

LIVING WILL

This living will is effective only while you are unable to make or communicate your own health care decisions. Some general statements concerning your health care options are outlined below. If you agree with one of the statements, you should initial that statement. Read all of these statements carefully before you initial your selection. You can also write your own statement concerning life-sustaining treatment and other matters relating to your health care. You may initial any combination of paragraphs 1, 2 and 3, but if you initial paragraph 4, the other options should not be initialed.

- 1. _____ If I have a terminal condition, I do not want my life to be artificially prolonged. I want only comfort care.

- 2. _____ If my doctors reasonably determine that I am in an irreversible or incurable coma, terminal condition, or a persistent vegetative state, I want only the medical treatment necessary to provide care that would keep me comfortable.
I do not want the following:
 - _____ (a) Cardiopulmonary resuscitation, for example, the use of drugs, electric shock, and artificial breathing.
 - _____ (b) Artificially administered food and fluids.
 - _____ (c) To be taken to a hospital.

- 3. _____ Until my doctor reasonably concludes that my condition is terminal, irreversible or incurable, or I am in a persistent vegetative state, I want the use of all medical care necessary to treat my condition.

- 4. _____ **Direction to Prolong My Life:** I want my life to be prolonged to the greatest extent possible.

SUPPLEMENTAL STATEMENT OF HEALTH CARE WISHES

I have _____ I have not _____ attached additional directions or limitations.

SIGNATURE OR MARK OF PERSON MAKING LIVING WILL

DATE

VERIFICATION

I affirm that: (1) I was present when this living will was dated and signed or marked or (2) that the person making this living will directly indicated to me that the living will expressed that person's wishes and that the person intended to adopt it at that time. The maker of this document appeared to be of sound mind and free from duress.

(If there is only one witness signing) I certify that: I have not been designated to make medical decisions from the person who signed this living will, I am not directly involved with providing health care to that person, I am not related to that person by blood, marriage, or adoption, and I am not entitled to any part of that person's estate.

WITNESS

DATE

WITNESS

DATE