

LIVING WILL OF

Declaration made this _____ day of _____, _____,
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 all that apply)

_____ I have a terminal condition, or

_____ I have an end-stage condition, or

_____ 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,
including nutrition and hydration, be withheld or withdrawn when the
application of such procedures would serve only to prolong artificially the
process of dying, or would prolong my persistent vegetative status, 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: _____
Telephone: _____

In the event that the above named surrogate predeceases me or is otherwise incompetent to carry out the provisions of this declaration, I designate as a secondary contingent surrogate:

Name: _____
Address: _____ Zip Code: _____
Telephone: _____

By naming these surrogates, I do not authorize them to deviate from my wishes stated herein and they are not authorized to consent to any life prolonging medicines or procedures, including nutrition and hydration, on my behalf.

Additional Instructions
(optional): _____

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

WITNESS: _____ DECLARANT: _____

Address: _____

WITNESS:

Address: _____
