

AMERICANS UNITED



Living Will

For:

Subtitle:
Information provided by
Americans United Benefit Group

WHAT IS A LIVING WILL

Heading:

What Is a Living Will?

A Living Will, also known as an Advance Healthcare Directive, is a legal document that clearly states your preferences for medical treatment if you become seriously ill, injured, or incapacitated and can no longer communicate your decisions.

It provides instructions to doctors and family members regarding life-sustaining treatments such as:

- Artificial ventilation / life support
- Feeding tubes (artificial nutrition and hydration)
- CPR and resuscitation
- Pain management and comfort care
- Other aggressive treatments

Why a Living Will Is Important

- Ensures **your personal values and dignity** are respected
- Prevents confusion, arguments, and guilt among family members
- Gives doctors clear guidance during stressful situations
- Reduces the chance of receiving unwanted treatments or prolonged suffering
- Provides peace of mind knowing your wishes are documented in advance

How a Living Will Differs from a Traditional Will

- A **Traditional Will** takes effect **after death** and handles distribution of your assets and property.
 - A **Living Will** takes effect **while you are still alive** but unable to speak for yourself.
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Why It's Important:

- Ensures your wishes are followed
- Prevents confusion and family disputes
- Gives clear direction to doctors and loved ones
- Protects your dignity and personal values

Key Information & Next Steps

Common Myths vs. Facts

Myth: Only elderly or terminally ill people need a Living Will. **Fact:** Anyone 18 years or older can face unexpected accidents or illnesses.

Myth: A Living Will means doctors will withhold all treatment. **Fact:** You decide exactly what level of care you want — full treatment, limited treatment, or comfort care only.

Myth: My family will automatically know what I want. **Fact:** Without written instructions, loved ones may disagree or make decisions based on emotion rather than your wishes.

Myth: Once signed, a Living Will cannot be changed. **Fact:** You can revise or revoke it at any time while you are mentally competent.

Why State-Specific Forms Are Essential Laws regarding Living Wills and Advance Directives vary significantly by state. A generic or out-of-state form may not be legally valid where you live. Always use a document that complies with **your state's laws**.

Prepare Ahead – Common Questions You'll Answer

- Do you want life support if recovery is unlikely?
- Would you want artificial nutrition and hydration?
- Who do you trust most to make medical decisions for you?
- What are your wishes regarding pain management and comfort care?
- Are there religious, spiritual, or personal values that should guide your care?

Recommended Free Resources

- **Ethos Life** – Free online Will & Advance Directive tools (with eligible policies): www.ethos.com/get-a-free-will
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- Your Ethos Agency: Americans United Benefit Group:

<https://agents.ethoslife.com/invite/f1c2e>

Contact us for guidance on the best state-specific option for your situation.

Take Action Today Protect your wishes and give your family clarity.

Americans United Benefit Group Phone: 229-300-3036 info

This guide is for educational purposes only and is not a substitute for professional legal or financial advice.

DECLARATION LIVING WILL (example)

Declaration of Intent

I / We, _____,
being of sound mind, do hereby declare this to be my/our Living Will.

If I am unable to make or communicate decisions regarding my care, I direct that the following instructions be followed:

Medical Treatment Preferences:

Life Support:

- Continue all life-sustaining treatment
 - Do not continue if recovery is unlikely
-

Artificial Nutrition & Hydration:

- Provide
 - Do not provide
-

Pain Management:

- Comfort care only
 - Full medical treatment
-
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PRINCIPALS & BENEFICIARIES

Heading:

Designated Decision Makers

Primary Decision Maker:

Name: _____

Phone: _____

Secondary Decision Maker:

Name: _____

Phone: _____

Beneficiaries & Distribution

I direct that my assets be distributed as follows:

Name: _____ % _____

Name: _____ % _____

Name: _____ % _____

Name: _____ % _____

SIGNATURE & NOTARY

Heading:

Execution of Document

I declare that this document reflects my wishes and has been completed voluntarily.

Signature: _____

Date: _____

Printed Name: _____

Witness #1: _____

Witness #2: _____

Notary Public:

State of _____

County of _____

Subscribed and sworn before me on this _____ day of _____, 20

Notary Signature: _____

Seal: