Living Will DECLARATION

This declaration is made this	_ day of	(month, year).
I,willfully and voluntarily make known my artificially postponed.	, born on desires that my	, being of sound mind, moment of death shall not be
If at any time I should have an incurable a terminal condition by my attending physi determined that my death is imminent exceptocedures which would only prolong the permitted to die naturally with only the acperformance of any medical procedure deme with comfort care.	cian who has per- cept for death del e dying process be dministration of r	sonally examined me and has aying procedures, I direct that such e withheld or withdrawn, and that I be medication, sustenance, or the
In the absence of my ability to give direct procedures, it is my intention that this dec as the final expression of my legal right to consequences from such refusal.	claration shall be	honored by my family and physician
Signed		
City, County and State of Residence		
The declarant is personally known to me declarant sign the declaration in my prese he or she had signed the declaration) and the declarant. I did not sign the declarant declarant. At the date of this instrument, I declarant according to the laws of intestate belief, under any will of declarant or other directly financially responsible for declarant.	ence (or the declar I signed the declar 's signature above I am not entitled to the succession or, the er instrument taking	rant acknowledged in my presence that aration as a witness in the presence of e for or at the direction of the to any portion of the estate of the to the best of my knowledge and ng effect at declarant's death, or
Witness		
Witness		

History

(Source: P.A. 85-1209.)

Annotations

Note. This section was Ill.Rev.Stat., Ch. 110 1/2, Para. 703.

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