DECLARATION AS TO MEDICAL OR SURGICAL TREATMENT

l.		, being of sound mi	nd and at least eighteen years of
age, dir declare		all not be artificially prolonged under the circumstances	
1.	If at any time m	ny attending physician and one other qualified physi	ician certify in writing that:
		an injury, disease or illness which is not curable or ent, is a terminal condition, and	reversible and which, in their
	2. For a p otherwi	period of seven consecutive days or more, I have be rise incompetent so as to be unable to make or com- ons concerning my person, then	
withhe shall n attendi accord	eld pursuant to the ot include any me ng physician to p	ance with Colorado law, life sustaining procedures e terms of this declaration, it being understood that nedical procedure or intervention for nourishment coprovide comfort or alleviate pain. However, I may ado law, that artificial nourishment be withdrawn on.	life-sustaining procedures onsidered necessary by the specifically direct, in
2.	In the event that the only procedure I am being provided is artificial nourishment, I one of the following actions be taken:		al nourishment, I direct that
	a. Artifici provide	ial nourishment shall not be continued when it is the ed; or	e only procedure being
	being p	al nourishment shall be continued for days who provided; or ial nourishment shall be continued when it is the on	• •
3.	I execute this d 20	leclaration, as my free and voluntary act, this	day of,
		Declarant	
in the p our nar accordi	resence of us, who mes below as witn ing to our best kno	t was signed and declared by o, in his/her presence, in the presence of each other, ar nesses, and we declare that, at the time of the execution owledge and belief, was of sound mind and under no col, Colorado, this day of	nd at his/her request, have signed of this instrument, the declarant, nstraint or undue influence.
Name		 Name	

Address	Address	
STATE OF COLORADO)		
) ss. COUNTY OF)		
SUBSCRIBED and sworn to before me by $_$, the declarant, and
	_ and	, witnesses, as the
voluntary act and deed of the declarant this _	day of	, 20
Witness my hand and seal. My Commission expires:		