

LIVING WILL

Declaration made this ____ day of _____, 20 ____, I, _____

Willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am mentally or physically incapacitated and;

____ (initial) I have a terminal condition,

Or ____ (initial) I have an end-stage condition,

Or ____ (initial) I am in persistent vegetative state.

Also if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I do ____, I do not ____ desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of such refusal.

In the event I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name _____

Street Address _____

City _____ State ____ Zip _____ Phone _____

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

Additional Instructions (optional): _____

(Signed) _____

Witness _____ Witness _____

Address _____ Address _____

City _____ State ____ City _____ State ____

Zip _____ Phone _____ Zip _____ Phone _____

At least one witness must not be a spouse or a blood relative of the principal.