

CAN NO LONGER DECIDE FOR MYSELF. MY STATED PREFERENCES ARE MEANT TO GUIDE WHOEVER IS MAKING DECISIONS ON MY BEHALF AND MY HEALTH CARE PROVIDERS, BUT I AUTHORIZE THEM TO BE FLEXIBLE IN APPLYING THESE STATEMENTS IF THEY FEEL THAT DOING SO WOULD BE IN MY BEST INTEREST.

((OR))

- 2. I REALIZE I CANNOT FORESEE EVERYTHING THAT MIGHT HAPPEN AFTER I CAN NO LONGER DECIDE FOR MYSELF. STILL, I WANT WHOEVER IS MAKING DECISIONS ON MY BEHALF AND MY HEALTH CARE PROVIDERS TO FOLLOW MY STATED PREFERENCES EXACTLY AS WRITTEN, EVEN IF THEY THINK THAT SOME ALTERNATIVE IS BETTER.

**PART III: SIGNATURE AND WITNESSES**

BY SIGNING BELOW AS THE DECLARANT, I INDICATE THAT I AM EMOTIONALLY AND MENTALLY COMPETENT TO MAKE THIS ADVANCE DIRECTIVE AND THAT I UNDERSTAND ITS PURPOSE AND EFFECT. I ALSO UNDERSTAND THAT THIS DOCUMENT REPLACES ANY SIMILAR ADVANCE DIRECTIVE I MAY HAVE COMPLETED BEFORE THIS DATE.

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

\_\_\_\_\_  
(DATE)

THE DECLARANT SIGNED OR ACKNOWLEDGED SIGNING THIS DOCUMENT IN MY PRESENCE AND, BASED UPON PERSONAL OBSERVATION, APPEARS TO BE EMOTIONALLY AND MENTALLY COMPETENT TO MAKE THIS ADVANCE DIRECTIVE.

\_\_\_\_\_  
(SIGNATURE OF WITNESS)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
TELEPHONE NUMBER(S)

\_\_\_\_\_  
(SIGNATURE OF WITNESS)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
TELEPHONE NUMBER(S)

(NOTE: ANYONE SELECTED AS A HEALTH CARE AGENT IN PART I MAY NOT BE A WITNESS. ALSO, AT LEAST ONE OF THE WITNESSES MUST BE SOMEONE WHO WILL NOT KNOWINGLY INHERIT ANYTHING FROM THE DECLARANT OR OTHERWISE KNOWINGLY GAIN A FINANCIAL BENEFIT FROM THE DECLARANT'S DEATH. MARYLAND LAW DOES NOT REQUIRE THIS DOCUMENT TO BE NOTARIZED.)