

LIVING WILL

I, _____ of _____ 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 both mentally and physically incapacitated and _____ *(initial all that apply)*

_____ I have a terminal condition: A condition caused by injury, disease or illness from which there is no reasonable medical probability of recovery and that, without treatment, can be expected to cause death;

or _____ I have an end-stage condition: An irreversible condition caused by disease or illness that has resulted in progressively severe and permanent deterioration, and that to a reasonable degree of medical probability, treatment of the condition would be ineffective;

or _____ I am in a persistent vegetative state: A permanent and irreversible condition of unconsciousness in which there is: (a) the absence of voluntary action or cognitive behavior of any kind; (b) an inability to communicate or interact purposefully with the environment,

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medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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

The following definitions as set forth in Section 765.101 of the Florida Statutes shall apply:

(1) "Attending physician" means the primary physician who has responsibility for the treatment and care of the patient.

(2) "Life-prolonging procedure" means any medical procedure, treatment, or intervention, including artificially provided sustenance and hydration, which sustains, restores, or supplants a spontaneous vital function. The term does not include the administration of medication or performance of medical procedure, when such medication or procedure is deemed necessary to provide comfort care

or to alleviate pain.

(3) "Living will" or "declaration" means:

(a) A witnessed document in writing, voluntarily executed by the principal in accordance with Florida Statute 765.302; or

(b) A witnessed oral statement made by the principal expressing the principal's instructions concerning life-prolonging procedures.

(4) "Physician" means a person licensed pursuant to chapter 458 or chapter 459.

(5) "Principal" means a competent adult executing an advance directive and on whose behalf health care decisions are to be made.

It is my intention that this declaration be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of 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 #: _____

If the above named person is not available, I designate:

Name: _____

Address: _____

Phone #: _____

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

This Declaration is made on the _____ day of _____, in the year _____.

Principal

STATEMENT OF FIRST WITNESS.

The Principal signed the foregoing Living Will in my presence. I am an adult, and I am neither the spouse nor a blood relative of _____.

Signature: _____

Print Name: _____

Address: _____

Date: _____

STATEMENT OF SECOND WITNESS.

The Principal signed the foregoing Living Will in my presence. . I am an adult, and I am neither the spouse nor a blood relative of _____.

Signature: _____

Print Name: _____

Address: _____

Date: _____

THE STATE OF FLORIDA §

§

COUNTY OF _____ §

The foregoing instrument was acknowledged before me on the ____ day of _____, in the year _____, by _____, who produced a driver's license issued by Florida that contained her photograph and signature as identification.

Notary Public, State of Florida

Notary's printed name: _____