

DECLARATION

“LIVING WILL”

If I should have an incurable or irreversible condition that will cause my death within a relatively short time, it is my desire that my life not be prolonged by administration of life-sustaining procedures.

If my condition is terminal and I am unable to participate in decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain.

I do ___/do not ___ desire that nutrition or hydration (food and water) be provided by gastric tube or intravenously if necessary.

Signed this ___ day of _____, _____, at _____, Alaska.

Declarant

The declarant is known to me and voluntarily signed or voluntarily directed another to sign this document in my presence.

Witness

Witness

Witness

ACKNOWLEDGEMENT

STATE OF ALASKA)
)ss:
FIRST JUDICIAL DISTRICT)

Subscribed, sworn to, and acknowledged before me by _____, the declarant, and subscribed and sworn to before me by _____, and _____, witnesses, this ___ day of _____, _____.

Notary Public for the State of Alaska.
My commission expires: _____