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: __________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signed this _____ day of ______________________

Signature _______________________________

Address   _______________________________
_______________________________

The declarant voluntarily signed this writing in my presence.

Witness ______________________________

Address ______________________________

The declarant voluntarily signed this writing in my presence.

Witness ______________________________

Address ______________________________

Or

The declarant voluntarily signed this writing in my presence.

____________________________________
Notary Public