

NOTICE OF DEATH-WITH-DIGNITY REQUEST

Date:

To:

This is to advise you that I have executed a Living Will in which I have expressed my wishes to die with dignity should I become terminally ill and mentally and/or physically incapable of providing instructions to discontinue medical care.

I wish my loved ones to avoid the agony of seeing me linger near death. I also want to eliminate unnecessary medical expense so my heirs can benefit from my estate.

I request that you honor my Living Will as best you can according to your own medical and professional ethics, the laws of this state, and your best judgment in cooperation with those I have designated to make the decision to terminate care as named below:

Name

Address

Telephone

Relationship

My Living Will is located at:

I thank you in advance for honoring my instructions to allow me to die with dignity.

Signature

Address
