Living Will Declarations

	being of sound mind, willfully and voluntarily make this declaration flects my firm and settled commitment to refuse life-sustaining
I direct my attending physician to withhold or withdraw life-s dying, if I should be in a terminal condition or in a state of p	sustaining treatment that serves only to prolong the process of my permanent unconsciousness.
I direct that treatment be limited to measures to keep me of by withholding or withdrawing life-sustaining treatment.	comfortable and to relieve pain, including any pain that might occur
In addition, if I am in the condition described above, I feel e	especially strong about the following forms of treatment:
I □ D0 □ D0 NOT want cardiac resuscitation. I □ D0 □ D0 NOT want mechanical respiration. I □ D0 □ D0 NOT want blood or blood products. I □ D0 □ D0 NOT want kidney dialysis. I □ D0 □ D0 NOT want tube feeding or any other artification. I □ D0 □ D0 NOT want any form of surgery or invasive of the surgery or invasive	
□ OTHER:	
OTHER INSTRUCTIONS: I □ DO □ DO NOT want to designate another person as should be incompetent and in a terminal condition or in a signature.	my surrogate to make medical treatment decisions for me if I state of permanent unconsciousness.
Name of surrogate (if applicable)	Name of substitute surrogate (If surrogate designate is unable to serve)
Address	Address
Phone number	Phone number
I made this declaration on the day of	
The declarant or the person on behalf of and at the directio signature or mark in my presence.	on of the declarant knowingly and voluntarily signed this writing by
Declarant (Printed name)	Witness 1 (Printed name)
Declarant (Signature)	Witness 1 (Signature)
	Witness 2 (Printed name)
	Witness 2 (Signature)

(Keep the signed original with your personal papers at home. Give copies to doctors, family, and surrogate. Review your Declaration from time to time, initial and date it to show it still expresses your intent.)