

LIVING WILL  
DECLARATION  
OF

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If I should have an incurable or irreversible condition that will 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 to withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain.

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

\_\_\_\_\_  
Signature of \_\_\_\_\_

The above declarant voluntarily signed this writing in our presence.

Witnesses:

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
Dated: