

Nebraska Living Will Declaration

If I, _____, the principal, should lapse into a persistent vegetative state or have an incurable and irreversible condition, that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time AND I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Rights of the Terminally Ill Act, to withhold or withdraw life-sustaining treatment that is not necessary for my comfort or to alleviate pain.

You may list specific life-sustaining treatments you do not want such as cardiac resuscitation, mechanical respiration (i.e breathing machine) and artificial feeding/ fluids by tube. Otherwise, your general statement, above, will stand for your wishes.

I especially **do not want**:

You may want to add instructions or care you **do want** such as pain medication, preference to die at home, if possible. _____

Signature _____ Date _____

Address, City, State, Zip Code _____

Declaration of Witnesses

THIS DOCUMENT MUST BE SIGNED BY TWO WITNESSES OR A NOTARY PUBLIC

We declare that the principal is personally known to us, that the principal signed or acknowledged his or her signature on this Living Will Declaration in our presence, and that the principal appears to be of sound mind and not under duress or undue influence, and that neither of us, nor the principal's attending Physician, Nurse Practitioner, or Physician's Assistant is the person appointed as attorney-in-fact.

Witness Signature _____

Print Name _____

Address _____

Date _____

Witness Signature _____

Print Name _____

Address _____

Date _____

OR

State of Nebraska)
)SS.
County of _____)

On this ____ day of _____ 20____, before me, _____,
a notary public in and for _____ County, _____ voluntarily
signed this document in my presence.

Witness my hand and notarial seal at _____ in such county the day and year last written.

Notary Signature _____ Seal→