

Living Will for _____

I, _____, of _____, Florida, willfully and voluntarily declare that if my death becomes imminent, I am in a permanent vegetative state, or I have a terminal illness or incurable condition, my life shall not be artificially prolonged under the guidelines described below.

Guidelines for the Cessation of Life-Prolonging Procedures

If at any time my medical condition becomes irreversible and terminal, I direct that any life-prolonging procedures shall be withheld or withdrawn. I also refuse consent to the administration of life-prolonging procedures if it is determined that I am in a permanent vegetative state, or have a terminal illness or an incurable condition and am therefore unable to experience a meaningful life.

For this declaration to take effect, my attending physician must determine that there can be no recovery from my terminal or vegetative condition, and that either my death is imminent or I can no longer experience a meaningful life. "Life-prolonging procedures" shall include any procedure that would serve only to artificially prolong the dying process.

"Life-prolonging procedures" shall include, without being limited to, antibiotics; respirators, pacemakers, renal dialysis, or any other mechanical devices designed to assist the functioning of organs; transfusion of blood and blood products; and in the event of cardiac or cardiopulmonary arrest, resuscitative procedures.

Notwithstanding any other provisions of this Living Will, and without limiting any other provisions of this Living Will; if I suffer from a persistent vegetative state, I specifically refuse any treatment (including, but not limited to "life-prolonging procedures") that is not directed at alleviating specifically, and with high probability of success, the underlying condition causing the persistent vegetative state.

I wish to die naturally, with only the administration of medication or the performance of any medical procedures deemed necessary to provide me with comfort and care or to alleviate pain, even though they may shorten my remaining life.

Statement of My Intent

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intent 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 of such refusal.

Living Will of _____

Page 1 of 3

This declaration is made after careful consideration and is in accordance with my strong convictions and beliefs. I want my wishes and directions as expressed in this declaration to be carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that my family, my physician, the courts, and all others who may be involved in such decision-making will regard themselves as morally bound by this declaration.

Authorization of Surrogate

If I have named a surrogate for health care decisions, or appointed an agent pursuant to a power of attorney to make health care decisions for me, he or she may provide consent for withholding or withdrawing life-prolonging procedures according to my wishes.

Release of Liability

I hereby release and hold harmless any person who, in good faith, terminates life-sustaining procedures in accordance with the guidelines in this declaration.

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

Dated _____

Signature

We, the undersigned witnesses, declare that the foregoing instrument was signed by _____ in our presence. We further declare that we are not related to _____ by blood, marriage, or adoption, are not heirs to her estate, and are not responsible for paying her health care costs. _____ is known to us and we believe her to be of sound mind.

Witness

Witness

Living Will of _____

Page 2 of 3

STATE OF FLORIDA)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this day, _____
_____, by _____, as the declarant, _____
_____, as witness, and _____, as
witness, who are personally known to me or who have produced
_____, as identification.

[Seal]

Notary Public

Living Will of _____

Page 3 of 3