

Living Will
(Optional Form)

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. (**Initial** those statements you wish to be included in the document and **cross through** those statements which 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 and water by mouth, I wish to receive nutrition and hydration artificially.

_____ I direct that even in a 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 food and water 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, any 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, appears to be a competent individual.

(Witness)

(Witness)

(Signatures and Addresses of Two Witnesses)