LIVING WILL

OF

Luke James Skywalker

(August 23, 2025)



LAW OFFICES

MCINTYRE ELDER LAW

233 E. Graham Street
Shelby, North Carolina 28150

(888) 999-6600

Living Will
of
CLIENT NAME

1. I, Luke James Skywalker, of Anytown, North Carolina, willfully and voluntarily declare and direct that if my death becomes imminent, I am in a permanent vegetative state, or I have a terminal illness or incurable condition, that my dying not be artificially prolonged under the guidelines described below.

Guidelines for the Cessation of
Life-Prolonging Procedures

1. If at any time my medical condition becomes irreversible and terminal, I direct that all life-prolonging procedures be withheld or withdrawn. I also direct that life-prolonging procedures be withheld or withdrawn if I am in a permanent vegetative state, or have a terminal illness or an incurable condition, and am therefore unable to experience a meaningful life.
2. For this declaration to take effect, my attending physician must determine that there can be no recovery from my terminal condition or vegetative state, and that either my death is imminent or I can no longer experience a meaningful life.
3. Life-prolonging procedures means those procedures that would only serve to artificially prolong the dying process, including, but not limited to, nutrition and hydration administered by invasive procedures; antibiotics; respirators, pacemakers, renal dialysis, or any other mechanical devices designed to assist the functioning of organs; transfusion of blood and blood products; and in the event of cardiac or cardiopulmonary arrest, resuscitative procedures.
4. Notwithstanding any other provisions of this Living Will, and without limiting those other provisions, if I suffer from a persistent vegetative state, I specifically refuse any treatment (including, but not limited to life-prolonging procedures) that is not directed at alleviating specifically, and with high probability of success, the underlying condition causing the persistent vegetative state.
5. I wish to die naturally, with only the administration of medication or the performance of any medical procedures deemed necessary to provide me with comfort and care or to alleviate pain, even though they may shorten my remaining life.

Statement of My Intent

1. In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intent that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of such refusal.
2. This declaration is made after careful consideration and is in accordance with my strong convictions and beliefs. I want my wishes and directions as expressed in this declaration to be carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that my family, my physician, the courts, and all others who may be involved in such decision-making will regard themselves as morally bound by this declaration.

Authorization of Surrogate

1. If I have named a surrogate for health care decisions, or appointed an agent pursuant to a power of attorney to make health care decisions for me, he or she may provide consent for withholding or withdrawing life-prolonging procedures according to my wishes.

Release of Liability

1. I hereby release and hold harmless any person who, in good faith, terminates life-prolonging procedures in accordance with the guidelines in this declaration.
2. I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.
3. Dated: August 23, 2025
4.
5. **Luke James Skywalker**
6. STATE OF NORTH CAROLINA )
7. ) ss.:
8. COUNTY OF CLEVELAND )
9. I certify that the following person personally appeared before me this day, acknowledging to me that s/he signed the foregoing document: Luke James Skywalker.
10. Date: August 23, 2025
11. [Seal]
12.
13. Mindy K. Porter, Notary Public
14. My commission expires 3/18/2029

Declaration of Witnesses

1. We, the undersigned witnesses, declare that the foregoing instrument was signed by CLIENT NAME in our presence. We further declare that we are not related to CLIENT NAME by blood, marriage, or adoption, or an heir to his/her estate, or responsible for paying his/her health care costs. CLIENT NAME is known to us, and we believe him/her to be of sound mind.
2.
3. **Alexandria Porter, Witness Ashley Melton, Witness**
4. 233 East Graham Street 233 East Graham Street
5. Shelby, North Carolina 28150 Shelby, North Carolina 28150
6. STATE OF NORTH CAROLINA )
7. ) ss.:
8. COUNTY OF CLEVELAND )
9. I certify that the following persons personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: Alexandria Porter and Ashley Melton.
10. Date: August 23, 2025
11. [Seal]
12.
13. Mindy K. Porter, Notary Public
14. My commission expires 3/18/2029

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