

DECLARATION

On this _____ day of _____, I _____
_____, being of sound mind, willfully and voluntarily direct
that my dying shall not be artificially prolonged under the
circumstances set forth in this declaration:

If at any time I should have an incurable injury, disease, or
illness certified to be a terminal condition by two (2) physicians
who have personally examined me, one (1) of whom shall be my
attending physician, and the physicians have determined that my
death is imminent whether or not life- sustaining procedures are
utilized and where the application of such procedures would serve
only to artificially prolong the dying process, I direct that such
procedures be withheld or withdrawn, and that I be permitted to
die naturally with only the administration of medication, and the
administration of food and water, and the performance of any
medical procedure that is necessary to provide comfort care or to
alleviate pain. In the absence of my ability to give directions
regarding the use of such life-sustaining procedures, it is my
intention that this declaration shall be honored by my family and
physician(s) as the final expression of my legal right to control
my medical care or treatment. I am legally competent to make this
declaration, and I understand its full import.

Signed _____

Address: _____

Under penalty of perjury, we state that this declaration
was signed by _____ in the presence of the undersigned
who, at _____'s request, in _____'s presence,
and in the presence of each other, have hereunto signed our names
as witnesses this _____ day of _____
19_____. Further, each of us, individually, states that:

The declarant is known to me, and I believe the declarant to be
of sound mind. I did not sign the declarant's signature to this
declaration. Based upon information and belief, I am not related
to the declarant by blood or marriage, a creditor of the
declarant, entitled to any portion of the estate of the declarant
under any existing testamentary instrument of the declarant,
entitled to any financial benefit by reason of the death of the
declarant, financially or otherwise responsible for the
declarant's medical care, nor the employee of any such person or
institution.

Address:

Address: