Living Will
for the State of New York

To My Family, My Physician, My Lawyer, and All Others Whom It May Concern:

Death is as much a reality as birth, growth, maturity, and old age - it is one certainty of life. If the time comes when I, _____, can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes and directions, while I am still of sound mind.

If at such time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not be kept alive by medications, artificial means, or "heroic measures". I do, however, ask that medication be mercifully administered to me to alleviate suffering even though such medication may shorten my life. I do not want cardiac resuscitation, mechanical respiration, tube feeding, or antibiotics. I would additionally prefer to be allowed to die at home, if possible.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this Living Will is addressed will regard themselves as morally bound by these provisions. These instructions apply even if I am in an unconscious or conscious state.

NOTE: Must be signed in the presence of two capable witnesses.

Witness No. 1:

_____
_____
_____

Witness No. 2:

_____
_____
_____

Copies of this request have been given to:

_____
_____
_____
_____

_____ _____
Signature Date

_____ _____
Printed Name Title/Authority

_____ _____
Signature Date

_____ _____
Printed Name Title/Authority