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**LIVING WILL**  
Made Pursuant to Section 12.1 of the  
*Health Care (Consent) and Care Facility (Admission) Act,*  
RSBC 1996 Chapter 181 and amendments thereto

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**PERSONAL DECLARATION OF**

*(Print Name of Person Making Living Will)*

**DESIRING A NATURAL DEATH WITH DIGNITY**

TO: My family, my physician, any representative I have named, the committee of my person, if any, the Public Guardian and Trustee, any medical facility in whose care I may be, any other person who may become responsible for my health care, and any other person whom it may concern:

I, \_\_\_\_\_ of \_\_\_\_\_  
Full Legal Name Street Address

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
Postal Code

wish to state my strongly held beliefs and convictions with regard to life-sustaining medical treatment.

If the time comes when I can no longer take part in decisions for my own future, I wish this statement to stand as an expression of my wishes made while I am still capable.

If a situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability and my death is otherwise imminent, I want to be allowed to die and not be kept alive by artificial means or "heroic measures". In those circumstances, I want my care to be limited to support and comfort only and do not want any active resuscitation undertaken.

I believe that while no one should hasten death, if it is imminent, it should be allowed to come mercifully and painlessly. I believe that the indignity of deterioration, dependence, and hopeless pain is to be feared more than death. I, therefore, want medication mercifully administered to me to alleviate suffering even though this may hasten my death.

I have carefully considered these wishes. I appreciate that any attempt to countermand this declaration may be well intentioned and, therefore, affirm that I fully understand the

consequences and the implications of this declaration. I have made this declaration also to ease the emotional anguish of those who have to determine if intervention should be undertaken and to place the responsibility for the decision solely upon myself.

Signed on \_\_\_\_\_ (MM/DD/YY).

We were both present, at the request of

\_\_\_\_\_  
Name of Person Making Living Will (*Please Print*)

\_\_\_\_\_  
*Signature of Person Making Living Will*

when he/she signed this declaration. We then signed as witnesses in his/her presence and in the presence of each other.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
City

\_\_\_\_\_  
City

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

**Living Will provided by:**

**Sandrock McCrea Law  
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