

LIVING WILL

Living Will made this _____ day of _____ (month, year).

I, _____, being of sound mind, willfully and voluntarily declare that if I am unable to participate in decisions regarding the use of life-prolonging intervention, it is my desire that my dying shall not be artificially prolonged under the following circumstances:

If at any time I should be certified by two physicians who have personally examined me, one of whom is my attending physician, to have a terminal condition or to be in a persistent vegetative state, I direct that life-prolonging intervention that would serve solely to prolong the moment of my death or maintain me in a persistent vegetative state be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any other medical procedure deemed necessary to keep me comfortable and alleviate pain.

SPECIAL DIRECTIVES OR LIMITATIONS ON THIS DECLARATION

(if none, write "none")

It is my intention that this living will be honored as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences resulting from such refusal.

I understand the full import of this living will and I have emotional and mental capacity to make this declaration.

Signed _____

Address _____

I did not sign the declarant's signature above for or at the direction of the declarant. I am at least eighteen years of age and am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of the intestate succession of the state of the declarant's domicile or to the best of my knowledge under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care. I am not the declarant's attending physician or the declarant's health care representative, proxy or successor health care representative under a medical power of attorney.

Witness _____

Address _____

Witness _____

Address _____
