Nebraska: Living Will

NOTE: This form is being provided to you as a public service. The attached forms are provided “as is” and are not the substitute for the advice of an attorney. By providing these forms and information, Everplans is not providing legal advice to you. Consult an attorney if you need legal advice of any nature.

Read more and get more forms at Everplans’ Advance Directive page.
LIVING WILL DECLARATION

If I, ________________________________, should lapse into a persistent vegetative state or have an incurable and irreversible condition, that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time AND I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Rights of the Terminally Ill Act, to withhold or withdraw life-sustaining treatment that is not necessary for my comfort or to alleviate pain.

You may list specific life sustaining treatments you do not want such as cardiac resuscitation, mechanical respiration (i.e. breathing machine) and artificial feeding/fluids by tube. Otherwise, your general statement, above, will stand for your wishes.

I especially do not want: __________________________________________________________
                                                                                     __________________________________________________________
                                                                                     __________________________________________________________

You may want to add instructions or care you do want – for example, pain medication; or that you prefer to die at home, if possible.

Other instructions/comments _________________________________________________________
                                                                                     __________________________________________________________
                                                                                     __________________________________________________________

Signature __________________________ Date __________________

Address __________________________ City __________________ State ____________

THIS DOCUMENT MUST BE SIGNED BY TWO WITNESSES OR A NOTARY PUBLIC

The declarant voluntarily signed this writing in my presence.

Witnessed by: __________________________ Address __________________________
Date __________________________ City/State __________________

Witnessed by: __________________________ Address __________________________
Date __________________________ City/State __________________

--- OR ---

STATE OF NEBRASKA )
ss. The declarant voluntarily signed this document in my presence on this _____ day of _____________, 20___.
COUNTY of ___________ )

_____________________________________ Notary Public