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 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