LIVING WILL

To Use This Form:

You can fill out your name and other information on this form with your computer using Adobe's PDF program. Click on the blank fields to input your name, and use the checkboxes to indicate your other preferences. Have two witnesses sign and date the bottom of your living will.

I, _____ (Name of Declarant), being of sound mind and at least eighteen years of age, direct that my life shall not be artificially prolonged under the circumstances set forth below and hereby declare that:

1. If at any time my attending physician and one other physician certify in writing that:

   1. I have an injury, disease or illness which is not curable or reversible and which, in their judgment, is a terminal condition; and

   2. For a period of 7 days or more, I have been unconscious, comatose or otherwise incompetent so as to be unable to make or communicate responsible decisions concerning my person.

Then I direct that, in accordance with Colorado law, life-sustaining procedures shall be withdrawn and withheld pursuant to the terms of this declaration; it be understood that life-sustaining procedures shall not include any medical procedure or intervention for nourishment considered necessary by the attending physician to provide comfort or alleviate pain. However, I may specifically direct, in accordance with Colorado law, that artificial nourishment be withdrawn or withheld pursuant to the terms of this declaration.

2. In the event that the only procedure I am being provided is artificial nourishment, I direct that one of the following actions be taken:

   ☐ A. artificial nourishment shall not be continued when it is the only procedure being provided; or

   ☐ B. artificial nourishment shall be continued for ____ days when it is the only procedure being provided; or

   ☐ C. artificial nourishment shall be continued when it is the only procedure being provided.

3. I execute this declaration as my free and voluntary act this ____ day of _____ , ____

BY: _____ (Signature of Declarant)

The foregoing instrument was signed and declared by:

(Name of Declarant) _____

To be his/her declaration, in the presence of us, who is his/her presence, in the presence of each other, an at his/her request have signed our names below as witnesses, and we declare that, at the time of the execution of this instrument, the declarant, according to our best knowledge and belief, was of sound mind and under no constraint or undue influence.

Dated at _____, Colorado,
this _____ day of _____, 20_____.

Signature of Witness 1: _____
Address of Witness 1: _____

Signature of Witness 2: _____
Address of Witness 2: _____

STATE OF COLORADO)
) ss
COUNTY OF _____)

Subscribed and sworn to me this _____ day of _____,
20_____, by _____.

Witness my hand and official seal.

My commission expires: _____

Notary Public _____