

I, _____, being of sound mind, desire that my life not be prolonged by extraordinary means if my condition is determined to be terminal and incurable. I am aware and understand that this writing authorizes a physician to withhold or discontinue extraordinary means.

This the _____ day of _____ 19____

SIGNATURE-- _____

I hereby state that the declarant, _____, being of sound mind signed the above declaration in my presence and that I am not related to the declarant by blood or marriage and that I do not know or have a reasonable expectation that I would be entitled to any portion of the estate of the declarant, under any existing will or codicil of the declarant, or as an heir under the Intestate Succession Act if the declarant died on this date without a will. I also state that I am not the declarant's attending physician or an employee of the declarant's attending physician or an employee of a health facility in which the declarant is a patient or an employee of a nursing home or any group-care home where the declarant resides. I further state that I do not now have any claim against the declarant.

Witness

Witness

Certificate

I, _____ (state if Clerk

of Superior Court or Deputy Clerk or Notary Public) for

_____ County, hereby certify that

_____, the declarant, appeared before me and swore to me and to the witnesses in my presence that this instrument is his Declaration Of A Desire for A Natural Death, and that he willingly and voluntarily made and executed it as his free act and deed for the purposes expressed in it, I further certify

that _____ and

_____ witnesses, appeared before me and swore that they witnessed _____, declarant, sign the attached declaration, believing him to be of a sound mind; and also swore that at the time they witnessed the declaration (i) they were not elated within the third degree to the declarant or to the declarant's spouse, and (ii) they did not know or have a reasonable expectation that they would be entitled to any portion of the estate of the declarant upon the declarant's death under any will of the declarant or codicil thereto then existing or under the Intestate Succession Act as it provides at that time, and (iii) they were not a physician attending the declarant or an employee of an attending physician or an employee of a health facility in which the declarant was a patient or an employee of a nursing home or any group-care home in which the declarant resided, and (iv) they did not have a claim against the declarant. I further certify that I am satisfied as to the genuineness and due execution of the declaration. This the _____

_____ of _____, 19_____.

Title: _____

County of _____