RIGHTS OF THE TERMINALLY ILL DECLARATION

(NEBRASKA LIVING WILL DECLARATION)

If I should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Rights of the Terminally III Act, to withhold or withdraw life-sustaining treatment that is not necessary for my comfort or to alleviate pain.

DECLARANT SIGNATURE

, 20
Printed Name
Printed Address
CLARATION OF WITNESSES
onally known to us, that the principal signed or acknowledged of the Terminally III Declaration in our presence and that the bund mind and not under duress or undue influence.
(Printed Name of Witness)
(Printed Name of Witness)
- OR -
NOTARY
notary public instead of having it witnessed above.)
)
) ss.)
Notary Public My commission expires: