OCMH

Our Specialty is You

Living will: Kansas

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, do hereby declare:

If at anytime I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process. I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me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. Any Living Will declaration I have previously made is hereby revoked.

Signed this _____ day of _____, 20 ____

Signature: _____

THIS LIVING WILL MUST BE SIGNED BY TWO WITNESSES OR A NOTARY PUBLIC

Witness: _____ Date: _____

Witness: _____ Date: _____

STATE OF KANSAS, COUNTY OF_____

The foregoing Living Will was acknowledged before me this _____ day of _____, 20_____ by _____ (the declarant)

_____ _____

Notary Public My commission expires