

DIRECTIVE TO PHYSICIANS AND PROVIDERS OF MEDICAL SERVICES

"LIVING WILL"

1. On this 25th day of October, 1994, I, ROBERT RICHARD

MARTIN, of Eureka, State of Nevada, being of sound mind, hereby willfully and voluntarily make known my desire that my life not be artificially prolonged by life-sustaining procedures except as I may otherwise provide in this directive. I understand that the term "life-sustaining procedure," means, a) any medical procedure or intervention which, when applied to a person who has a terminal condition would, in the judgment of the attending physician, serve only to prolong the dying process; does not mean, b) medication, sustenance or medical procedures for providing comfort, care or for alleviating pain.

2. I declare that if at any time I should have an injury, disease or illness, which is certified in writing to be a terminal condition by two physicians who have personally examined me, and in the opinion of those physicians the application of life-sustaining procedures would serve only to unnaturally prolong the moment of my death and to unnaturally postpone or prolong the dying process, I direct that these procedures be withheld or withdrawn and my death

be permitted to occur naturally.

3. I expressly intend this directive to be a final expression of my legal right to refuse medical or surgical treatment and to accept the consequences from this refusal, which shall remain in effect notwithstanding my future inability to give current medical directions to treating physicians and other providers of medical services.

4. I understand that the term "life-sustaining procedure" does not include the administration of medication or sustenance, or the performance of any medical procedure deemed necessary to provide comfort, care, or to alleviate pain. I specifically do not want the use of intravenous or gastrointestinal feeding to sustain my life after my attending doctors have concluded that I will not regain consciousness.

5. I reserve the right to give current medical directions to physicians and other providers of medical services so long as I am able, even though these directions may conflict with the above written directive that life-sustaining procedures be withheld or

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EUREKA COUNTY NEVADA
M.M. REBAL EATL. RECORDER
FILE NO. 9.00

94 OCT 25 PM 1:05

BOOK 277 PAGE 414
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Robert Martin

2N

BOOK 277 PAGE 416

(City, State and ZIP Code)

Eureka NV 89316

(Address)

Box 238

(Witness Signature)

Richard Martin

(City, State and ZIP Code)

Eureka NV 89316

(Address)

PO Box 523

(Witness Signature)

Linda D. Moody

We, the witnesses, certify that each of us is 18 years of age or older and each personally witnessed the declarant, ROBERT RICHARD MARTIN, sign or direct the signing of this directive; that we are acquainted with the declarant and whom we believe to be of sound mind; that the declarant's desires are as expressed above; that neither of us is a person who signed the above directive on behalf of the declarant; that we are not related to the declarant by blood or marriage nor are we entitled to any portion of declarant's estate according to the laws of intestate succession of this state or under any Will or Codicil of declarant; that we are not directly financially responsible for declarant's medical care; and that we are not agents of any health care facility in which the declarant may be a patient at the time of signing this directive.

ROBERT RICHARD MARTIN

Robert Martin

directive.

6. I understand the full import of this directive and declare that I am emotionally and mentally competent to make that

withdrawn.