This declaration is made this day of (II_,, being of sound mind, willfully an known my desires that my moment of death shall not be artificially postponed. If at any time I should have an incurable and irreversible injury, disease, or terminal condition by my attending physician who has personally examined me and my death is imminent except for death delaying procedures, I direct that such proconly prolong the dying process be withheld or withdrawn, and that I be permitted to only the performance of any medical procedure deemed necessary by my attending me with comfort care. Other directions:	r illness judged to be a d has determined that edures which would to die naturally with
In the absence of my ability to give directions regarding the use of such death delaying procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal. Signed	
City, County and State of Residence	
ATTESTATION	
The declarant is personally known to me and I believe him or her to be of sound mind. I saw the declarant sign the declaration in my presence (or the declarant acknowledged in my presence that he or she had signed the declaration) and I signed the declaration as a witness in the presence of the declarant. I did not sign the declarant's signature above for or at the direction of the declarant. At the date of this instrument, I am not entitled to any portion of the estate of the declarant according to the laws of interstate succession or, to the best of my knowledge and belief, under any will of the declarant or other instrument taking effect at the declarant's death, or directly financially responsible for the declarant's medical care.	
Witness Witness	
Address Address	
Advocate Good Samaritan Hospital	
* LIVING WILL Patient	Label

2496 - 8/00