



## DECLARATION OF A DESIRE FOR A NATURAL DEATH

I \_\_\_\_\_, being of sound mind, desire that, as specified below, my life not be prolonged by extraordinary means or by artificial nutrition or hydration if my condition is determined to be terminal and incurable or if I am diagnosed as being in a persistent vegetative state. I am aware and understand that this writing authorizes a physician to withhold or discontinue extraordinary means or artificial nutrition or hydration, in accordance with my specifications set forth below:

**(Initial any of the following, as desired)**

\_\_\_\_\_ If my condition is determined to be terminal and incurable, I authorize the following:

- \_\_\_\_\_ My physician may withhold or discontinue extraordinary means only.
- \_\_\_\_\_ In addition to withholding or discontinuing extraordinary means if such means are necessary, my physician may withhold or discontinue either artificial nutrition or hydration, or both.

\_\_\_\_\_ If my physician determines that I am in a persistent vegetative state, I authorize the following:

- \_\_\_\_\_ My physician may withhold or discontinue extraordinary means only.
- \_\_\_\_\_ In addition to withholding or discontinuing extraordinary means if such means are necessary, my physician may withhold or discontinue either artificial nutrition or hydration, or both.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Declarant

I hereby state that the declarant, \_\_\_\_\_ being of sound mind signed the above declaration in my presence and that I am not related to the declarant by blood or marriage and that I do not know or have a reasonable expectation that I would be entitled to any portion of the estate of the declarant under any existing will or codicil of the declarant or as an heir under the Intestate Succession Act if the declarant died on this date without a will. I also state that I am not the declarant's attending physician or an employee of the declarant's attending physician, or an employee of a health facility in which the declarant is a patient or an employee of a nursing home or any group-care home where the declarant resides. I further state that I do not now have any claim against the declarant.

Witness \_\_\_\_\_ Address \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_



CERTIFICATE

STATE OF NORTH CAROLINA

COUNTY OF

I, \_\_\_\_\_, a Notary Public for the
County of \_\_\_\_\_, hereby certify that

\_\_\_\_\_, the declarant, appeared before me and swore to
me and to the witnesses in my presence that this instrument is his Declaration of a Desire for a
Natural Death, and that he had willingly and voluntarily made and executed it as his free act and deed
for the purposes expressed in it.

I further certify that \_\_\_\_\_ and
\_\_\_\_\_, witnesses, appeared before me and swore that
they witnessed \_\_\_\_\_, declarant, sign the attached
declaration, believing him/her to be of sound mind; and also swore that at the time they witnessed the
declaration (i) they were not related within the third degree to the declarant or to the declarant's
spouse, and (ii) they did not know or have a reasonable expectation that they would be entitled to any
portion of the estate of the declarant upon the declarant's death under any will of the declarant or
codicil thereto then existing or under the Intestate Succession Act as it provides at that time, and (iii)
they were not a physician attending the declarant or an employee of an attending physician or an
employee of a health facility in which the declarant was a patient or an employee of a nursing home
or any group-care home in which the declarant resided, and (iv) they did not have a claim against the
declarant I further certify that I am satisfied as to the genuineness and due execution of the
declaration.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(NOTARY SEAL)