

**LIVING WILL
OF**

TO MY FAMILY, MY PHYSICIAN, MY CLERGYMAN, MY LAWYER

If the time comes when I can no longer take part in decisions regarding my own future, this statement, made while I am still of sound mind, shall stand as a testament of my wishes:

If at any time I should have an incurable injury, disease or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, I, _____, of _____, _____ County, Massachusetts, request that I be allowed to die and not be kept alive by artificial means or extraordinary measures. In particular, but without limiting its generality, I wish to make it clear that the foregoing statement is intended to include the termination of any mechanical life support system or device and the complete withholding of nutrition, hydration and medication, except for relief of pain.

I do not intend any direct taking of my life but I ask that medication be mercifully administered to me to alleviate pain or distress, even if such treatment should hasten my death.

This request is made after careful consideration. I recognize that it places a heavy burden of responsibility upon my family and physicians, and it is with the intention of sharing that responsibility and of mitigating any feelings of guilt that this statement is made. It is my intention that this declaration be honored as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration. Signed this _____ day of _____, 20____.

The Declarant has personally appeared before me and I believe him to be of sound mind.

WITNESS

WITNESS

COMMONWEALTH OF MASSACHUSETTS

_____, ss
County

_____, 20____
Date

Before me, the undersigned authority on this day personally appeared _____, to me known to be the Declarant, and the witnesses whose names are signed to the attached or foregoing instrument, and all of these persons being by me duly sworn, the Declarant declared to me, and to the witnesses in my presence that the instrument is his declaration and that he had willingly signed, and that he executed it as his free and voluntary act for the purposes therein expressed; and each of the witnesses stated to me, under the pains and penalties of perjury in the presence of the Declarant, that they signed the declaration as witnesses and that to the best of their knowledge the Declarant was eighteen years of age or over, of sound mind and under no constraint or undue influence.

DECLARANT

WITNESS

WITNESS

Subscribed and sworn to before me by the said Declarant and the said witnesses this _____ day of _____, 20_____.

Notary Public,
My Commission Expires: