

LIVING WILL

Declaration made this _____ day of _____, _____ (year), I,
_____, willfully and voluntarily make known my desire
that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby
declare that, if at any time I am incapacitated and

- _____ (initial) I have a terminal condition
- or _____ (initial) I have an end-stage condition
- or _____ (initial) I am in a persistent vegetative state

and if my attending or treating physician and another consulting physician have determined that there
is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging
procedures be withheld or withdrawn when the application of such procedures would serve only to
prolong artificially the process of dying, 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 or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final
expression of my legal right to refuse medical or surgical treatment and to accept the consequences for
such refusal.

In the event that I have been determined to be unable to provide express and informed consent
regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to
designate, as my surrogate to carry out the provisions of this declaration:

Name: _____

Address: _____

_____ Zip Code: _____

Phone: _____

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

Additional Instructions (optional):

FULL NAME

Witness: _____

Address: _____

Phone: _____

Witness: _____

Address: _____

Phone: _____