## **LIVING WILL DECLARATION**

If I should 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 NRS 449A, to withhold or
withdraw treatment that only prolongs the process of dying and is not necessary for my comfort
or to alleviate pain.
(If you wish to include this statement in this declaration, you must INITIAL the statement in the box provided.)
Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. Initial this box if you want to receive or continue receiving artificial nutrition and hydration by way of the gastrointestinal tract after all other treatment is withheld pursuant to this declaration.
Signed on, 2023.
The declarant voluntarily signed this writing in my presence.
Witness Address:

Address:

Witness

STATE OF NEVADA	)	
CARSON CITY	: ss. )	
THEN and and the assertions of this affida	THERE personally appeared, who do hereby swear, under penalty of perjury, wit are true:	 that
Declaration in their present the presence of the declaration and that the declarant, at the declarant is the declarant in the declarant in the declarant is the declarant in the	itnessed the execution of the foregoing Declaration of the declarant at the declarant subscribed the Declaration and declared it to be the; and that they thereafter subscribed the Declaration as witnesses at and in the presence of each other and at the request of the declarate time of the execution of the Declaration, appeared to them to be and memory; and that they make this affidavit at the request of	his in ant;
	Witness	
	Witness	
public, the above individu	, 2023, personally appeared before me, a not s, personally known (or proved) to me to be the persons whose nar going document, who acknowledged to me that they executed	nes
	NOTARY PUBLIC	

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