

Living Will
Right to Die/Death with Dignity Declaration
(No Life Support in Case of Incapacity)

{STATE OF _____
{COUNTY OF _____

“DIRECTIVE” made this the _____ day of _____, 20____.

“I, _____, being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below, and I do hereby declare.

1. If at any time I should have an incurable or irreversible condition caused by injury, disease, or illness certified to be a terminal condition by two (2) certified physicians, and where the use of life-sustaining procedures would serve only to prolong artificially the moment of my death, and where my attending physician determines that my death is imminent or will result within a relatively short time without use of life-sustaining procedures, I direct such procedures be withheld or withdrawn, and that I be permitted to die naturally and as comfortably as possible.
2. In the absence of any ability to give directions regarding the use of life-sustaining procedures, it is my intention that this directive shall be honored by my family and physicians as the final desire of my legal right to refuse medical or surgical treatment and accept the consequences from such denial of supportive treatment.
3. This directive shall be in effect until it is revoked by me.
4. I understand the full implications of this directive and I am emotionally, mentally, and physically competent to make this directive.
5. I understand that I may revoke this directive at any time.”

The Declarant has been personally known to me to be, and I believe that the Declarant to be of sound mind. I am not related to the Declarant, by blood or marriage; nor would I be entitled to any portion of the Declarant’s Estate upon Declarant’s death; nor am I the attending physician; nor am I a patient, employee, administrator, or involved in the financial affairs of the health care facility in which the Declarant is a patient; nor am I any person who has a claim against any portion of the Estate of the Declarant upon death.

DECLARANT: _____

WITNESSES: _____

Signature

Address

Signature

Address