

# NEBRASKA DECLARATION - LIVING WILL

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Instructions

If I 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.

Add personal instructions (if any)

Other directions:

*I authorize my physician **not to initiate CPR/AED, mechanical breathing, nutritional support or hydration, antibiotics, blood or blood products or any other life-sustaining measures** if it is determined that I am in a persistent vegetative state, or have an incurable and irreversible condition that in the opinion of my physician will cause my death in a relatively short time.*

*I do request to be kept hygienically clean and medicated for pain. Please keep my family informed of my status and notify my pastor of my illness.*

Sign and date your document  
Print your address

Signed this 5<sup>th</sup> day of November

Signature Bob Smith

Address 4888o Sugarplum , Omaha, NE 68100

Move to the next page to have your document witnessed

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## Witnessing Procedure

Your two witnesses  
must sign your  
document and print  
their addresses

The declarant voluntarily signed this writing in my presence.

Witness \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Witness \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Or

**OR**

A Notary Public  
must sign your  
document here

The declarant voluntarily signed this writing in my presence.

*John Public* \_\_\_\_\_

*Notary Public*