DECLARATION AS TO MEDICAL OR SURGICAL TREATMENT

_____ , 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 qualified 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 seven consecutive days or more, 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        I direct that, in accordance with Colorado law, life-sustaining procedures shall be withdrawn and withheld pursuant to the terms of this declaration; it being understood that life-sustaining procedures shall not include any medical procedure or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 considered necessary by the attending physician to provide comfort or alleviate pain. However, I may specifically direct, in accord-ace with Colorado law, that artificial nourishment be withdrawn or withheld pursuant to the terms of this declaration.

    2. In the event that the only procedure I am being provided is artificial nourishment, I direct that one of the following actions be taken:

_____ a. Artificial nourishment shall not be continued when it is the only procedure being provided; or

_____ b. Artificial nourishment shall be continued for _____ days when it is the only procedure being provided; or

_____   Artificial nourishment shall be continued when it is the only procedure being provided.

    3. I execute this declaration, as my free and voluntary act on _____

        By _____

    The foregoing instrument was signed and declared by _____
to be his/her 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 .

Dated at _____ , Colorado, this _____ day of _____ 20 _____

_____   _____
Signature of Witness   Signature of Witness

_____   _____
Print or Type Name and Address   Print far Type Name and Address

_____   _____

_____   _____

    STATE OF COLORADO

_____ County of _____ ss

SUBSCRIBED and sworn to before me by _____ , the declrarant, and
_____ , and _____ , witnesses, as the
voluntary act and deed of the declrarant, this _____ day of _____ 20 _____