

LIVING WILL

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:

If at any time I am incapacitated and I have a terminal condition, or I have an end-stage condition, or I am in a persistent vegetative state and, if my attending or treating physician and another consulting physician have determined that there is no medical probability of my recovery from such condition:

(a) I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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 and care or to alleviate pain; and

(b) I do not desire that nutrition and hydration (food and water) be administered to me artificially through an invasive procedure.

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 and surgical treatment and to accept the consequences for such refusal.

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 the following persons in the following order to act as my surrogates to carry out the provisions of this declaration:

1. Name: _____, Address: _____,
Telephone: (____) ____ - _____, Relationship: _____.

2. Name: _____, Address: _____,
Telephone: (____) ____ - _____, Relationship: _____.

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

Dated: _____, _____
_____, **Declarant**

_____, **Witness** _____, **Witness**

STATE OF FLORIDA)

COUNTY OF _____)

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, on _____, by _____, who is personally known to me, or produced a Florida Driver's License for identification.

_____, **Notary Public**
State of Florida
My Commission Expires: _____