

To My Family, My Physician, My Lawyer And all others to Whom It May Concern

Death is much a reality as birth, growth, maturity and old age. It is the one certainty of life. It the time comes when I can no longer take part in decisions for my own future, let this statement stand as expression of my wishes and directions, while I am still of sound mind.

If at such a time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not kept alive by medications, artificial means "heroic measures". I do, however, ask that medication be mercifully administered to be to alleviate suffering even though this may shorten my remaining life.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed and carried out to the extent permitted by law Insofar as they are not legally enforceable, I hope that those to whom this Will is addressed will regard themselves as morally bound by these provisions.

Signed: _____

Date: _____

Witness: _____

Witness: _____

Copies of this request have been given to: _____

