

LIVING WILL

DECLARATION

I, _____, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settles commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

In addition, if I am in the condition described above, I feel especially strongly about the following forms of treatment:

I ()do ()do not want cardiac resuscitation

I ()do ()do not want mechanical respiration

I ()do ()do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).

I ()do ()do not want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness.

Name and address of surrogate (if applicable) :

Name and address of substitute surrogate (if surrogate designated above is unable to serve):

I made this declaration on the _____ day of _____, 20_____.

Declarant's signature: _____

Declarant's address: _____

Witness' signature: _____

Witness' address: _____