

**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.

**Declarant Signature**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Address

**Declaration of Witnesses**

We declare that the principal is personally known to us, that the principal signed or acknowledged his or her signature on this Rights of the Terminally Ill Declaration in our presence and that the principal appears to be of sound mind and not under duress or undue influence.

Witnessed By:

\_\_\_\_\_  
Signature of Witness/Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness/Date

\_\_\_\_\_  
Printed Name of Witness

**-OR-**

**Notary**

*(You may sign this document before a notary public instead of having it witnessed above)*

STATE OF NEBRASKA            )  
  ) ss  
COUNTY OF \_\_\_\_\_),

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a notary public in and for \_\_\_\_\_, County, personally came \_\_\_\_\_ personally known to be the identical person whose name is affixed to the above Living Will Declaration as declarant, and I declare that s(he) appears in sound mind and not under duress or undue influence, that s(he) acknowledges the execution of the same to be his/her voluntary act and deed.

Witness my hand and notarial seal at \_\_\_\_\_, Nebraska in such county, day and year last above written.

\_\_\_\_\_

Notary Public

↑ Affix Official Notary Seal Here ↑