LOUISIANA LIVING WILL DECLARATION

Declaration made this _____ day of _____, 20_____.

I, _____, being of sound mind, willfully, and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below and do hereby declare:

If at any time I should have an incurable injury, disease, or illness, or be in a continual profound comatose state with no reasonable chance of recovery, certified to be terminal and irreversible condition by two physicians who have personally examined me, one of which shall be my attending physician, and the physicians have determined that death will occur whether or not life-sustaining procedures are utilized, and where the application of life-sustaining procedures would serve only to prolong artificially the dying process, I direct (initial one only):

_____ That all life-sustaining procedures, including nutrition and hydration, be withheld or withdrawn so that food and water will not be administered invasively.

_____ That all life-sustaining procedures, exception nutrition and hydration, be withheld or withdrawn so that food and water can be administered invasively.

I further direct that I be permitted to die naturally only with the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

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

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signed: _____

Print Name: _____

City, Parish, and State of Residence: _____

WITNESSES

I declare that the person who signed this document is personally known to me and that he or she appears to be of sound mind. I am at least 18 years of age, and I am not related to the person who signed this document by blood or marriage or entitled to any portion of his/her estate under any will or by operation of law.

First Witness Signature: _____
Print Witness Name: _____ Date: _____
First Witness Address: _____
_____

Second Witness Signature: _____
Print Witness Name: _____ Date: _____
Second Witness Address: _____
_____

NOTARIZATION (Optional)

STATE OF _____ PARISH OF _____

I, _____, a Notary Public in and for the State and Parish aforesaid, do hereby certify that _____, who personally came and appeared before me as the Principal, and executed the foregoing Living Will for Healthcare in and said State and Parish, and acknowledged said Living Will for Healthcare as the Principal's voluntary act.

Witness my signature this _____ day of _____, 20_____.

_____
NOTARY PUBLIC