

# DECLARATION

I, \_\_\_\_\_, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness. I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment:

I ( ) do ( ) do not want cardiac resuscitation.

I ( ) do ( ) do not want mechanical respiration.

I ( ) do ( ) do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).

I ( ) do ( ) do not want blood or blood products.

I ( ) do ( ) do not want any form of surgery or invasive diagnostic tests.

I ( ) do ( ) do not want kidney dialysis.

I ( ) do ( ) do not want antibiotics.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

Other instructions:

I ( ) do ( ) do not want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness.

Name and address of surrogate (if applicable):

Name and address of substitute surrogate (if surrogate designated above is unable to serve):

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration. I make this declaration on the \_\_\_\_\_ day of \_\_\_\_\_ (month, year).

Declarant's signature:

Declarant's address:

I hereby witness this living will and attest that:

(1) The Declarant is personally known to me and I believe the Declarant to be at least 18 years of age and of sound mind; (2) I am at least 18 years of age; (3) to the best of my knowledge, at the time of the execution of this living will, I:

- (A) am not related to the Declarant by blood or marriage;
- (B) would not be entitled to any portion of the Declarant's estate by any will or by operation of law under the rules of descent and distribution of this state;
- (C) am not the attending physician of Declarant or an employee of the attending physician or an employee of the hospital or skilled nursing facility in which Declarant is a patient;
- (D) am not directly financially responsible for the Declarant's medical care; and
- (E) have no present claim against any portion of the estate of the Declarant;

(4) Declarant has signed this document in my presence as above instructed, on the date above first shown.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address