LIVING WILL DECLARATION

(As included in the Illinois Living Will Act, 755 ILCS 35).

This declaration is made this	day of	(month, year).
I,my desires that my moment of death		d, willfully and voluntarily make known tponed.
condition by my attending physician vis imminent except for death-delaying	who has personally examine g procedures, I direct that s d or withdrawn, and that I l ance, or the performance o	be permitted to die naturally with only the f any medical procedure deemed
my intention that this declaration sha	all be honored by my family	of such death-delaying procedures, it is and physician as the final expression of the the consequences from such refusal.
Signed		
City, County and State of Residence		
she had signed the declaration) and I did not sign the declarant's signature instrument, I am not entitled to any intestate succession or, to the best of	presence (or the declarant I signed the declaration as a re above for or at the direct portion of the estate of the f my knowledge and belief,	acknowledged in my presence that he or a witness in the presence of the declarant. tion of the declarant. At the date of this declarant according to the laws of
Witness		
Witness		

Northwest Community Hospital

Arlington Heights, IL 60005



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