

# **DECLARATION**

(Revised Statutes of Nebraska §20-404)

If I should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Rights of the Terminally Ill Act, ☐ to withhold or ☐ withdraw life sustaining treatment that is not necessary for my comfort or to alleviate pain.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature

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Address

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The declarant voluntarily signed this writing in my presence.

Witness

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Address

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Witness

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Address

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**Or**

The declarant voluntarily signed this writing in my presence.

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Notary Public