Advanced Health Care Directive (Living Will & Power of Attorney for Health Care)

Free form. Use this form to appoint a trusted person to make health and end-of-life decisions for you when you cannot, and to set out your wishes in such circumstances.

Use the DOCX (Microsoft Word) if you need to make changes to the form before filling it out, such as adding additional room for legal description, additional names of signatories, or additional details. Be aware that changing the language may make this form unenforceable, because it contains specific language required by California Probate Code Section 4701.

Disclaimer!

These forms have been adapted from California statutes and highly-regarded practice guides to fit common situations. The law librarians have attempted to provide instructions, definitions, and examples to assist non-lawyers in understanding the purpose of the form, and what type of information to include when filling it out.

However, only lawyers (attorneys) can advise you of the correct forms for your particular situation, and what specific information to include on your forms.

It is your responsibility to determine whether this form is suited to your needs. If you have questions about what form to use, or how to fill them out, visit your local law library to do your own legal research, or consult a lawyer.