



**LIVING WILL**

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

I, \_\_\_\_\_, an adult resident of \_\_\_\_\_ (city) \_\_\_\_\_(county) \_\_\_\_\_ (state), being of sound mind willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If at any time I should have an incurable injury, disease or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration should 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.

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

\_\_\_\_\_  
Signature of declarant

The declarant has been personally 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 am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of interstate succession or under any will, declarant or codicil thereto, or directly financially responsible for declarant's medical care. I am at least eighteen (18) years of age.

This document must be:

- 1) Acknowledged by a notary public; **OR**
- 2) Witnessed by two individuals of lawful age who are not the agent, not related to the principal by blood or marriage or adoption, not entitled to any portion of principal's estate and not financially responsible for principal's healthcare.

STATE OF KANSAS COUNTY OF \_\_\_\_\_

Now on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the undersigned, a notary public in and for the county and state aforesaid, came \_\_\_\_\_, who is personally known to me be the same person who executed this instrument and such person duly acknowledged the execution of same. In witness thereof, I have set my hand and affixed my seal the day and year written above.

\_\_\_\_\_  
Notary

My appointment Expires: \_\_\_\_\_



\_\_\_\_\_  
Witness (Please Sign AND Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness (Please Sign AND Print)

\_\_\_\_\_  
Address

