

# Alaska Living Will Declaration

*Alaska Stat. § 13.52.010*

If I should have an incurable or irreversible condition that will cause my death within a relatively short time, it is my desire that my life not be prolonged by administration of life-sustaining procedures. If my condition is terminal and I am unable to participate in decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain.

I ( \_\_\_ ) do ( \_\_\_ ) do not desire that nutrition or hydration (food and water) be provided by gastric tube or intravenously if necessary. Notwithstanding the other provisions of this declaration, if I have donated an organ under this declaration or by another method, and if I am in a hospital when a do not resuscitate order is to be implemented for me, I do not want the do not resuscitate order to take effect until the donated organ can be evaluated to determine if the organ is suitable for donation.

Signed this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Place

If another person is to sign for the declarant at the declarant's direction, the person signing for the declarant must sign in the presence of two persons or a person who is qualified to take acknowledgments under *AS 09.63.010* . The witness form below may be used for the two witnesses. The acknowledgement form below may be used for the person qualified to take acknowledgements.

## WITNESS FORM

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

State of: \_\_\_\_\_

Judicial District: \_\_\_\_\_

## ACKNOWLEDGEMENT FORM

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date) by \_\_\_\_\_ (name of person who acknowledged).

\_\_\_\_\_  
Signature of Person Taking Acknowledgement

\_\_\_\_\_  
Title or Rank

\_\_\_\_\_  
Serial Number, if any.

# Alaska Durable Power of Attorney for Healthcare

THE POWERS GRANTED FROM THE PRINCIPAL TO THE AGENT OR AGENTS IN THE FOLLOWING DOCUMENT ARE LIMITED TO THE POWER TO MAKE YOUR HEALTH CARE DECISIONS . THE FOLLOWING DOCUMENT SHOULD ONLY BE USED AFTER CAREFUL C O N S I D E R A T I O N . IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT, YOU SHOULD SEEK COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME.

Pursuant to AS 13.26.338 - 13.26.353, I, \_\_\_\_\_,

(name)

of \_\_\_\_\_,

(address)

do hereby appoint \_\_\_\_\_,

(name of attorney-in-fact)

of \_\_\_\_\_,

(address of attorney-in-fact)

my attorney-in-fact to act concerning my healthcare services in my name, place, and stead in any way which I myself could do, if I were personally present, with respect to the following matters, as defined in AS 13.26.344, to the full extent that I am permitted by law to act through an agent.

If the agent named above is unable or unwilling to serve, then I appoint the following agent(s) to serve with the same powers (optional):

\_\_\_\_\_  
(name of first alternate or successor attorney-in-fact)

\_\_\_\_\_  
(address of first alternate or successor attorney-in-fact)

\_\_\_\_\_  
(name of second alternate or successor attorney-in-fact)

\_\_\_\_\_  
(address of second alternate or successor attorney-in-fact)

This document shall become effective upon the date of my disability and shall not otherwise be affected by my disability.

## NOTICE TO THIRD PARTIES

A third party who relies on the reasonable representations of an attorney-in-fact as to a matter relating to a power granted by a properly executed statutory power of attorney does not incur any liability to the principal or to the principal's heirs, assigns or estate as a result of permitting the attorney-in-fact to exercise the authority granted by the power of attorney. A third party who fails to honor a properly executed statutory form power of attorney may be liable to the principal, the attorney-in-fact, the principal's heirs, assigns, or estate for a civil penalty, plus damages, costs, and fees associated with the failure to comply with the statutory form power of attorney. If the power of attorney is one which becomes effective upon the disability of the principal, the disability of the principal is established by an affidavit, as required by law.

## EXECUTION OF LIVING WILL

I have executed a separate declaration under AS 18.12, known as a "Living Will."

I have not executed a "Living Will."

## APPOINTMENT OF GUARDIAN OR CONSERVATOR

In the event that a court decides that it is necessary to appoint a guardian or conservator for me, I hereby nominate

\_\_\_\_\_  
(name of conservator)

\_\_\_\_\_  
(address of conservator)

to be considered by the court for appointment to serve as my guardian or conservator, or in any similar representative capacity. (§ 1 ch 109 SLA 1988)

IN WITNESS WHEREOF, I have hereunto signed my name this \_\_\_\_\_ day  
(day)  
of \_\_\_\_\_, \_\_\_\_\_  
(month) (year)

\_\_\_\_\_  
(signature of principal)

Subscribed and sworn to or affirmed before me at \_\_\_\_\_  
on \_\_\_\_\_.

\_\_\_\_\_  
(signature of officer or notary)

**HALT** 

**AN ORGANIZATION OF  
AMERICANS FOR LEGAL REFORM**

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