

LIVING WILL

I, _____, being of sound mind, willfully and voluntarily make known my desires regarding my medical care and treatment under the circumstances as indicated below:

_____ 1. If I should have an incurable or irreversible condition that will cause my death within a relatively short time, and if I am unable to make decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain. This authorization includes, but is not limited to, the withholding or the withdrawal of the following types of medical treatment (subject to any special instructions in paragraph 5 below):

- _____ a. Artificial feeding and hydration.
- _____ b. Cardiopulmonary resuscitation (this includes, but is not limited to, the use of drugs, electric shock, and artificial breathing).
- _____ c. Kidney dialysis.
- _____ d. Surgery or other invasive procedures.
- _____ e. Drugs and antibiotics.
- _____ f. Transfusions of blood or blood products.
- _____ g. Other: _____

_____ 2. If I should be in an irreversible coma or persistent vegetative state that my attending physician reasonably believes to be irreversible or incurable, I direct my attending physician to withhold or withdraw medical procedures and treatment other than such medical procedures and treatment necessary to my comfort or to alleviate pain. This authorization includes, but is not limited to, the withholding or withdrawal of the following types of medical treatment (subject to any special instructions in paragraph 5 below):

- _____ a. Artificial feeding and hydration.
- _____ b. Cardiopulmonary resuscitation (this includes, but is not limited to, the use of drugs, electric shock, and artificial breathing).
- _____ c. Kidney dialysis.
- _____ d. Surgery or other invasive procedures.
- _____ e. Drugs and antibiotics.
- _____ f. Transfusions of blood or blood products.
- _____ g. Other: _____

_____ 3. If I have a medical condition where I am unable to communicate my desires as to treatment and my physician determines that the burdens of treatment outweigh the expected benefits, I direct my attending physician to withhold or withdraw medical procedures and treatment, other than such medical procedures and treatment necessary to my comfort or to alleviate pain. This authorization includes, but is not limited to, the withholding or withdrawal of the following types of medical treatment (subject to any special instructions in paragraph 5 below):

- _____ a. Artificial feeding and hydration.
- _____ b. Cardiopulmonary resuscitation (this includes, but is not limited to, the use of drugs, electric shock, and artificial breathing).
- _____ c. Kidney dialysis.
- _____ d. Surgery or other invasive procedures.
- _____ e. Drugs and antibiotics.
- _____ f. Transfusions of blood or blood products.
- _____ g. Other: _____

_____ 4. I want my life prolonged to the greatest extent possible (subject to any special instructions in paragraph 5 below).

_____ 5. Special instructions (if any) _____

Signed this _____ day of _____, 20_____.

Signature

Address: _____

The declarant is personally known to me and voluntarily signed this document in my presence.

Witness: _____

Witness _____

Name: _____

Name: _____

Address: _____

Address: _____

State of _____)

County of _____)

On this _____ day of _____, 20____, before me, personally appeared _____,
principal, and _____ and _____, witnesses, who are
personally known to me or who provided _____
as identification, and signed the foregoing instrument in my presence.

Notary Public