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 ______________________________________

Witness ______________________________________

Address ______________________________________

OR

The declarant voluntarily signed this writing in my presence.

___________________________________________
Notary Public