

DECLARATION

If I should have an incurable or irreversible condition that will cause my death within a relatively short time, it is my desire that my life not be prolonged by administration of life-sustaining procedures.

If my condition is terminal and I am unable to participate in decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain.

I [] do [] do not desire that nutrition or hydration (food and water) be provided by gastric tube or intravenously if necessary.

Signed this _____ day of _____, _____
(year)

Signature _____

Place _____

The declarant is known to me and voluntarily signed or voluntarily directed another to sign this document in my presence.

Witness _____

Address _____

Witness _____

Address _____

State of Alaska

_____ Judicial District

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____ (name of person who acknowledged). (year)

Signature of Person Taking Acknowledgment

Title or Rank

Serial Number, if any