

LIVING WILL

I, _____, being of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, do declare that if at any time I should have an incurable injury, disease or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures would serve only to prolong artificially the dying process, I direct that the following treatments marked with **my initials** under the heading **DO** be started or continued, and the treatments marked with **my initials** under the heading **DO NOT** be withheld or withdrawn:

<u>DO</u>	<u>DO NOT</u>	
_____	_____	Surgical procedures performed only to relieve distressing symptoms and improve the quality of my life
_____	_____	CPR- doing things to restart my heart or breathing, if either stops
_____	_____	Dialysis- kidney machine
_____	_____	Ventilator or respirator- breathing machine
_____	_____	Artificially supplied nutrition and hydration- food or water given through a tube
_____	_____	In the vein, nose or stomach
_____	_____	Blood transfusions

Notwithstanding the above specific directions, I direct that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment, and I accept the consequences of such refusal.

I understand the full import of this declaration, and I am emotionally and mentally competent to make this decision.

Signed: _____ Date: _____

*(This document must be dated and signed in the presence of two witnesses **OR** acknowledged before a notary public.)*

I believe the above declarant to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant I am at least eighteen (18) years of age and am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession of this state or under any will of the declarant or codicil thereto, or directly financially responsible for declarant's medical care. I am not the declarant's attending physician.

Witnesses- two persons of lawful age, who are not your agent, not related to you, not entitled to any portion of your estate, and not financially responsible for your health care:

Witness: _____ Date: _____

Address: _____

Witness: _____ Date: _____

Address: _____

Notary- On this the ____ day of _____, 20____, this instrument was acknowledged before me in the County of _____, State of Kansas, on the day written above.

Signature of Notary Public: _____ My appointment expires: _____