

LIVING WILL

Declaration made this ____ day of _____, I, _____,
DOB: _____ whose address is _____
_____, do hereby 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 incapacitated and have a terminal condition,
an end-stage condition or am in a persistent vegetative state and if my primary 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be withheld or withdrawn when the application of such procedures would serve only to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.

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 for 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:
DOB:
Address:
Phone:

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

STATE OF FLORIDA)
COUNTY OF _____)

The foregoing instrument was acknowledged before me by means of physical presence
or online notarization, this ____ day of _____, 2022, by _____
_____.

(Signature of Notarial Officer)
Notary Public for the State of Florida
My commission expires: _____

[Signature of Witness #1]

[Printed or typed name of Witness #1]

[Address of Witness #1, Line 1]

[Address of Witness #1, Line 2]

[Phone]

[Signature of Witness #2]

[Printed or typed name of Witness #2]

[Address of Witness #2, Line 1]

[Address of Witness #2, Line 2]

[Phone]