

# Living Will Declaration

*To My Family, My Physician, My Clergyman, My Lawyer, My Trust Officer*

Declaration Made This \_\_\_\_\_ Day Of \_\_\_\_\_ 20\_\_\_\_

I, \_\_\_\_\_ being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

If, at any time, I should have an incurable injury, disease, or illness, certified to be a terminal condition by my attending physician who has personally examined me and has determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration. It is my intention that this declaration shall be valid until revoked by me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

City, County, State of Residence, \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**The declarant voluntarily signed this document in my presence on the**

\_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_\_ .

Witness \_\_\_\_\_ Address \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_