STATUTORY LIVING WILL DECLARATION

Declaration made this day of		, 20_	·				
I,,	date of	birth			_, of		(city),
I,, (county), and,		(state)	, being of s	sound mi	nd, willful	ly and vol	untarily make
known my desire that my dying shall not be artificial revocation, and do hereby declare:	lly prolon	iged un	der the circ	cumstanc	es set fort	h below, s	ubject to later
If at any time I should have an incurable injury, who have personally examined me, one of whom shall death will occur whether or not life-sustaining procedu would only serve to prolong the dying process, I direct to die naturally with only the administration of medication provide me with comfort care.	be my attures are uthat such	tending tilized procedo	physician, and where ures be with	and the p the applic hheld or v	ohysicians cation of li vithdrawn	have deteri ife-sustaini and that I b	mined that my ing procedures be permitted to
In the absence of my ability to give directions re this declaration shall be honored by my agent, family, ar or surgical treatment and accept the consequences from	nd physic	ian(s) a					
I understand the full significance of this dec declaration.	laration,	and I a	ım emotior	nally and	mentally	competent	to make this
☐ I do not wish to make additional instructions.							
☐ My additional instructions are listed on the rever	rse side (d	or page	2) of this fe	orm.			
Signature of Declarant							
By signing below, I certify the following: The declarar sound mind and 18 years or older. The declarant volunt signature above for or at the direction of the declarant. any portion of the estate of the declarant either as a legal directly financially responsible for declarant's medical	arily sign I am not r al heir or t	ed this	document it to the decla	in my pre rant by b	sence. I die lood or ma	d not sign t arriage, am	the declarant's not entitled to
(1) Witnesses – two individuals of lawful age who are n not entitled to any portion of the principal's estate; and							e, or adoption;
Witness	Witnes	s					
Address							
OR							
(2)							
STATE OF KANSAS)							
) ss: COUNTY OF)							
This instrument was acknowledged before me on this _	day	of			, 20		
Signature of Notary Po	ublic						
My appointment expir	es:						

OPTIONAL ADDITIONAL INSTRUCTIONS

In addition to the above and foregoing, all persons involved in decisions regarding my medical treatment shall consider the following as clear and convincing evidence of my treatment wishes in the event I lack the capacity to make or communicate decisions regarding my health care treatment and there is no realistic hope that I will regain such capacity:

substantial brain damage or brain disease, or extreme mental deterioration including dementia; or

• a condition, disease, or injury without reasonable expectation of significant recovery;

If there is no reasonable hope that I will regain a meaningful quality of life and I have:

a terminal condition;

		her life-saving or life-prolonging measures or p nstructions marked below:	procedures be a	dminis	tered or withheld/withdrawn in accordance with
		the conditions described in the preceding particle ons <i>EXCEPT</i> those that I have marked "No.		l reques	st that I be provided all of the following measures
Yes	No	SURGERY	Yes	No	DIALYSIS
Yes	No	HEART-LUNG RESUSCITATION (CPR	R) Yes	No	ANTIBIOTICS
Yes	No	MECHANICAL VENTILATOR	Yes	No	TUBE FEEDING
	(resp	pirator requiring intubation)			d and water delivered through tube in the veins, , or stomach)
Yes	No	OTHER	Yes		OTHER
	very (e		physician to try	the tre	neasure or intervention may lead to a significant patment for a reasonable period of time. If it does even if so doing shortens my life.
Yes treat		direct that in all circumstances, I be given hight shorten my life, suppress my appetite of			to relieve pain or provide comfort, even if such habit-forming.
caregi		nd/or surrogate decision makers in determini	ing my course of	of medi	which shall be taken into consideration by any ical treatment:
	I ma	ke other instructions as follows:			
Signa May	ture of	Declarant ned by another person in the declarant's pre	sence and by th	he decl	arant's expressed direction.)
(1)	Witr	ness	Witne	ess	
	Add	ress	Addre	ess	
OR					
(2)	STA	TE OF KANSAS)			
	COU) ss: JNTY OF)			
	This	instrument was acknowledged before me or	n this da	y of	
		Signature of Notary Pub	olic		