

DECLARATION AS PROVIDED BY IOWA CODE 144A.3
DECLARATION OF _____

If I should have an incurable or irreversible condition that will cause my death within a relatively short time, it is my desire that my life not be prolonged by administration of life-sustaining procedures. If my condition is terminal and I am unable to participate in 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 freedom from pain.

Signed this _____ day of _____, 19 _____

Signature:

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

Witness:

Address:

Witness:

Address: