

LIVING WILL

Living Will (declaration) made this ____ day of _____, _____. I, _____, being of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If at any time I should have a terminal condition, become in a coma with no reasonable expectation of regaining consciousness, or become in a persistent vegetative state with no reasonable expectation of regaining significant cognitive function, I direct that life prolonging procedures to my body (initial the desired option)

____ including nourishment and hydration,

____ excluding nourishment and hydration, be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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.

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

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

Signed on this ____ day of _____, 20____, in the City of _____,

County of _____, State of _____.

Signature

I hereby witness this living will and attest that: is personally known to me and voluntarily signed this writing in my presence. I believe the declarant to be at least 18 years of age. I am at least 18 years of age. 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, and to the best of my knowledge am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care, and I have no present or inchoate claim against any portion of the estate of declarant. I am not the attending physician, and I am not an employee of a hospital, skilled nursing facility, or other health care facility in which the declarant is a patient.

Signed, sealed and delivered in the presence of:

Witness - 1

Witness - 2

State of _____) County of _____)

The foregoing instrument was acknowledged by me this ____ day of _____, 20 ____

by: _____ who is/are personally known by me or who has/have produced:

_____ as identification and who did not take an oath. _____

Notary Public State of _____ My Commission Expires: ____/____/____ Notary Seal:

Code 15601332

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COME TO
YOU
www.ga-mobile-notary.com

**This Certificate is valid for a Notary Signing at your location.
Do you have a valid Will and POA that needs to be notarized?**

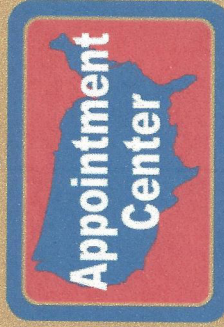
1. READY - Are your documents ready for a notary signature? Do you need a witness?

2. If NO - Finish completing your documents so you can schedule a notary.

3. If YES - Log on to

www.ga-mobile-notary.com

and click on →
and schedule.



Or call the office at 855-542-8363.

4. NOTARY - After scheduling is confirmed, a Notary Public will contact you for a signing session.

Mobile Notary Service

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S - 208 - 130
Atlanta, Georgia 30342

