**NEBRASKA LIVING WILL DECLARATION**

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.

**Other directions:**

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| **Signature** |  | **Date** |

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| --- |
| Signature |
| Address |

**The declarant voluntarily signed this writing in my presence.**

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| Signature of Witness |
| Address |

**The declarant voluntarily signed this writing in my presence.**

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| Signature |
| Notary Public |