result in my death, regardless of the use or discontinuance of medical treatment implemented for the purpose of sustaining life, or the life process, I direct that medical care be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medications or the performance of any medical procedure deemed necessary to provide me with comfortable care or to alleviate pain.

ARTIFICIALLY PROVIDED NOURISHMENT AND FLUIDS:

By checking the appropriate line below, I specifically:

Authorize the withholding or withdrawal of artificially provided food, water or other nourishment or fluids.

DO NOT authorize the withholding or withdrawal of artificially provided food, water or other nourishment or fluids.

ORGAN DONOR CERTIFICATION:

Notwithstanding my previous declaration relative to the withholding or withdrawal of life-prolonging procedures, if as indicated below I have expressed my desire to donate my organs and/or tissues for transplantation, or any of them as specifically designated herein, I do direct my attending physician, if I have been determined dead according to Tennessee Code Annotated, § 68-3-501(b), to maintain me on artificial support systems only for the period of time required to maintain the viability of and to remove such organs and/or tissues.

By checking the appropriate line below, I specifically:

Desire to donate my organs and/or tissues for transplantation.

Desire to donate my _____ (Insert specific organs and/or tissues for transplantation)

DO NOT desire to donate my organs or tissues for transplantation.

In the absence of my ability to give directions regarding my medical care, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical care and accept the consequences of such refusal.

The definitions of terms used herein shall be as set forth in the Tennessee Right to Natural Death Act, Tennessee Code Annotated, § 32-11-103.

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

In acknowledgment whereof, I do hereinafter affix my signature on this the day of _____, 20_____.

Declarant

We, the subscribing witnesses hereto, are personally acquainted with and subscribe our names hereto at the request of the declarant, an adult, whom we believe to be of sound mind, fully aware of the action taken herein and its possible consequence.

We, the undersigned witnesses, further declare that we are not related to the declarant by blood or marriage; that we are not entitled to any portion of the estate of the declarant upon the declarant's decease under any will or codicil thereto presently existing or

by operation of law then existing; that we are not the attending physician, an employee of the attending physician or a health facility in which the declarant is a patient; and that we are not persons who, at the present time, have a claim against any portion of the estate of the declarant upon the declarant's death.

Witness

Witness

STATE OF TENNESSEE

COUNTY OF _____

Subscribed, sworn to and acknowledged before me by _____, the declarant, and subscribed and sworn to before me by _____ and _____, witnesses, this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

Tennessee Durable Power of Attorney for Healthcare

1. I, _____,
(name of principal)

of _____,
(address)

state and affirm that I have read the foregoing paragraphs concerning the legal consequences of my executing this document, and I do hereby appoint:

(name of attorney-in-fact)

of _____,
(address and telephone of attorney-in-fact)

as my attorney-in-fact to have the authority hereinafter set forth in order to express and carry out my specific and general instructions and desires with respect to medical treatment.

2) In the event the person I appoint above is unable, unwilling or unavailable to act as my healthcare agent, I hereby appoint:

(name of alternate attorney-in-fact)

of _____,
(address and telephone of alternate attorney-in-fact)

3) I have discussed my wishes with my attorney-in-fact and my alternate attorney-in-fact, and authorize him/her to make all and any healthcare decisions (as defined by Tennessee law) for me, including decisions to withhold or withdraw any form of life support. I expressly authorize my agent (and alternate agent) to make decisions for me about tube feeding and medication.

4) This power of attorney becomes effective when I can no longer make my own medical decisions and shall not be affected by my subsequent disability or incompetence. The determination of whether I can make my own medical decisions is to be made by my attorney-in-fact, or if he or she is unable, unwilling or unavailable to act, by my alternate attorney-in-fact.

IN WITNESS WHEREOF, I have set my hand this _____ day of _____, 20_____.

(signature of principal)

I declare under penalty of perjury under the laws of Tennessee that the person who signed this document is personally known to me to be the principal; that the principal signed this durable power of attorney in my presence; that the principal appears to be of sound mind and under no duress, fraud or undue influence; that I am not the person appointed as attorney-in-fact by this document; that I am not a healthcare provider, an employee of a healthcare provider, the operator of a healthcare institution nor an employee of an operator of a healthcare institution; that I am not related to the principal by blood, marriage, or adoption; that, to the best of my knowledge, I do not at the present time, have a claim against any portion of the estate of the principal upon his death; and, that, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will or codicil thereto now existing, or by operation of law.

First witness' signature: _____

Printed name: _____

Address: _____

Second witness' signature: _____

Printed name: _____

Address: _____

Subscribed, sworn to and acknowledged before me by _____, the declarant,
and subscribed and sworn to before me by _____ and _____
_____, witnesses, this _____ day of _____, 20_____.

(notary public)

HALT 

**AN ORGANIZATION OF
AMERICANS FOR LEGAL REFORM**

Email: HALT@HALT.org

Phone: 1-888-FOR-HALT

www.halt.org

(202) 887-8255

Fax: (202) 887-9699

1612 K Street, NW Suite 510

Washington, DC 20006