

# DECLARATION

(designating another individual to make decision)

MCA 50-9-103

If I should have an incurable and 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 treatment 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 the 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 the 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 \_\_\_\_\_.

\_\_\_\_\_  
Signature

City, County, State of Residence: \_\_\_\_\_

The declarant voluntarily signed this document in my presence.

\_\_\_\_\_  
Witness 1 Signature

\_\_\_\_\_  
Witness 2 Signature

\_\_\_\_\_  
Witness 1 Address

\_\_\_\_\_  
Witness 2 Address

\_\_\_\_\_  
Designee Name:

\_\_\_\_\_  
Designee Address

*"These forms were downloaded from the Department of Public Health and Human Services website and have been completed Pro Se."*