

Living Will Declaration

Declaration made this _____ day of _____ (month, year)
I, _____ being of sound mind, willfully and voluntarily make known my
desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby
declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by
two physicians who have personally examined me, one of whom shall be my attending physician, and the
physicians have determined that my death will occur whether or not life-sustaining procedures are utilized
and where the application of life –sustaining procedures would serve only to artificially prolong the dying
process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally
with only the administration of medication or the performance of any medical procedure deemed
necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is
my intention that this declaration shall be honored by my family and physician(s) as the final expression
of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal. I
understand the full import of thus declaration and I am emotionally and mentally competent to make this
declaration.

Signature: _____

City, County, State of Residence: _____

This document must be witnessed by two individuals or acknowledged by a notary public.

Witnesses:

The declarant has been personally known to me and I believe him or her to be of sound mind. I did not
sign the declarant's signature above for or at the direction of the declarant. I 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 interstate succession of under any will of declarant or codicil thereto, or directly financially responsible
for declarant's medical care:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

OR

Notary Public:

State of _____

County of _____

This instrument was acknowledged before this _____ day of _____ (month, year)

Signature of Notary _____

My appointment expires: _____