

LIVING WILL

On this _____ day of _____ I, _____
being of sound mind, willfully and voluntarily state that my dying should not be artificially
prolonged because of medical care being given to me, if the following things happen:

- If I have a disease, injury, or illness that can't be cured, or
- If I am permanently unconscious,
- And if these conditions are stated by two doctors who have examined me themselves, one of whom is my attending doctor,
- And if the doctors have determined that I will die even if I am given life-sustaining treatment, or that I will remain permanently unconscious,
- And if this life-sustaining but artificial treatment will only make my dying take longer,

I direct that these life-sustaining treatments shall not be given, or be stopped, and that I die naturally, with only the medication, sustenance or medical procedures that are necessary to give me comfort care.

I know that situations could arise in which the only way to allow me to die would be to stop artificial feeding and hydration (fluids). I state that (*circle your choice and initial beside it*):

I wish to have my life continued with artificial feeding or artificial hydration.

YES _____
(Initials)

NO _____
(Initials)

If artificial feeding and hydration have been started, I want them:

STOPPED _____
(Initials)

CONTINUED _____
(Initials)

If I cannot give directions about using such life-sustaining treatment, it is my intention that this declaration shall be honored by my family and doctors as the final expression of my right to refuse medical or surgical treatment and to accept the consequences of refusing it.

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Signed _____
(Your Name)

State of _____ County _____

We, the following witnesses, being duly sworn, each declare to the notary public or justice of the peace or other official signing below that:

1. The declarant signed this document as a free and voluntary act for the purposes expressed, or expressly directed another to sign for him.
2. Each witness signed at the request of the declarant, in his or her presence, and in the presence of the other witness.
3. To the best of my knowledge, at the time of the signing the declarant was at least 18 years old, and was of sane mind and under no constraint or undue influence.

Witness _____

Witness _____

The Affidavit shall be made before a notary public or justice of the peace or other official authorized to administer oaths in the place of execution, who shall not also serve as a witness, and who shall complete and sign a certificate in content and form substantially as follows:

To be completed by notary.

Sworn to and signed before me by _____, declarant

and _____, witnesses, on _____
(Date)

Signature _____ Official Capacity _____

Make copies of these two pages for your health care providers, hospital, health care agent and family