

WARREN GENERAL



DECLARATION LIVING WILL

My specific directions to my family and health care provider.

I, _____, date of birth _____, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances below.

I DIRECT MY ATTENDING PHYSICIAN TO withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, **if I should be in a terminal condition or in a state of persistent unconsciousness, or experience extreme mental deterioration, such that there is no reasonable expectation of recovering or regaining a meaningful quality of life.**

I DIRECT THAT TREATMENT BE LIMITED TO measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

IN ADDITION, IF I AM IN THE CONDITION DESCRIBED ABOVE, I feel especially strong about the following forms of treatment.

I REALIZE THAT IF I DO NOT SPECIFICALLY INDICATE MY PREFERENCE regarding any of the forms of treatment listed below, I may receive that form of treatment.

I DO / DO NOT *(Please check one.)*

- want cardio-pulmonary resuscitation.
- want electrocardioversion.
- want mechanical respiration.
- want tube feeding/other artificial/invasive form of nutrition (food)/hydration (water).
- want blood/ blood products.
- want any form of surgery/ invasive diagnostic tests.
- want kidney dialysis.
- want antibiotics.
- want to make an anatomical gift of any part of my body, subject to the following limitations, if any: _____
- want to designate another person as my surrogate to make medical decisions for me if I should be incompetent or be in a terminal condition or in a state of permanent unconsciousness.
Name of surrogate (if applicable): _____

Address of above: _____ Telephone: _____

I MADE THIS DECLARATION ON the _____ day of _____, 20_____.

Declarant's signature: _____ Declarant's Telephone: _____

Declarant's Address: _____

The declarant or the person on the behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

Witness's signature: _____ Witness's Telephone: _____

Witness's Address: _____

Witness's signature: _____ Witness's Telephone: _____

Witness's Address: _____