VIRGINIA LIVING WILL — TREATMENT INSTRUCTIONS

I, **Morgan Rowan**, born September 12, 1974, of 100 Example Lane, Richmond, VA, make these choices voluntarily while I can understand them. Intended date of paper signing: 2026-11-03. The date on the signature line records actual execution.

This declaration states treatment wishes only. It does not appoint an agent.

When someone else can decide

My choices control while I can make the decision. A diagnosis or difficulty speaking by itself is not incapacity. For decisions made for me under Virginia law, my attending physician must examine me personally and certify incapacity in writing. Ordinarily a qualified physician or clinical psychologist must also examine me and certify in writing; that reviewer must be independent of treatment unless an independent reviewer is not reasonably available. The second certification is unnecessary if I am unconscious or my consciousness is profoundly impaired by trauma, stroke or another acute physiological condition. Assess the particular decision and renew certifications at least every 180 days while the need for care continues. Notify me to the extent I can receive notice and notify my agent or other authorized decision maker. A physician who personally evaluates me can record in writing that I can decide again. A request for help now does not give anyone control while I can decide. This form does not grant the separate mental health admission authority under Virginia Code § 54.1-2983.2(C).

2. Declaration of Conditions and Wishes

Treatment choices. A blank or unselected item states no preference on that item. It is not consent, refusal or a medical order. Where a specific instruction applies, it takes priority over a general goal. A choice about ventilation does not choose CPR for me.

Overall philosophy. No specific instruction.

Selected conditions. My instructions concern the following conditions:

- **Terminal condition** — an incurable and irreversible illness or injury from which, in the opinion of my attending physician, death is expected within a relatively short time without the use of life-sustaining treatment.

3. Specific Treatment Instructions

Artificial Nutrition and Hydration (feeding tubes, IV fluids) — initial _____. No specific instruction.

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Cardiopulmonary Resuscitation (CPR). No specific instruction.

Mechanical Ventilation. No specific instruction.

Dialysis. No specific instruction.

Antibiotics. No specific instruction.

Blood Transfusions. No specific instruction.

Emergency care and travel. These are personal instructions, not an emergency medical order. Review emergency orders with an authorized clinician for the setting where I receive care. When I travel or transfer, my care team should check the destination's requirements.

4. Pregnancy

No specific instruction.

8. Preferred Setting for Care

I express no specific preference regarding care setting; decisions shall be made based on the circumstances.

Change or revocation

While I understand the nature and consequences, I may revoke all or part by a signed, dated writing, by oral expression, or by cancelling or destroying the document myself or through someone acting in my presence and at my direction. Tell my attending physician: an ordinary revocation takes effect when communicated to that physician. Nonconflicting provisions survive a partial revocation. A filing for divorce or annulment between me and my agent, or a filing for custody or visitation of our child, revokes that agent's authority. If filed in the Virginia registry, submit a notarized revocation for removal; missing that registry step does not invalidate an otherwise effective revocation.

Signing in Virginia

Sign this paper in the presence of two subscribing witnesses. Both must be over 18. A spouse or blood relative may witness, and a good-faith employee of a health care facility or physician's office may

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witness. A notary alone does not replace the two witnesses. Notify the attending physician and give a copy to the agent. Outside Virginia the law of the place of care may affect how the directive is used.

Declarant

PRINTED NAME

SIGNATURE

DATE

Each of us saw the declarant sign this advance directive and now signs as a witness.

First subscribing witness

PRINTED NAME

SIGNATURE

DATE

Second subscribing witness

PRINTED NAME

SIGNATURE

DATE

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