

LIVING WILL

If I am not able to make an informed decision regarding my health care, I direct my health care providers to follow my instructions as set forth below. I have placed my initials in front of those statements I wish to be included in the document and an X in front of those statements that do not apply.

A. If my death from a terminal condition is imminent and even if life-sustaining procedures are used there is no reasonable expectation of my recovery:

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that, if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

_____ I direct that, even in terminal condition, I be given all available medical treatment in accordance with accepted health care standards

B. If I am in a persistent vegetative state, that is, if I am not conscious and am not aware of my environment, nor able to interact with others, and there is no reasonable expectation of my recovery within a medically appropriate period:

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that, if I am unable to take in food by mouth, I wish to receive nutrition and hydration artificially.

_____ I direct that I be given all available medical treatment in accordance with accepted health care standards.

C. If I am pregnant my decision concerning life-sustaining procedures shall be modified as follows:

By signing below, I indicate that I am emotionally and mentally competent to make this Living Will and that I understand its purpose and effect.

_____ (Date) _____ (Signature of Declarant)

The declarant signed or acknowledged signing this Living Will in my presence and, based upon my personal observation, the declarant appears to be a competent individual.

_____ (Witness Signature)	_____ (Witness Signature)
_____ (Witness Address)	_____ (Witness Address)
_____	_____

(Signatures and Addresses of Two Witnesses Required)