Living Will DECLARATION

This declaration is made this	day of	(month, year).
I,	, born on	, being of sound mind,
I,willfully and voluntarily make know artificially postponed.	n my desires that my mor	ment of death shall not be
If at any time I should have an incuraterminal condition by my attending procedures which would only prolon permitted to die naturally with only to performance of any medical procedume with comfort care.	physician who has person nt except for death delaying the dying process be we the administration of med	ally examined me and has ng procedures, I direct that such ithheld or withdrawn, and that I be lication, sustenance, or the
In the absence of my ability to give of procedures, it is my intention that this as the final expression of my legal rigonsequences from such refusal.	is declaration shall be hor	nored by my family and physician
Signed		
City, County and State of Residence		
The declarant is personally known to declarant sign the declaration in my he or she had signed the declaration) the declarant. I did not sign the declarant. At the date of this instrum declarant according to the laws of intelligent belief, under any will of declarant or directly financially responsible for declarant.	presence (or the declarant and I signed the declarate arant's signature above for ent, I am not entitled to a testate succession or, to the other instrument taking of	t acknowledged in my presence that tion as a witness in the presence of or or at the direction of the my portion of the estate of the he best of my knowledge and
Witness		
Witness		
History (Source: P.A. 85-1209.)		

Rev 5/2012

Note. This section was Ill.Rev.Stat., Ch. 110 1/2, Para. 703.

Annotations