DECLARATION OF A DESIRE
FOR A NATURAL DEATH

I _____, being of sound mind, desire that, as specified below, my life not be pronged by extraordinary means or by artificial nutrition or hydration if my condition is determined to be terminal and incurable or if I am diagnosed as being in a persistent vegetative state. I am aware and understand that this writing authorizes a physician to withhold or discontinue extraordinary means or artificial nutrition or hydration, in accordance with my specifications set forth below: (Initial any of the following, as desired).

____ If my condition is determined to be terminal and incurable, I authorize the following:

    ____ My physician may withhold or discontinue extraordinary means only.

    ____ In addition to withholding or discontinuing extraordinary means if such means are necessary, my physician may withhold or discontinue either artificial nutrition or hydration, or both.

____ If my physician determines that I am in a persistent vegetative state, I authorize the following:

    ____ My physician may withhold or discontinue extraordinary means only.

    ____ In addition to withholding or discontinuing extraordinary means if such means are necessary, my physician may withhold or discontinue either nutrition or hydration, or both.

This the _____ day of _____ 20____

Signature_____

I hereby state that the declarant, _____ being of sound mind signed the above declaration in my presence and that I am not related to the declarant by blood or marriage and that I do not know or have a reasonable expectation that I would be entitled to any portion of the estate of the declarant under any existing Will or Codicil of the declarant, or as an heir under the Intestate Succession Act if the declarant died on this date without a Will. I also state that I am not the declarant's attending physician or an employee of the declarant's attending physician or a employee of a heath facility in which the declarant is a patient or an employee of a nursing home or any group care home where the declarant resides. I further state that I do not now have any claim against the declarant.

Witness _____

Witness _____

CERTIFICATE

I, _____, Clerk (Assistant Clerk) of Superior Court or Notary Public (circle one as appropriate) for _____ County hereby certify that _____, the declarant, appeared before me and swore to me and to the witnesses in my presence that this instrument is his/her Declaration of A Desire For A Natural Death, and that he/she had willingly and by voluntarily made and executed it as his/her free act and deed for the purposes expressed in it.

I further certify that _____ and _____ witnesses, appeared before me and swore that they witnessed _____ declarant, sign the attached declaration believing him/her to be of the sound mind; and also swore that at the time they witnessed the declaration (I) they were not related within the third degree to the declarant or to the declarant spouse, and (ii) they did not know or have a reasonable expectation that they would be entitled to any portion of the estate of the declarant upon the declarant's death under any will of the declarant or codicil thereto then existing or under the Intestate Succession Act as it provides at the time, and (iii), they were not a physician attending the declarant or an employee of the attending physician or an employee of a health facility in when the declarant was a patient or an employee of a nursing home or any group-care home in which the declarant resided, and (iv) they did not have a claim against the declarant. I further certify that I am satisfied as the genuineness and due execution of the declaration.

This _____ day of_____ 20 _____

_____

Clerk (Assistant Clerk) of Superior
Court or Notary Public (circle one
As appropriate) for the County of

_____