

## ALASKA LIVING WILL DECLARATION

I, \_\_\_\_\_, do not want a living will.

I, \_\_\_\_\_, do want a living will.

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 I (    ) 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.

Other directions:

---

OPTIONAL: In the event of my death, I donate the following part(s) of my body for the purposes identified in AS 13.50.020:

\_\_\_ any needed tissue or organ.

\_\_\_ only the following tissues and/or organs:

Tissues:

\_\_\_ eyes/corneas

\_\_\_ bone and connective tissue

\_\_\_ skin grafts

\_\_\_ heart for valves

\_\_\_ additional research tissue \_\_\_\_\_

Organs:

\_\_\_ kidneys

\_\_\_ heart

\_\_\_ lungs

\_\_\_ liver

\_\_\_ pancreas.

Limitations or special wishes:

---



THIS DECLARATION MUST SIGNED BY THE DECLARANT. IF THE DECLARANT CANNOT SIGN AND DIRECTS THAT ANOTHER PERSON SIGN ON THE DECLARANT'S BEHALF, THE SIGNATURE MUST EITHER BE WITNESSED BY TWO PERSONS OR ACKNOWLEDGED BY A PERSON QUALIFIED TO TAKE ACKNOWLEDGMENTS UNDER AS 09.63.010.

Date: \_\_\_\_\_ Declarant's Signature: \_\_\_\_\_

Place signed \_\_\_\_\_ Alaska

The foregoing instrument was acknowledged before me this day of \_\_\_\_\_, 20\_\_

by \_\_\_\_\_

Signature of Person Taking Acknowledgment and Title or Rank

OR

The declarant is known to me and voluntarily directed another to sign this document in my presence.

Signature and Address of Witness: \_\_\_\_\_

Signature and Address of Witness: \_\_\_\_\_

Use translation clause below if necessary. A physician or health care provider may presume, in the absence of actual notice to the contrary, that this declaration complies with A.S. 18.12.010 and is valid.

**TRANSLATION CLAUSE** (if needed)

I certify that I have translated the provisions of the foregoing Living Will Declaration from the English language to the \_\_\_\_\_ language to the best of my ability.

\_\_\_\_\_  
Translator

### ALASKA POWER OF ATTORNEY

A person who wishes to designate another as attorney-in-fact or agent by a power of attorney may execute a statutory power of attorney set out in substantially the following form:

I ( ) do not want to name a power of attorney.

I ( ) do want to name a power of attorney, and hereby revoke any prior powers of attorney.

The powers granted from the principal to the agent or agents in the following document are very broad. They may include the power to dispose, sell, convey, and encumber your real and personal property, and the power to make your health care decisions. Accordingly, the following document should only be used after careful consideration. If you have any questions about this document, you should seek competent advice. Pursuant to A.S.13.26.338 - 13.26.353, you may revoke this power of attorney at any time.

Section 1. I, \_\_\_\_\_, of \_\_\_\_\_  
 (Name of principal) (Address of principal)

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

(Name and address of agent or agents)

as my attorney(s)-in-fact to act as I have checked below 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 each of them is defined in AS 13.26.344, to the full extent that I am permitted by law to act through an agent:

Section 2. The agent or agents you have appointed will have all the powers listed below UNLESS you draw a line through a category; AND initial the space before that category.

- \_\_\_\_\_ (A) Real estate transactions
- \_\_\_\_\_ (B) Transactions involving tangible personal property, chattels, and goods
- \_\_\_\_\_ (C) Bonds, shares, and commodities transactions
- \_\_\_\_\_ (D) Banking transactions
- \_\_\_\_\_ (E) Business operating transactions
- \_\_\_\_\_ (F) Insurance transactions
- \_\_\_\_\_ (G) Estate transactions
- \_\_\_\_\_ (H) Gift transactions
- \_\_\_\_\_ (I) Claims and litigation
- \_\_\_\_\_ (J) Personal relationships and affairs
- \_\_\_\_\_ (K) Benefits from government programs and military service
- \_\_\_\_\_ (L) Health care services
- \_\_\_\_\_ (M) Records, reports, and statements
- \_\_\_\_\_ (N) Delegation
- \_\_\_\_\_ (O) All other matters, including those specified as follows:

\_\_\_\_\_

Section 3. If you have appointed more than one agent, check one of the following:

Each agent may exercise the powers conferred separately, without the consent of any other agent.

All agents shall exercise the powers conferred jointly, with the consent of all other agents.

### **DURABLE POWER OF ATTORNEY OPTIONS**

(Sections 4, 5 and 6 allow you to choose whether or not you want this to be a durable power of attorney and when you want it to go into effect.)

Section 4. To indicate when this document shall become effective, check one of the following:

This document shall become effective upon the date of my signature.

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

Section 5. If you have indicated that this document shall become effective on the date of your signature check one of the following:

This document shall not be affected by my subsequent disability.

This document shall be revoked by my subsequent disability.

(If you want this to be a durable power of attorney do not limit the term of this document in Section 6.)

Section 6. If you have indicated that this document shall become effective upon the date of your signature and want to limit the term of this document, complete the following:

This document shall only continue in effect for \_\_\_\_\_(\_\_\_\_) years from the date of my signature.

Section 7. Notice of revocation of the powers granted in this document.

You may revoke one or more of the powers granted in this document. Unless otherwise provided in this document, you may revoke a specific power granted in this power of attorney by completing a special power of attorney that includes the specific power in this document that you want to revoke. Unless otherwise provided in this document, you may revoke all the powers granted in this power of attorney by completing a subsequent power of attorney.

### **Additional Provisions**

Each of the following provisions may be included in a statutory form power of attorney:

Section 8. If you have given the agent authority regarding health care services under Section 2 subdivision (L), complete the following:

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

I have not executed a separate "Living Will."

I have executed a separate declaration under AS 47.30.950 -- 47.30.980 regarding mental health treatment. If I have appointed an attorney-in-fact under AS 47.30.950 –

47.30.980, I authorize that attorney-in-fact and the attorney-in-fact whom I have appointed in this document to serve

\_\_\_\_\_ jointly with the consent of each other as to my mental health treatment

\_\_\_\_\_ separately without each other's consent as to my mental health treatment.

\_\_\_\_\_ I have not executed a separate declaration under AS 47.30.950 --47.30.980.

Section 9. You may designate an alternate attorney-in-fact. Any alternate you designate will be able to exercise the same powers as the agent(s) you named at the beginning of this document. If you wish to designate an alternate or alternates, complete the following: If the agent(s) named at the beginning of this document is unable or unwilling to serve or continue to serve, then I appoint the following agent to serve with the same powers:

First alternate or successor attorney-in-fact

---

(Name and address of alternate)

Second alternate or successor attorney-in-fact

---

(Name and address of alternate)

Section 10. You may nominate a guardian or conservator. If you wish to nominate a guardian or conservator, complete the following:

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

---

to be considered (Name and address of person nominated) by the court for appointment to serve as my guardian or conservator, or in any similar representative capacity.

Section 11. 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 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.



In Witness Whereof, I have hereunto signed my name this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of principal)

STATE OF ALASKA                    )  
  ) ss.

JUDICIAL DISTRICT \_\_\_\_\_ )

Acknowledged before me at \_\_\_\_\_ on the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of officer or notary.                    Serial number, if any;

Date commission expires: \_\_\_\_\_

**TRANSLATION CLAUSE (if needed)**

I certify that I have translated the provisions of the foregoing Power of Attorney from the English language to the \_\_\_\_\_ language to the best of my ability.

\_\_\_\_\_  
Translator