

KANSAS DECLARATION

Declaration made this _____ day of _____
(day) (month) (year)

I, _____,
(name)

being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

ORGAN DONATION (OPTIONAL)

Under Kansas law, you may make a gift of all or part of your body to a bank or storage facility or a hospital, physician or medical or dental school for transplantation, therapy, medical or dental evaluation or research or for the advancement of medical or dental science. You may also authorize your agent to do so or a member of your family may make a gift unless you give them notice orally or in writing that you do not want a gift made.

You may revoke or amend an anatomical gift by: (1) the execution of a signed statement; (2) an oral statement that is made in the presence of two persons, at least one of whom is a disinterested witness, and communicated to your family or attorney or to the donee; (3) a statement during a terminal illness or injury addressed to an attending physician; (4) a signed card or document found on you or in your personal effects; or (5) by destruction, cancellation, or mutilation of the document providing for the anatomical gift and all executed copies thereof.

In the space below you may make a gift yourself or state that you do not want to make a gift. If you do not complete this section, your agent will have the authority to make a

gift of all or a part of your body pursuant to law. The donation elections you make below survive your death.

Initial the line next to the statement below that best reflects your wishes. You do not have to initial any of the statements. If you do not initial any of the statements, your agent and your family will have the authority to make a gift of all or part of your body under Kansas law.

I do not want to make an organ or tissue donation and I do not want my agent or family to do so.

I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution:

Name of individual/organization: _____

Pursuant to Kansas law, I hereby give, effective on my death:

Any needed organ or parts.

The following part or organs listed below:

For (initial one):

Any legally authorized purpose.

Transplant or therapeutic purposes only.

Other directions:

I understand the full importance of this declaration and I am emotionally and mentally competent to make this declaration.

Signed _____

City, County and State of Residence

The declarant has been personally known to me and I believe him or her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of interstate succession or

