

North Carolina 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_____.

Signature of Declarant

Printed Name of 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.

Signature of Witness #1

Signature of Witness #2

The clerk or the assistant clerk, or a notary public may, upon proper proof, certify the declaration as follows:

Certificate

I, _____, Clerk (Assistant Clerk) of Superior Court or Notary Public (circle one as appropriate) for _____ County hereby certify that _____, the declarant, appeared before me and swore to me and to the witnesses in my presence that this instrument is his or her Declaration Of A Desire For A Natural Death, and that he or she had willingly and voluntarily made and executed it as his or her free act and deed for the purposes expressed in it.

I further certify that _____ and _____, the witnesses, appeared before me and swore that they witnessed _____, the declarant, sign the attached declaration, believing him or 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 _____, _____. Clerk (Assistant Clerk) of Superior Court or Notary Public (circle one as appropriate) for the County of _____.

The above declaration may be proved by the clerk or the assistant clerk, or a notary public in the following manner: (1) Upon the testimony of the two witnesses; or (2) If the testimony of only one witness is available, then a. Upon the testimony of such witness, and b. Upon proof of the handwriting of the witness who is dead or whose testimony is otherwise unavailable, and c. Upon proof of the handwriting of the declarant, unless he signed by his mark; or upon proof of such other circumstances as will satisfy the clerk or assistant clerk of the superior court, or a notary public as to the genuineness and due execution of the declaration. (3) If the testimony of none of the witnesses is available, such declaration may be proved by the clerk or assistant clerk, or a notary public a. Upon proof of the handwriting of the two witnesses whose testimony is unavailable, and b. Upon compliance with paragraph c of subdivision (2) above. Due execution may be established, where the evidence required above is unavoidably lacking or inadequate, by



testimony of other competent witnesses as to the requisite facts. The testimony of a witness is unavailable within the meaning of this subsection when the witness is dead, out of the State, not to be found within the State, insane or otherwise incompetent, physically unable to testify or refuses to testify. If the testimony of one or both of the witnesses is not available the clerk or the assistant clerk, or a notary public or superior court may, upon proper proof, certify the declaration as follows:

Certificate

I _____, Clerk (Assistant Clerk) of Court for the Superior Court or Notary Public (circle one as appropriate) of _____ County hereby certify that based upon the evidence before me I am satisfied as to the genuineness and due execution of the attached declaration by _____, declarant, and that the declarant's signature was witnessed by _____, and _____, Who at the time of the declaration met the qualifications of G.S. 90-321(c)(3).

This the ____ day of _____, ____.

Clerk (Assistant Clerk) of Superior Court or Notary Public (circle one as appropriate) for _____ County.



HEALTH CARE POWER OF ATTORNEY

I _____, being of sound mind, hereby appoint

Name: _____

Home Address: _____

Home Telephone Number _____ Work Telephone Number _____

as my health care attorney-in-fact (herein referred to as my "health care agent") to act for me and in my name (in any way I could act in person) to make health care decisions for me as authorized in this document. If the person named as my health care agent is not reasonably available or is unable or unwilling to act as my agent, then I appoint the following persons (each to act alone and successively, in the order named), to serve in that capacity:

(Optional) A. Name: _____

Home Address: _____

Home Telephone Number _____ Work Telephone Number _____

B. Name: _____

Home Address: _____

Home Telephone Number _____ Work Telephone Number _____

Each successor health care agent designated shall be vested with the same power and duties as if originally named as my health care agent.

In witness whereof,

I have hereunto signed my name this _____ day of _____, 2_____.

Signature of Principal

Printed Name of Principal

I declare that the principal appears to be of sound mind and free from duress at the time the durable power of attorney for health care is signed and that the principal has affirmed that he or she is aware of the nature of the document and is signing it freely and voluntarily.

Signature of Witness #1

Printed Name of Witness #1

City, County and State of residence of Witness # 1



Signature of Witness #2

Printed Name of Witness #2

City, County and State of residence of Witness # 2

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____
_____, 2_____, by _____
_____, the Principal, _____ and _____
_____, the witnesses on this _____, day of _____
_____, 2_____.

Signature

Notary Public

My Commission Expires: