

Addendum to Living Will (if any) Dated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This Living Will is intended to "Broaden Rights" rather than limit rights as provided in Statutes.

**LIVING WILL: Declaration Relating to Alzheimer's Disease (AD)**

I, \_\_\_\_\_ of the City of \_\_\_\_\_,  
County / Region of \_\_\_\_\_, State / Province of \_\_\_\_\_,  
Country of \_\_\_\_\_, do willfully and voluntarily make known,  
that my dying not be prolonged under the circumstances set forth below.

- **Whereas** Alzheimer's Disease is a **Progressive** and **Degenerative** brain disease.
- **Whereas** Alzheimer's Disease is **Terminal**.
- **Whereas** it is a medical fact that the brain is central to human beings potential for quality of life.
- **Whereas** I know that Alzheimer's Disease cannot be absolutely determined without an autopsy.
- **Whereas** I accept the known medical and psychiatric assessments to determine whether or not I have Alzheimer's Disease; absolute assurance not required.
- **Whereas** the **Progression** and **Degeneration** is predictable per the medically accepted Global Deterioration Scale for Assessment of Primary Degenerative Dementia. Reprinted with permission from the *American Journal of Psychiatry* (Copyright 1982). American Psychiatry Association.
- **Whereas** the Sixth and Seventh Stages are defined as follows:

**Sixth – Severe cognitive decline (Middle Dementia)**

May occasionally forget the name of the spouse upon whom they are entirely dependent for survival. Will be largely unaware of all recent events and experiences in their lives. Retain some knowledge of their past lives but this is very sketchy. Generally unaware of their surroundings, the year, the season, etc. May have difficulty counting from 10, both backward and, sometimes, forward. Will require some assistance with activities of daily living, e.g., may become incontinent, will require travel assistance but occasionally will be able to travel to familiar locations. Diurnal rhythm frequently disturbed. Almost always recall their own name. Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment. Personality and emotional changes occur. These are quite variable and include: (a) delusional behavior, e.g., patients may accuse their spouse of being an impostor, may talk to imaginary figures in the environment, or to their own reflection in the mirror; (b) obsessive symptoms, e.g., person may continually repeat simple cleaning activities; (c) anxiety symptoms, agitation, and even previously nonexistent violent behavior may occur; (d) cognitive abulia, i.e., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action.

**Re: LIVING WILL: Declaration Relating to Alzheimer's Disease (AD)**

I designate (Print) \_\_\_\_\_ to make the treatment decisions for me. If for any reason (Print) \_\_\_\_\_ is unwilling or unable to make the decisions for me, I designate (Print) \_\_\_\_\_ to serve as alternate.

I understand the full import of this declaration, and am emotionally and mentally competent to make it.

\_\_\_\_\_  
**Signature of Declarant**

\_\_\_\_\_  
**Address of Declarant**

The **Declarant** is known to us, and we believe \_\_\_\_\_ to be of sound mind.

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

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

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

I Hereby Certify that on this day, before me, the undersigned authority, personally appeared \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification, and who executed the foregoing instrument, and he/she acknowledges before me that he/she executed the same freely and voluntarily for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public – State / Province of \_\_\_\_\_

Printed Name:

My Commission Expires:

My Commission Number is: