

LIVING WILL DECLARATION

I, _____, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that if at any time I should have a terminal condition, which means:

1. A condition caused by injury, disease or illness from which there is no reasonable probability of recovery and which, without treatment, can be expected to cause death; or
2. A persistent vegetative state characterized by a permanent and irreversible condition of unconsciousness in which there is:
 - a. The absence of voluntary action or cognitive behavior of any kind; and
 - b. An inability to communicate or interact purposely with the environment.

ARTICLE I

I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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 addition, when it would serve only to prolong artificially the process of dying, I do not want nutrition (food) or hydration (water) started or continued.

ARTICLE II

It is my intention that this declaration be honored, by my family and physician, as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

ARTICLE III

In the absence of this original declaration, I authorize any person to act in reliance upon a copy of this declaration, absent any expression by me of its revocation.

ARTICLE IV

This declaration is made in accordance with and intended to be valid, under the laws of the State Of Florida, and shall be valid any place, jurisdiction, or country in which the application of this declaration becomes necessary.

ARTICLE V

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate _____ as my surrogate, to carry out the provisions of this declaration. In the event that the above-named individual is unwilling or unable to perform the duties as my surrogate, I designate _____ as my alternate surrogate.

ARTICLE VI

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

IN WITNESS WHEREOF, I have executed this Living Will Declaration on _____.

Signed, sealed and delivered
in the presence of:

Signed
Address: _____

STATE OF _____;
COUNTY OF _____;

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared _____, who is personally

known to me or who has presented a driver's license as identification, to me known to be the person described in and who executed the foregoing and acknowledged before me that he/she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid on

_____.

Notary Public Signature

MY COMMISSION EXPIRES: