

THE LIVING WILL

TO MY FAMILY, MY PHYSICIAN, MY LAWYER, MY CLERGYMAN,TC) 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 in which there is not reasonable expectation for my recovery from physical or mental disability, I request that I be allowed to die and not be kept alive by artificial means or 'heroic measures'. 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. Although this document is not legally binding, 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 in accordance with my strong convictions that this statement is made.

	STATE OF MONTANA )
Signed _____	COUNTY OF FLATHEAD ) SS.
Date _____	Subscribe and sworn before me
Witness _____	this _____ day of _____
Witness _____	20____

Copies of this request have been given to:

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