Ohio Living Will Template

Your Ohio Living Will outlines your wishes regarding medical treatment in the event you become unable to communicate your decisions. This document is in compliance with Ohio Revised Code Chapter 2133.

Executor Information:

- **Full Name:** _____
- **Address:** _____
- **Phone Number:** _____

Declarant Information:

- **Full Name:** _____
- **Address:** _____
- **Date of Birth:** _____

Statement of Intent:

If I become unable to make my own decisions regarding medical treatment, I declare that I do not wish to receive the following:

- Life-sustaining treatments that serve only to prolong the dying process
- Artificial nutrition and hydration
- Other specific treatments: _____

Conditions for Implementation:

This living will takes effect when I am diagnosed with a terminal condition, or when I am in a state of permanent unconsciousness, as determined by my attending physician.

Signature:

- **Declarant Signature:** _____
- **Date:** _____

Witness Signatures:

1. **Witness 1 Name:** _____ **Signature:** _____
2. **Witness 2 Name:** _____ **Signature:** _____

This living will reflects my wishes regarding medical care, and I sign it freely and voluntarily.