

DECLARATION AS TO MEDICAL OR SURGICAL TREATMENT FOR COLORADO

I, _____, being of sound mind and at least eighteen years of age, direct that my life shall not be artificially prolonged under the circumstances set forth below and hereby declare that:

1. If at any time my attending physician and one other qualified physician certify in writing that:
 1. I have an injury, disease or illness which is not curable or reversible and which, in their judgment, is a terminal condition, and
 2. For a period of seven consecutive days or more, I have been unconscious, comatose or otherwise incompetent so as to be unable to make or communicate responsible decisions concerning my person, then

I direct that, in accordance with Colorado law, life sustaining procedures shall be withdrawn and withheld pursuant to the terms of this declaration, it being understood that life-sustaining procedures shall not include any medical procedure or intervention for nourishment considered necessary by the attending physician to provide comfort or alleviate pain. However, I may specifically direct, in accordance with Colorado law, that artificial nourishment be withdrawn or withheld pursuant to the terms of this declaration.

2. In the event that the only procedure I am being provided is artificial nourishment, I direct that one of the following actions be taken:

___ a. Artificial nourishment shall not be continued when it is the only procedure being provided; or

___ b. Artificial nourishment shall be continued for ___ days when it is the only procedure being provided; or

___ c. Artificial nourishment shall be continued when it is the only procedure being provided.

3. I execute this declaration, as my free and voluntary act, this ___ day of _____, 20___.

Declarant

2.

The foregoing instrument was signed and declared by _____ to be his/her declaration, in the presence of us, who, in his/her presence, in the presence of each other, and at his/her request, have signed our names below as witnesses, and we declare that, at the time of the execution of this instrument, the declarant, according to our best knowledge and belief, was of sound mind and under no constraint or undue influence.

Dated at _____, Colorado, this _____ day of _____, 20____.

Name

Name

Address

Address

STATE OF COLORADO)
) ss.
COUNTY OF _____)
SUBSCRIBED and sworn to before me by _____, the declarant, and

and _____, witnesses, as the
voluntary act and deed of the declarant this _____ day of _____, 20____.

Witness my hand and seal.
My Commission expires: _____

What you should do with this Advance Directive:

- Register your Estate Planning Documents for no fee at www.TheUSWillRegistry.Org
- It is suggested that you have your attorney review this form to be assured that it meets all your current state requirements.