

LIVING WILL

DECLARATION

This declaration is made this _____ day of _____. I _____ being of sound mind, willfully and voluntarily make known my desires that my moment of death shall not be artificially postponed.

If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me and has determined that my death is imminent except for death delaying procedures, I direct that such procedures, which would only prolong the dying process be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary by me attending physician to provide me with comfort care.

If at any time I should collapse into a vegetative state or coma diagnosed irreversible by my attending physician and a consulting neurologist, and it has been determined that my death is imminent except for death-delaying procedures, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary to provide me with comfort care.

If I should be living at home or in a residential facility when my injury or illness is judged by my physician to be terminal and my death imminent, I direct that death-delaying procedures be withheld or administration of medication, sustenance, or the performance of any medical procedure deemed necessary to provide me with comfort care and I deny permission for transportation to an emergency facility or hospital. If I should die under these circumstances, I direct that resuscitation not be attempted.

In the absence of my ability to give directions regarding the use of such death-delaying procedures it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

SIGNED _____

CITY, COUNTY, AND STATE RESIDENCE _____

The declarant is personally known to me and I believe him or her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. At the date of this instrument, I am not entitled to any portion of the estate of the declarant according to the laws of interstate succession or to the best of my knowledge and belief, under any will or declarant or other instrument taking effect at the declarant's death or directly financially responsible for declarant's medical care.

WITNESS _____

WITNESS _____