

# ARIZONA REALTY AND LAW

## END OF LIFE CARE

### My specific desires about autopsy:

*NOTE: Under Arizona law, an autopsy is not required unless the county medical examiner, the county attorney, or a superior court judge orders it to be performed. Initial or put a check mark by one of the following choices.*

\_\_\_\_\_ Upon my death I DO NOT consent to (want) an autopsy.

\_\_\_\_\_ Upon my death I DO consent to (want) an autopsy.

\_\_\_\_\_ My representative may give or refuse consent for an autopsy.

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### My specific desires about organ donation: (“anatomical gift”)

*NOTE: Under Arizona law, you may donate all or part of your body. If you do not make a choice, your representative or family can make the decision when you die. You may indicate which organs or tissues you want to donate and where you want them donated. Initial or put a check mark by A or B below. If you select B, continue with your choices.*

\_\_\_\_\_ A. I DO NOT WANT to make an organ or tissue donation, and I do not want this donation authorized on my behalf by my representative or my family.

\_\_\_\_\_ B. I DO WANT to make an organ or tissue donation when I die. Here are my directions:

1. What organs/tissues I choose to donate: (Select a or b below)

\_\_\_\_\_ a. Any needed parts or organs.

\_\_\_\_\_ b. These parts or organs:

2. What purposes I donate organs/tissues for: (Select a, b, or c below)

\_\_\_\_\_ a. Any legally authorized purpose (transplantation, therapy, medical and dental evaluation and research, and/or advancement of medical and dental science).

\_\_\_\_\_ b. Transplant or therapeutic purposes only.

\_\_\_\_\_ c. Other: \_\_\_\_\_

3. What organization or person I want my parts or organs to go to:

\_\_\_\_\_ a. I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution:

\_\_\_\_\_

\_\_\_\_\_ b. I would like my tissues or organs to go to the following individual or institution:

\_\_\_\_\_

\_\_\_\_\_ c. I authorize my representative to make this decision.

**Funeral and Burial Disposition: (Optional)**

My agent has authority to carry out all matters relating to my funeral and burial disposition wishes in accordance with this power of attorney, which is effective upon my death. My wishes are reflected below:

Initial or put a check mark by those choices you wish to select.

\_\_\_\_\_ Upon my death, I direct my body to be buried. (Not cremated)

\_\_\_\_\_ Upon my death, I direct my body to be buried in: \_\_\_\_\_.

\_\_\_\_\_ Upon my death, I direct my body to be cremated.

\_\_\_\_\_ Upon my death, I direct my body to be cremated with my ashes to be: My agent will make all disposition decisions..

\_\_\_\_\_ My agent will make all funeral and burial disposition decisions.

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**My decisions about End of Life Care:**

*NOTE: Here are some general statements about choices you have as to health care you want at the end of your life. They are listed in the order provided by Arizona law. **You can initial any combination of paragraphs A, B, C, and D. If you initial Paragraph E, do not initial any other paragraphs.** Read all of the statements carefully before initialing to indicate your choice*

\_\_\_\_\_ A. Comfort Care Only: If I have a terminal condition I do not want my life to be prolonged, and I do not want life sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death. (NOTE: “Comfort care” means treatment in an attempt to protect and enhance the quality of life without artificially prolonging life.)

\_\_\_\_\_ B. Specific Limitations on Medical Treatments I Want: (NOTE: Initial or mark one or more choices, talk to your doctor about your choices.) If I have a terminal condition, or am in an irreversible coma or a persistent vegetative state that my doctors reasonably believe to be irreversible or incurable, I do want the medical treatment necessary to provide care that would keep me comfortable, but I do **not** want the following:

\_\_\_\_\_ 1.) Cardiopulmonary resuscitation, for example, the use of drugs, electric shock, and artificial breathing.

\_\_\_\_\_ 2.) Artificially administered food and fluids.

\_\_\_\_\_ 3.) To be taken to a hospital if it is at all avoidable.

\_\_\_\_\_ C. Pregnancy: Regardless of any other directions I have given in this Living Will, if I am known to be pregnant I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

\_\_\_\_\_ D. Treatment Until My Medical Condition is Reasonably Known: Regardless of the directions I have made in this Living Will, I do want the use of all medical care necessary to treat my condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable, or I am in a persistent vegetative state.

\_\_\_\_\_ E. Direction to Prolong My Life: I want my life to be prolonged to the greatest extent possible

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**Other Statements Or Wishes I Want Followed For End of Life Care:**

*NOTE: You can attach additional provisions or limitations on medical care that have not been included in this Living Will form.*

Initial or put a check mark by box A or B below. Be sure to include the attachment if you check B.

\_\_\_\_\_ A. I have not attached additional special provisions or limitations about End of Life Care I want.

\_\_\_\_\_ B. I have attached additional special provisions or limitations about End of Life Care I want.