

LIVING WILL

(Declaration Made Pursuant to A.R.S. Sec. 36-3201, et seq.)

I, **JOHN A. GREEN**, County of **MARICOPA**, State of **ARIZONA**, willfully and voluntarily declare that if my death becomes imminent, my dying shall not be artificially prolonged under the guidelines described below.

Guidelines for the Cessation of Life-Prolonging Procedures

If at any time I should have an incurable injury, disease or illness certified to be a terminal condition by two (2) physicians who have determined that my death will occur unless life-sustaining procedures are used and if the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that life-sustaining procedures be withheld or withdrawn and that I be permitted to die naturally with only the administration of medication or the performance of medical procedures deemed necessary to provide me with comfort and allow me to die with the least amount of pain possible.

I also specifically request that if I am in a coma or other persistent vegetative state with little or no chance of regaining consciousness, or with irreversible brain damage and unable to recognize people or speak, or with irreversible brain damage with a terminal illness, as certified by two (2) physicians as in the preceding paragraph, that no life-sustaining procedures or aggressive medical therapy, including (but not limited to) cardiopulmonary resuscitation, the implantation of a cardiac pacemaker, renal dialysis, parental feeding, the use of respirators or ventilators, blood transfusions, nasogastric tube use, intravenous feedings, endotracheal tube use, organ transplants, major surgery, chemotherapy and invasive diagnostic tests, be undertaken in my behalf, and I further authorize the administration of pain medications even if they dull consciousness and indirectly shorten my life.

Statement of My Intent

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intent that this declaration be honored by my family, the person or persons to whom I have given a durable power of attorney for health care, and my attending physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of such refusal.

This declaration is made after careful consideration and is in accordance with my strong convictions and beliefs. I want my wishes and directions as expressed in this declaration to be carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that my family, my physicians,

