

LIVING WILL

To my family, physician, lawyer, clergyman, to any medical facility in whose care I may happen to be, to any individual who may become responsible for my health, welfare or affairs.

Death is as much a reality as birth, growth, maturity and old age – it is one certainty in life.

This Declaration is made by me at a time when I am of sound mind and after careful consideration.

If the time comes when I can no longer take part in decisions for my own future, let this Declaration stand as a testament to my wishes.

If the situation should arise in which there is no reasonable expectation of my recovery from physical illness or mental impairment expected to cause me severe distress, or to render me incapable of rational existence, I request that I be allowed to die, and not be kept alive by artificial means. I do not fear death itself as much as the indignities of deterioration, dependence and hopeless pain. I therefore ask that I receive whatever quantity of drugs may be required to keep me free from pain and distress, even if the moment of death is hastened.

This request is made after careful consideration. I hope you who care for me will feel morally bound to follow this mandate. I recognize that this appears to place heavy responsibility on you, but it is with the intention of relieving you of such responsibility and of placing it upon myself in accordance with my strong conviction, that this statement is made.

Signed at _____ this _____ day of _____ 2017

Undersigned witness, all being present at the same time and signing in the presence of each other.

AS WITNESSES

1. _____

2. _____