

MY LIVING WILL TO MY FAMILY, MY PHYSICIAN, MY LAWYER, AND ALL OTHERS WHOM IT MAY CONCERN

Death is as much a reality as birth, growth, maturity, and old age – it is the one certainty of life. If the time comes when I can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes and directions, while I am still of sound mind.

If at such a time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not be kept alive by medications, artificial means, or "heroic measures." I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this Will is addressed will regard themselves as morally bound by these provisions.

Optional additional instructions:

Durable Power of Attorney *(optional)*

I hereby designate _____ to serve as my attorney-in-fact for the purpose of making medical treatment decisions. This power of attorney shall remain effective in the event that I become incompetent or otherwise unable to make such decisions for myself.

Optional notarization:

"Sworn and subscribed to before me this _____ day of _____, 20____."

Notary Public (seal) _____

Signed _____ Date _____

Witness _____ Address _____

Witness _____ Address _____

Copies of this request have been given to:

