

DECLARATION made on \_\_\_\_\_ by \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_,

I, \_\_\_\_\_, being of sound mind, declare that if at any time I should suffer a terminal physical condition which causes me severe distress or unconsciousness, and my physician, with the concurrence of two (2) other physicians, believes that there is no expectation of my regaining consciousness or a state of health that is meaningful to me and but for the use of life-sustaining mechanisms my death would be imminent, I desire that the mechanisms be withdrawn so that I may die naturally. However, if I have been diagnosed as pregnant and that diagnosis is known to my physician, this declaration shall have no force or effect during the course of my pregnancy. I further declare that this declaration shall be honored by my family and my physician as the final expression of my desires concerning the manner in which I die.

SIGNED:

\_\_\_\_\_

Social Security number: \_\_\_\_\_

I hereby witness this declaration and attest that:

(1) I personally know the declarant and believe the Declarant to be of sound mind.

(2) To the best of my knowledge, at the time of the execution of this declaration, I:

(a) Am not related to the Declarant by blood or marriage,

(b) Do not have any claim on the estate of the Declarant,

(c) Am not entitled to any portion of the Declarant's

estate by any will or operation of law, and

(d) Am not a physician attending the declarant or a person employed by a physician attending the declarant.

WITNESS:

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Address:

WITNESS:

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Address: