LIVING WILL or HEALTH CARE INSTRUCTIONS

If the time comes when I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician as to my own medical care, I wish this statement to stand as a statement of my wishes.

I, ________________________________, the author of this document, request that, if my condition is deemed terminal or if I am determined to be permanently unconscious, I be allowed to die and not be kept alive through life support systems.

By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician, result in death within a relatively short time. By permanently unconscious I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment.

Specific Instructions
Listed below are my instructions regarding particular types of life support systems. This list is not all-inclusive. My general statement that I not be kept alive through life support systems provided to me is limited only where I have indicated that I desire a particular treatment to be provided.

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<tr>
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<th>Provide</th>
<th>Withhold</th>
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<tr>
<td>Cardiopulmonary Resuscitation</td>
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<td>Artificial Respiration (including a respirator)</td>
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<td>Artificial means of providing nutrition and hydration</td>
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Other specific requests: _________________________________________________________
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____________________________________________________________________________

I do want sufficient pain medication to maintain my physical comfort. I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged.

This request is made, after careful reflection, while I am of sound mind.

______ / _____ / _____ (Date)             X______________________________
This document was signed in our presence by _____________________________ the author of this document, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time this document was signed. The author appeared to be under no improper influence. We have subscribed this document in the author's presence and at the author's request and in the presence of each other.

x__________________________                      x___________________________  
(Witness)                                                             (Witness)  
x________________________________
(Number and Street)                                                   (Number and Street)  
x________________________________
(City, State and Zip Code)                                             (City, State and Zip Code)
WITNESSES’ AFFIDAVITS

STATE OF CONNECTICUT

COUNTY OF ____________________________

We, the subscribing witnesses, being duly sworn, say that we witnessed the execution of this living will or health care instructions by the author of this document; that the author subscribed, published and declared the same to be the author’s instructions, appointments and designation in our presence; that we thereafter subscribed the document as witnesses in the author’s presence, at the author’s request and in the presence of each other; that at the time of the execution of said document the author appeared to us to be eighteen years of age or older, of sound mind, able to understand the nature and consequences of said document, and under no improper influence, and we make this affidavit at the author’s request this _____ day of ______________________, 20____.

x_____________________________     x_____________________________
(Witness)                                               (Witness)

x_____________________________     x_____________________________
(Number and Street)                             (Number and Street)

x_____________________________     x_____________________________
(City, State and Zip Code)                        (City, State and Zip Code)

Subscribed and sworn to before me by __________________ and ____________________, the signing witnesses to the foregoing affidavit this _____ day of ______________________, 20____.

________________________________________
Commissioner of the Superior Court
Notary Public
My Commission expires: ________________

(Print or type name of all persons signing under all signatures)