

DECLARATION

(Iowa Code 144A.3)

I, _____, make the following Declaration:

If I should have an incurable or irreversible condition that will result either in death within a relatively short period of time or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery, it is my desire that my life not be prolonged by the administration of life-sustaining procedures. If I am unable to participate in my health care decisions, I direct my attending physician to withhold or withdraw life-sustaining procedures that merely prolong the dying process and are not necessary to my comfort or freedom from pain.

Signed: _____

Address: _____

City, county and state of residence

The Declarant has been known to me personally and I believe him/her to be of sound mind.

Witness
Address

Witness
Address
