

LIVING WILL

Declaration made this _____ day of _____ 200__, 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 am mentally or physically incapacitated and

- _____ (initial) I have a terminal condition.
- or _____ (initial) I have an end stage condition.
- or _____ (initial) I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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.

I do (), I do not () desire that nutrition and hydration (food and water) be administered to me when the application of such procedures would serve only to prolong artificially the process of dying.

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.

In the event 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:

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

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

Additional Instructions (optional):

(Signed): _____
Printed Name: _____

Witness: _____
Street Address: _____
City, State & Zip: _____
Phone: _____

Witness: _____
Street Address _____
City, State & Zip _____
Phone _____

At least one witness must not be a husband or wife or a blood relative of the principal.
— This form offered as a courtesy of —
— **Kevin L. Deeb, Deeb Law Firm, P.A. (305)670-1188,** —
— *The Florida Bar and the Florida Medical Association* —