

**LIVING WILL DECLARATION**  
**OF**

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DECLARATION made this \_\_\_\_\_ day of \_\_\_\_\_ 2020, I, \_\_\_\_\_, of \_\_\_\_\_ (city), \_\_\_\_\_ County, Florida, 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 incapacitated and

\_\_\_\_\_ I have a terminal condition  
INITIAL

\_\_\_\_\_ I have an end-stage condition  
INITIAL

\_\_\_\_\_ I am in a persistent vegetative state  
INITIAL

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medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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 procedures deemed necessary to provide me with comfort care or to alleviate pain.

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 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, as my surrogate to carry out the provisions of this declaration:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

By \_\_\_\_\_

Print: \_\_\_\_\_

Declarant

The Declarant, \_\_\_\_\_, we believe to be of sound mind. The Declarant signed the foregoing Declaration in the presence of us, at least one of whom is neither the spouse nor a blood relative of the Declarant. Each of us have signed this document as witnesses in the presence of the Declarant and in the presence of one another.

\_\_\_\_\_  
Print: \_\_\_\_\_

\_\_\_\_\_  
Print: \_\_\_\_\_