

**LIVING WILL**

**TO MY FAMILY, MY FRIENDS, MY PHYSICIAN, MY CLERGYMAN,  
MY LAWYER**

**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 should have a terminal condition and if my attending physician has determined that there can be no recovery from such condition and that my death is imminent, I direct that life prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolonged artificially the process of dying, and that I be permitted to die naturally with only the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.

THAT, in the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this Declaration be honored by my family, friends, and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

THAT, I understand the fully import of this Declaration, and I am emotionally and mentally competent to make this Declaration.

\_\_\_\_\_  
Signed

The Declarant is known to me, and I believe him to be of sound mind.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness