

(3) IF I HAVE AN END-STAGE CONDITION, THAT IS A CONDITION CAUSED BY INJURY, DISEASE, OR ILLNESS, AS A RESULT OF WHICH I HAVE SUFFERED SEVERE AND PERMANENT DETERIORATION INDICATED BY INCOMPETENCY AND COMPLETE PHYSICAL DEPENDENCY AND FOR WHICH, TO A REASONABLE DEGREE OF MEDICAL PROBABILITY CERTAINTY, TREATMENT OF THE IRREVERSIBLE CONDITION WOULD BE MEDICALLY INEFFECTIVE -

\_\_\_\_\_ I DIRECT THAT MY LIFE NOT BE EXTENDED BY LIFE-SUSTAINING PROCEDURES, INCLUDING THE ADMINISTRATION OF NUTRITION AND HYDRATION ARTIFICIALLY.

\_\_\_\_\_ I DIRECT THAT MY LIFE NOT BE EXTENDED BY LIFE-SUSTAINING PROCEDURES, EXCEPT THAT IF I AM UNABLE TO TAKE FOOD BY MOUTH, I WISH TO RECEIVE NUTRITION AND HYDRATION ARTIFICIALLY.

(4) I DIRECT THAT NO MATTER WHAT MY CONDITION, MEDICATION NOT BE GIVEN TO ME TO RELIEVE PAIN AND SUFFERING, IF IT WOULD SHORTEN MY REMAINING LIFE.

(5) I DIRECT THAT NO MATTER WHAT MY CONDITION, I BE GIVEN ALL AVAILABLE MEDICAL TREATMENT IN ACCORDANCE WITH ACCEPTED HEALTH CARE STANDARDS.

(6) IF I AM PREGNANT, MY DECISION CONCERNING LIFE-SUSTAINING PROCEDURES SHALL BE MODIFIED AS FOLLOWS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(7) I DIRECT (IN THE FOLLOWING SPACE, INDICATE ANY OTHER INSTRUCTIONS REGARDING RECEIPT OR NONRECEIPT OF ANY HEALTH CARE)

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\_\_\_\_\_  
\_\_\_\_\_

BY SIGNING BELOW, I INDICATE THAT I AM EMOTIONALLY AND MENTALLY COMPETENT TO MAKE THIS ADVANCE DIRECTIVE AND THAT I UNDERSTAND THE PURPOSE AND EFFECT OF THIS DOCUMENT.

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

THE DECLARANT SIGNED OR ACKNOWLEDGED SIGNING THE FOREGOING ADVANCE DIRECTIVE IN MY PRESENCE AND BASED UPON PERSONAL OBSERVATION APPEARS TO BE A COMPETENT INDIVIDUAL.

\_\_\_\_\_  
\_\_\_\_\_ (WITNESS) (WITNESS)

(SIGNATURE OF TWO WITNESSES)