

TO MY FAMILY, MY PHYSICIAN, MY LAWYER, MY CLERGY OR MEETING MEMBERS; TO ANY MEDICAL FACILITY IN WHOSE CARE I HAPPEN TO BE; TO ANY INDIVIDUAL WHO MAY BECOME RESPONSIBLE FOR MY HEALTH, WELFARE, OR AFFAIRS:

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

If the situation should arise where no reasonable expectation of my recovery from physical or mental disability is possible, I request that I be allowed to die and not be kept alive by artificial means or “heroic measures.” Specifically, this means that I do not want my doctor to use extraordinary means or artificial nutrition or hydration to keep me alive if my condition is terminal and incurable or if I remain in a persistent vegetative state. I am aware that this living will allows my doctor to withhold or stop extraordinary medical treatment or artificial nutrition or hydration in accordance with my spouse, and/or children, and/or other health care power of attorney.

I do not fear death itself as much as the indignities of deterioration, dependence, and hopeless pain. I, therefore, ask that medication be mercifully administered to me to alleviate suffering even though this may hasten the moment of death.

This request is made after careful consideration. I hope you who care for me will feel morally bound to follow its mandate. I recognize that this appears to place a heavy responsibility upon you, but it is with the intention of relieving you of such responsibility and of placing it upon myself consistent with my strong convictions, that this statement is made.

In accordance with North Carolina State Law and Statutory Form G.S. 90-321, I make the following declaration:

I, _____, being of sound mind, desire that, as specified below, my life not be prolonged by extraordinary means or by artificial nutrition or hydration if my condition is determined to be terminal and incurable or if I am diagnosed as being in a vegetative state. I am aware and understand that this writing authorizes a physician to withhold or discontinue extraordinary means or artificial nutrition or hydration, in accordance with my specifications set forth below:

If my condition is determined to be terminal and incurable, I authorize my physician to withhold or discontinue extraordinary means, if such means are necessary, and to withhold or discontinue either artificial nutrition or hydration, or both.

AND, if my physician determines that I am in a persistent vegetative state, I authorize my physician to withhold or discontinue extraordinary means, if such means are necessary, and to withhold or discontinue either artificial nutrition or hydration, or both.

This the _____ day of _____, 20____.

Signature: _____

WITNESS SIGNATURES:

I hereby state that the declarant, _____, being of sound mind signed the above declaration in my presence and that I am not related to the declarant by blood or marriage and that I do not know or have a reasonable expectation that I would be entitled to any portion of the estate of the declarant under any existing will or codicil of the declarant or as an heir under the Intestate Succession Act if the declarant died on this date without a will. I also state that I am not the declarant's attending physician or an employee of the declarant's attending physician, or an employee of a health facility in which the declarant is a patient or an employee of a nursing home or any group-care home where the declarant resides. I further state that I do not now have any claim against the declarant.

Witness: _____

Witness: _____

CERTIFICATE

I, _____, Clerk (Assistant Clerk) of Superior Court or Notary Public (circle one as appropriate) for _____ County hereby certify that _____, the declarant, appeared before me and swore to me and to the witnesses in my presence that this instrument is his/her Declaration Of A Desire For A Natural Death, and that he/she had willingly and voluntarily made and executed it as his/her free act and deed for the purposes expressed in it.

I further certify that _____ and _____, witnesses, appeared before me and swore that they witnessed _____, declarant, sign the attached declaration, believing him to be of sound mind; and also swore that at the time they witnessed the declaration (i) they were not related within the third degree to the declarant or to the declarant's spouse, and (ii) they did not know or have a reasonable expectation that they would be entitled to any portion of the estate of the declarant upon the declarant's death under any will of the declarant or codicil thereto then existing or under the Intestate Succession Act as it provides at the time, and (iii) they were not a physician attending the declarant or an employee of an attending physician or an employee of a health facility in which the declarant was a patient or an employee of a nursing home or any group-care home in which the declarant resided, and (iv) they did not have a claim against the declarant. I further certify that I am satisfied as to the genuineness and due execution of the declaration.

This the _____ day of _____, 20__.

Clerk (Assistant Clerk) of Superior Court of Notary Public (circle one as appropriate) for the County of _____

Copies of this declaration have been given to:

Chapel Hill Friends Meeting

Personal folder at home in _____

Copies to family members or friends (list)