

**DECLARATION AS TO
MEDICAL OR SURGICAL TREATMENT**

I, _____, a resident of _____, Colorado, being of sound mind and at least eighteen years of age, direct that my life shall not be artificially prolonged under the circumstances set forth below and hereby declare that:

1. If at any time my attending physician and one other physician certify in writing that:
 - a. I have an injury, disease, or illness which is not curable or reversible and which, in their judgment, is a terminal condition; and
 - b. For a period of _____ consecutive days or more (minimum 7 days), I have been unconscious, comatose, or otherwise incompetent so as to be unable to make or communicate responsible decisions concerning my person; then

I direct that, in accordance with Colorado law, life-sustaining procedures shall be withdrawn and withheld pursuant to the terms of this Declaration, it being understood that life-sustaining procedures shall not include any medical procedure or intervention for nourishment or considered necessary by the attending physician to provide comfort or alleviate pain. I further direct that, in accordance with Colorado law, artificial nourishment **shall not be continued** when it is the only procedure being provided (Declarant's initials: ____). I understand that a terminal condition means an incurable or irreversible condition for which the administration of life-sustaining procedures will serve only to postpone the moment of death.

2. I execute this Declaration as my free and voluntary act this _____ day of _____, 2008.

3. It is my intention that this Declaration be honored by all members of my family and by my physician(s) as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

_____, Declarant

The foregoing instrument was signed and declared by Declarant to be their Declaration, in the presence of us, who, in his/her presence, in the presence of each other, and at his/her request, have signed our names below as witnesses, and we declare that, at the time of the execution of this instrument, the Declarant, according to our best knowledge and belief, was of sound mind and under no constraint or undue influence. As I sign as a witness below, I represent that I am not an attending physician or an employee of an attending physician or health care facility whereby Declarant received treatment, nor do I have a claim against the Declarant's estate, nor am I a beneficiary of the Declarant.

Dated this _____ day of _____, 2008

Declarant Witness Witness

Witness

Address

Witness

Address

STATE OF COLORADO)
) ss.
COUNTY OF ROUTT)

Subscribed and sworn to before me this ____ day of _____, 2008 by
_____, the Declarant, and by _____ and
_____, witnesses, as the voluntary act and deed of the Declarant.

Witness my hand and official seal.

My commission expires: _____

Notary Public

Declarant _____
Witness _____
Witness