



LIVING WILL

I, _____ born on _____ wish to make it known to those who may be charged with my care that I desire that the moment of my death not be artificially postponed.

If I should have an incurable and irreversible injury, disease or illness that, in my attending physician's judgment, will lead to my imminent death, I direct that any procedures or treatments that would only prolong my dying be withheld or withdrawn. I ask that I be provided only those treatments that will, in my physician's judgment, contribute to my comfort.

In the event of my inability to personally give direction regarding to my care, it is my intention that this statement be honored by my family and my physicians as my legal right to refuse medical or surgical treatment. I understand and accept the consequence of my refusal.

Additional directives:

Signed: _____

City, County and State of residence: _____

Date: _____

The declarant is personally known to me, and I believe him or her to be of sound mind. I saw the declarant sign the declaration in my presence (or the declarant acknowledged in my presence that he or she had signed the declaration) and I signed the declaration as a witness in the presence of the declarant. I did not sign the declarant's signature above for or at the direction of the declarant. At the date of this instrument, I am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or, to the best of my knowledge and belief, under any will of declarant or other instrument taking effect at declarant's death, or directly financially responsible for declarant's medical care.

Witness: _____ Date: _____

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