

LIVING WILL DECLARATION

Declaration made this _____ day of _____, 2005. I, _____, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition or a permanently unconscious 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 are utilized or that I will remain in a permanently unconscious condition and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary to provide me with comfort care. I realize that situations could arise in which the only way to allow me to die would be to discontinue artificial nutrition and hydration. In carrying out any instruction I have given under this declaration, I authorize that artificial nutrition and hydration not be started or, if started, be discontinued.

(YES) (NO) (Circle your choice and initial beneath it. If you do not choose "yes," artificial nutrition and hydration will be provided and will not be removed.)

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 physicians as the final expression of my right to refuse medical or surgical treatment and accept the consequences of such refusal.

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

Signed: _____
, Declarant

STATE OF NEW HAMPSHIRE
HILLSBOROUGH COUNTY

We, the following witnesses, being duly sworn each declare to the notary public or justice of the peace or other official signing below as follows:

1. The declarant signed the instrument as a free and voluntary act for the purposes expressed, or expressly directed another to sign for the declarant.

2. Each witness signed at the request of the declarant, in the declarant's presence, and in the presence of the other witness.

3. To the best of my knowledge, at the time of the signing the declarant was at least 18 years of age, and was of sane mind and under no constraint or undue influence.

Witness

Witness

Sworn to and signed before me by _____, declarant,
_____ and _____, witnesses, on
this _____ day of _____, 2005.

Print Name:
Notary Public/Justice of the Peace
My commission expires:

THIS LIVING WILL DECLARATION WILL NOT BE VALID UNLESS IT IS SIGNED IN THE PRESENCE OF TWO (2) OR MORE SUBSCRIBING WITNESSES WHO MUST BOTH BE PRESENT WHEN YOU SIGN AND ACKNOWLEDGE YOUR SIGNATURE. THE FOLLOWING PERSONS MAY NOT ACT AS WITNESSES:

- your spouse;
- your heirs at law;
- your attending physician or person acting under the direction or control of your attending physician;
- any other person who has at the time of the witnessing of this declaration any claims against your estate.

IF YOU ARE A RESIDENT OF A HEALTH CARE FACILITY OR PATIENT IN A HOSPITAL, NO MORE THAN ONE WITNESS MAY BE THE HEALTH CARE PROVIDER OR SUCH PROVIDER'S EMPLOYEE.