

DECLARATION

If I should have an incurable or irreversible condition that will cause my death within a reasonable 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. It is my intention that this declaration shall be valid until revoked by me.

Signed this _____ day of _____

Signature - _____

City of residence: _____

County of residence: _____

State of residence: _____

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

Witness:

Witness:
