

LIVING WILL

I, _____, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, subject to later revocation, do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, and I am unable to participate in decisions regarding my medical treatment, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me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.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of such refusal. I understand the full import of this declaration, and I am emotionally and mentally capable to make this declaration.

This declaration is made this _____ day of _____, 20_____.

I do not wish to make additional instructions.

My additional instructions are listed on the reverse side or the attached page.

Declarant Signature

This declarant has been personally known to me, and I believe the declarant to be of sound mind and 18 years or older. The declarant voluntarily signed this document in my presence. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, am not entitled to any portion of the estate of the declarant either as a legal heir or under a Will of declarant of any addition thereto, and am not directly financially responsible for declarant's medical care.

1. Witness Printed Name

Address

Signature

Phone number

2. Witness Printed Name

Address

Signature

Phone number

LIVING WILL OPTIONAL ADDITIONAL INSTRUCTIONS

The following (or photocopy thereof) is a statement of my treatment wishes if I lack the capacity to make or communicate decisions regarding my medical treatment and there is no reasonable expectation that I will regain a meaningful quality of life.

I direct that my health care providers and others involved in my care to follow directions in my treatment from the choices I have made in the table below. The word "Withhold" shall mean BOTH to withhold treatment that has not been initiated AND to withdrawal any treatment that is currently being provided/administered.

TREATMENT OR PROCEDURE	CHOICE (WITHHOLD or Do NOT Withhold)
Cardiopulmonary resuscitation (CPR)	
Artificially supplied nutrition and hydration (including tube feedings and/or IVs)	
Antibiotics	
Chemotherapy or radiation therapy	
Surgery or other invasive procedure (i.e. any mechanical instrument entering body)	
Mechanical ventilator (respirator)	
Kidney or renal dialysis	
Any other "life sustaining" procedures that are merely intended to keep me alive without reasonable hope to improve my condition	

- Relief of pain: I further direct that that I be given medical treatment to relieve pain or to provide comfort, even if such treatment may suppress my appetite, suppress my breathing, be habit forming, or shorten my life.
- If my physician believes that a certain life sustaining procedure or other medical treatment may provide me with comfort, relieve pain or lead to a significant recovery, I direct my physician to try the treatment for a reasonable period of time. If it does not improve my condition, provide comfort or relieve pain, I direct the treatment to be withdrawn even if doing so shortens my life.
- I prefer to live out my last days at home rather than in a hospital or nursing home if it is not a burden to my family.
- If any of my tissues or organs would be of value as transplants to help other people, I freely give my permission for such donation.
- I make other instructions as follows: _____

I have read these instructions and have given them careful consideration, and as I have indicated, they are in accordance with my wishes.

This declaration is made this _____ day of _____, 20_____.

Declarant Name _____ Signature: _____

Witness Name _____ Signature: _____

Witness Name _____ Signature: _____