DECLARATION
("LIVING WILL")

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 appoint _____, to make decisions on my behalf regarding withholding or withdrawal of treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain, pursuant to NRS 449A.400 to 449A.481, inclusive, and if _____ is not reasonably available or able to serve, I appoint _____, to make such decisions. If none of the persons I have so appointed are reasonably available or willing to serve, I direct my attending physician, pursuant to those sections, 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 this _____ day of _____, 2026.

_____

Printed Name _____

Address _____

_____

The declarant voluntarily signed this writing in my presence.

_____ Address _____
Witness

_____

_____ Address _____
Witness

_____

STATE OF NEVADA)
: ss.
CARSON CITY)

THEN and THERE personally appeared the within-named witnesses, _____ and _____, who do hereby swear, under penalty of perjury, that the assertions of this affidavit are true:

That they witnessed the execution of the within Declaration of the within-named declarant, _____; that said declarant subscribed said Declaration and declared the same to be thier Declaration in their presence; that they thereafter subscribed the same as witnesses in the presence of said declarant and in the presence of each other and at the request of said declarant; that the said declarant, at the time of the execution of said Declaration, appeared to them to be of full age and of sound mind and memory; and that they make this affidavit at the request of said declarant.

_____ _____
Witness Witness

On _____, 2026, personally appeared before me, a notary public, the above individuals, personally known (or proved) to me to be the persons whose names are subscribed to the foregoing document, who acknowledged to me that they executed the foregoing document.

_____
NOTARY PUBLIC