

UNIFORM LIVING WILL
OF _____

To my family, my physician, my lawyer, my clergyman. To any medical facility in whose care I happen to be. To any individual who may become responsible for my health, welfare or affairs.

Death is as much a reality as birth, growth, maturity and old age -- it is the one certainty of life. If the time comes when I, _____, can no longer take part in decisions of my own future, let this statement stand as an expression of my wishes while I am still of sound mind.

If the situation should arise in which I am in terminal state and there is no reasonable expectation of my recovery, I direct that I be allowed to die a natural death and that my life not be prolonged by extraordinary measures. I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this will is addressed will regard themselves as morally bound by these provisions.

Signed:

City of residence: _____

County of residence: _____

State of residence: _____

Social Security Number: _____

Date: _____

Witness:

Witness: