

LIVING WILL

TO MY FAMILY AND MY PHYSICIAN

I the undersigned,

ID

Presently of and being of sound mind and after careful consideration, make the following declaration:

1

NON-REVOCACTION OF PREVIOUS DISPOSITIONS

This Living Will does not in any way revoke or vary any Will or other testamentary disposition heretofore made by me.

2

INTERPRETATION

In this Living Will, unless a contrary intention clearly appears:

2,1 "Doctors" means at least two medical practitioners (with at least five (5) years experience) who may, from time to time, be called upon to give a prognosis of my condition.

2,2 "Systems" means any mechanical or artificial life support systems or the use of drugs.

3

The time may come when I can no longer make decisions for my own future. In such event; if my physical and/or mental conditions should deteriorate to such an extent that there is no reasonable prospect of my recovery from physical illness, or impairment, which is expected to cause me severe distress, or to render me incapable of rational existence, I request that no systems be used in order to keep me alive in circumstances where, but for the use of such systems, I would have died.

4

I further request that I be given whatever quantity of drugs which may be required to keep me free from pain or distress even if the moment of death is hastened thereby.

5

It is my express wish that my doctors and members of my family who carry out my wishes in terms of clauses 3 and 4 shall be fully exonerated and exempt from all blame or liability howsoever arising as a result of their decision to terminate the use of any systems.

Signed at _____ on _____ in the presence of the undersigned witnesses, all being present at the same time.

As witnesses:

1 _____ Initials & Surname _____

2 _____ Initials & Surname _____

TESTATRIX: _____