

Living Will — Declaration

Declaration made this _____ day of _____, 20_____,

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 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no medical probability of my recovery from such condition(s), I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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.

If I have executed any organ donation documents that are in effect at the time of implementing the instructions of my Living Will, I further authorize my healthcare providers to delay the withdrawal of life support for a reasonable period of time for the recovery of any organs or tissue that may be appropriate for transplantation.

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 informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate as my surrogate to carry out the provision of this declaration:

Name: _____ Phone: _____

Address: _____

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

Additional instructions: (optional) _____

Signed _____

(One witness must not be the subject's spouse nor a blood relative of the declarant.)

Witness _____

Witness _____

Address _____

Address _____

Phone _____

Phone _____