DECLARATION OF DESIRES AS TO MEDICAL CARE

I,_____, desire to make aware that after mature reflection, and, being aware of the right under the law to decline life- sustaining treatment, that I wish, should I ever be unable to make decisions for myself concerning my medical treatment that I receive life sustaining treatment even after a terminal diagnosis, even if the life prolonging treatment will delay the natural process of dying.

Dated: _____

_____ Declarant