

Living Will

DECLARATION

This declaration is made this _____ day of _____ (month, year).

I, _____, being of sound mind, willfully and voluntarily make known my desires that my moment of death shall not be artificially postponed.

If at any time I should have an incurable and irreversible injury, disease, or illness judged to be my attending physician who has personally examined me and has determined that my death is delaying procedures, I direct that such procedures which would only prolong the dying process and that I be permitted to die naturally with only the administration of medication, sustenance, medical procedure deemed necessary by my attending physician to provide me with comfort

In the absence of my ability to give directions regarding the use of such death delaying this declaration shall be honored by my family and physician as the final expression of my surgical treatment and accept the consequences from such refusal.

Signed _____

City, County and State of Residence _____

The declarant is personally known to me and I believe him or her to be of sound mind. I saw declaration in my presence (or the declarant acknowledged in my presence that he or she had