Living Will Declaration
Indiana Code 16-36-4-10

Declaration made this _____ day of _____(month, year).

I, _____ being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare:

If at any time my attending physician certifies in writing that: (1) I have an incurable injury, disease, or illness; (2) my death will occur within a short time; and (3) the use of life-prolonging procedures would serve only to artificially prolong the dying process. I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to proved me with comfort care or to alleviate pain, and if I have so indicated below, the provision of artificially supplied nutrition and hydration. (indicate your choice by initialing or making your make before signing this declaration):

- □ I wish to receive artificially supplied nutrition and hydration, even if the effort to sustain life is futile or excessively burdensome to me.
- □ I do not wish to receive artificial supplied nutrition and hydration, if the effort to sustain life is futile or excessively burdensome to me.
- □ I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my health care representative appointed under IC 16-36-1-7 or my attorney in fact with health care powers under IC 30-5-5.

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences or the refusal.

I understand the full import of the declaration.

X_____	___-___-____	X_____.
Signature	SS Number	Date

_____
City, County, and State of Residence

The declarent has been personally known to me and I believe (him/her) to be of sound mind. I did not sign the declarent's signature above for or at the direction of the declarent. I am not a parent, spouse, or child of the declarent. I am not entitled to any part of declarant estate or directly financially responsible for the declarent's medical care. I am competent and at least eighteen (18) years of age.

_____	_____
Witness Signature	Date

_____	_____
Witness Signature	Date