

DECLARATION

If I am determined by my attending physician to be in a terminal condition or a persistent vegetative state, and I am no longer able to make or communicate decisions regarding my medical treatment, then I direct my attending physician to withhold or withdraw all life-sustaining treatment that is not necessary for my comfort or to alleviate pain.

[Optional: If I am in a terminal condition or a persistent vegetative state, I want to receive nutrients and liquids provided through the use of tubes, intravenous procedures or similar medical interventions, even though other life-sustaining treatment is withheld or withdrawn.]

Signature _____

NOTE: This optional provision must be signed to be effective. Otherwise, artificially administered nutrition and hydration may be withheld or withdrawn.]

DECLARATION

If I am determined by my attending physician to be in a terminal condition or a persistent vegetative state, and I am no longer able to make or communicate decisions regarding my medical treatment, then I appoint _____ or if he or she is not reasonably available or is unwilling to serve, then _____, to make decisions on my behalf regarding the withholding or withdrawal of life-sustaining treatment that is not necessary for my comfort or to alleviate pain.

[Optional: If no individual I have so appointed is reasonably available and willing to serve, I direct my attending physician to withhold or withdraw life-sustaining treatment that is not necessary for my comfort or to alleviate pain.]

Signature _____

NOTE: This optional provision must be signed to be effective.]

Name and address of designees

Name _____ Name _____

Address _____ Address _____

Signed this _____ day of _____, _____

Signature _____

Address _____

Date of birth or social security number _____

The declarant voluntarily signed this writing in my presence.

Witness _____ Witness _____

Address _____ Address _____