

LIVING WILL  
MADE PURSUANT TO THE  
COLORADO MEDICAL TREATMENT DECISION ACT

I, \_\_\_\_\_, residing in \_\_\_\_\_ County, Colorado, being of lawful age, and of sound mind and memory do hereby make, publish and declare this instrument to be my DECLARATION AS TO MEDICAL OR SURGICAL TREATMENT, in the manner and form prescribed, to-wit:

I hereby direct that my life shall not be artificially prolonged under the circumstances set forth below and I hereby declare that:

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

- a. I have an injury, disease, or illness which is not curable or reversible and which, in their judgment, is a terminal condition; and,
- b. For a period of seven (7) consecutive 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I direct that life-sustaining procedures shall be withdrawn and withheld. However, it is herein 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.

I execute this Declaration as to Medical or Surgical Treatment as my free and voluntary act, this \_\_\_\_\_ day of \_\_\_\_\_, 2003.

The foregoing Declaration as to Medical or Surgical Treatment was signed and declared by to be his/her declaration in the presence of us, who in his/her presence and in the presence of each other and 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 memory and under no constraint or undue influence.

Dated at \_\_\_\_\_, Colorado, this \_\_\_\_ day of \_\_\_\_\_, 2003.

Witness 1

\_\_\_\_\_  
signature

\_\_\_\_\_  
printed name

\_\_\_\_\_  
address

Witness 2

\_\_\_\_\_  
signature

\_\_\_\_\_  
printed name

\_\_\_\_\_  
address

STATE OF COLORADO     )  
  )ss.  
COUNTY OF SUMMIT     )

Subscribed and sworn to before me by the Declarant and the Witnesses this day of \_\_\_\_\_, 2003.

Witness my hand and official seal.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public