

DIRECTIVE TO PHYSICIANS

Date _____

I, _____, being of sound mind, intentionally and voluntarily declare:

1. If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians, and where the application of life-sustaining procedures would serve only to artificially prolong the moment of my death and where my physician determines that my death is imminent whether or not life-sustaining procedures are utilized, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally,

2. It is my intention that this directive shall be honored by my family and attending physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

3. If I have been diagnosed as pregnant and that fact is known to my physician, this directive shall have no force or effect during the course of my pregnancy. I understand the full import of this directive and I am emotionally and mentally competent to execute it.

Signed _____

STATE OF _____)))
COUNTY OF _____)))

Dated: _____

Then and there personally appeared the within named

_____ and _____,

who, being duly sworn, depose and say: That they witnessed the execution of the within Directive to Physicians of the within named _____, that said declarant subscribed said Directive to Physicians and declared the same to be his Directive to Physicians in their presence, that they thereafter subscribed the same as witnesses in the presence of said declarant and in the presence of each other and at the request of said Declarant; that the said Declarant at the time of the execution of said Directive to Physicians appeared to them to be of full age and of sound mind

and memory, and that they make this affidavit at the request of
said declarant.

Witness

Witness

Subscribed to and sworn to before me
this _____ day of _____, 19____.

Notary Public