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procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me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:
Sate of _____
County of_____
This instrument was acknowledged before this_____day of_____(month, year)

Signature of Notary_____
My appointment expires:_____