

LIVING WILL  
of

\_\_\_\_\_  
(First Name, Middle Name, Last Name)

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, 2006, 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

- (\_\_\_\_\_) 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prolonging procedures be withheld or withdrawn when the application of such procedures would  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 Number: (        ) \_\_\_\_\_

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

Additional instructions (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witnesses:

\_\_\_\_\_

\_\_\_\_\_

Name

Name

\_\_\_\_\_

\_\_\_\_\_

Address

Address

\_\_\_\_\_

Phone Number

Phone Number