

**ILLINOIS DECLARATION  
(Living Will)**

This declaration is made this \_\_\_\_\_ day of \_\_\_\_\_  
(month, year). I, \_\_\_\_\_, being of sound  
mind, willfully and voluntarily make known my desires that my moment of death  
shall not be artificially postponed.

If at any time I should have an incurable and irreversible injury, disease, or  
illness judged to be a terminal condition by my attending physician who has  
personally examined me and has determined that my death is imminent except for  
death delaying procedures, I direct that such procedures which would only prolong  
the dying process be withheld or withdrawn, and that I be permitted to die naturally  
with only the performance of any medical procedure deemed necessary by my  
attending physician to provide me with comfort care.

Other directions:

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

Signed \_\_\_\_\_

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

## ATTESTATION

The declarant is personally known to me and I believe him or her to be of sound mind. I saw the declarant sign the declaration in my presence (or the declarant acknowledged in my presence that he or she had signed the declaration) and I signed the declaration as a witness in the presence of the declarant. I did not sign the declarant's signature above for or at the direction of the declarant. At the date of this instrument, I am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or, to the best of my knowledge and belief, under any will of the declarant or other instrument taking effect at the declarant's death, or directly financially responsible for the declarant's medical care.

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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***This form is provided compliments of Advocate Christ Medical Center  
Additional forms may be obtained or any questions answered through the Office  
for Mission and Spiritual Care  
by calling (708) 346-5175, Monday through Friday, 8:30 a.m. to 5:00 p.m.***