1. Living Will Declaration   
   Of   
   {{ client.name }}

This *Declaration* is made on the date set forth below. I, {{ client.name }}, of {{ address.city }}, Indiana, hereby declare that I am more than 18 years of age, and I am of sound mind. I willfully and voluntarily declare that it is my desire that my dying shall not be artificially prolonged under the circumstances set forth below. I declare the following:

If at any time my attending physician certifies in writing that: (1) I have an incurable injury, disease, or illness: (2) my death will occur within a short period of time; and (3) the use of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to provide me with comfort care or to alleviate pain, and, if I have so indicated below, the provision of artificially supplied nutrition and hydration. (Indicate your choice by initialing or making your mark before signing this declaration):

I wish to receive artificially supplied nutrition and hydration, even if the effort to sustain life is futile or excessively burdensome to me.

I do not wish to receive artificially supplied nutrition and hydration, if the effort to sustain life is futile or excessively burdensome to me.

I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my health care representative appointed under I.C. 16-36-1-7 or my attorney-in-fact with health care powers under I.C. 30-5-5.

If I am unable to give directions regarding the use of life-prolonging procedures, 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 of the refusal. **Any appointment of a health care representative, as authorized by I.C. §16-36-1, that I may make, whether simultaneously, previously, or hereafter, is not to be considered as a contradiction of my intention as expressed in this Living Will, but my health care representative’s action in consenting or withholding or withdrawing consent to life-prolonging procedures shall take precedence over this *Declaration.***I understand the full import of this *Declaration.*

Dated: \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_

{{ client.name }}

{{ address.address }}

{{ address.city }} {{ state\_name(address.state) }} {{ address.zip }}

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: {{ client.birthdate }}

**Certificate of Witnesses**

{{ client.name }} (the “*Declarant*”) is known to me, and I believe the Declarant to be of sound mind. I did not sign the Declarant’s signature above for or at the direction of the Declarant. I have no reason to believe, and I do not believe, that I am entitled to any part of the Declarant’s estate, and I am not directly responsible for the Declarant’s medical care. I am competent and more than 18 years of age. I certify that I have witnessed the Declarant sign the foregoing *Declaration* and that I have signed this Certificate on the day set out in the *Declaration.*

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Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_