## ADVANCE MEDICAL DIRECTIVE

If the time comes when I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician as to my own medical care, I wish this statement to stand as a statement of my wishes.

circumstances of a future illness. I want	ture because I cannot anticipate all the possible those making decisions for my care and on my rectly causes my death by deed or omission.
that nothing should be withheld from or p end or chosen as a means. Medical treat not offer a reasonable hope of benefit to m excessive expense on my family. There me with nutrition and hydration, includi assisted hydration, so long as they are a b	, the author of this document, direct rovided to me by which death is intended as an ments may be forgone or withdrawn if they do ne or if they entail excessive burdens, or impose should be a presumption in favor of providing ng medically assisted nutrition and medically enefit to me. I have no objection to the use of my comfort even if they may indirectly and
I hereby add the following special provisions regarding my future heath care (for example, "I would like my tissue and organs to be used for research or transplants after I am dead" "I would like all reasonable steps to be taken to allow me to see my family" "If possible I would like to die at home, or at least in a hospice that has the appearance of a home setting").	
This directive was made, after careful refle	ection, while I am of sound mind.
Date: Signature	
WITNESSES	S' STATEMENTS
mind and able to understand the nature an	the by the to be eighteen years of age or older, of sound and consequences of health care decisions at the prappeared to be under no improper influence.
(Witness signature)	(Witness signature)
(Witness address)	(Witness address)