

# Living Will

TO MY FAMILY, MY PHYSICIAN, TO WHOM IT MAY CONCERN:

Directive made this \_\_\_\_ day of \_\_\_\_\_, 2005

I, **JOHN Q. PUBLIC**, being of sound mind, willfully, and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

1. If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition and where the application of life-sustaining procedures would serve only to artificially prolong the moment of my death and where my physician determines that my death is imminent whether or not life-sustaining procedures are utilized, and after consultation with my surviving spouse, if any, and adult children, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally and that during such period, I am administered medication that will alleviate, to the greatest extent possible, any pain which I am experiencing.

2. In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this directive, in conjunction with the Health Care Proxy which I executed on \_\_\_\_\_, 2005, shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

3. I understand the full import of this directive and I am emotionally and mentally competent to make this directive.

\_\_\_\_\_  
**JOHN Q. PUBLIC**

The declarant has been personally known to me and I believe him to be of sound mind.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

COMMONWEALTH OF MASSACHUSETTS  
COUNTY OF HAMPDEN

On this \_\_\_\_\_ day of \_\_\_\_\_, 2005, before me, the undersigned notary public, personally appeared JOHN Q. PUBLIC, and proved to me through satisfactory evidence of identification, which was a Massachusetts driver's license bearing the photographic image of the person's face and signature, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public

My commission expires: