

Declaration

(designating another individual to make decision about life sustaining treatment)

MCA §50 - 9 - 103

If I should have an incurable or irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician or attending advanced practice registered nurse, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I appoint _____ or, if that person is not reasonably available or is unwilling to serve, _____ to make decisions on my behalf regarding withholding or withdrawing of treatments that would only prolong the process of dying and is not necessary for my comfort or to alleviate pain, pursuant to the Montana Rights of Terminally Ill Act.

If the individual I have appointed is not reasonably available or is unwilling to serve, I direct my attending physician or attending advanced practice registered nurse, pursuant to the Montana Rights of Terminally Ill Act, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

Signed this _____ day of _____, 20____.

Signature _____

City, County, and State of Residence _____

The declarant voluntarily signed this document in my presence

Witness 1 Signature: _____

Witness 1 Mailing Address: _____

Witness 2 Signature: _____

Witness 2 Mailing Address: _____

Name and Address of Designee: _____

