

Directive made this 9th day of October, 1985 I,
LAURA S. TAYLOR, being of sound mind, willfully and voluntarily make
known my desire that my life shall not be artificially prolonged
under the circumstances set forth below and do hereby declare:

1. If at any time I should have an incurable injury, disease or illness certified to be a terminal condition by two physicians, one of whom is the attending physician, and where the application of life-sustaining procedures would serve only to artificially prolong the moment of my death and where my physician determines that my death is imminent whether or not life-sustaining procedures are utilized, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally.

2. In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this directive shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

3. I have been diagnosed and notified at least 14 days ago as having a terminal condition by _____, M.D., whose address is _____.

I understand that if I have not filled in the physician's name and address, it shall be presumed that I did not have a terminal condition when I made out this directive.

4. This directive shall have no force or effect five years from the date filled in above.

5. I understand the full import of this directive, and I am emotionally and mentally competent to make this directive.

Laura S. Taylor
Laura S. Taylor
Klamath Falls, Klamath County, Oregon

I hereby witness this directive and attest that:

1. I personally know the Declarant and believe the Declarant to be of sound mind.

2. To the best of my knowledge, at the time of the execution of this directive, I:

- (a) am not related to the Declarant by blood or marriage;
- (b) do not have any claim on the estate of the Declarant;
- (c) am not entitled to any portion of the Declarant's estate by any will or by operation of law; and
- (d) am not a physician attending the Declarant or a person employed by a physician attending the Declarant.

3. I understand that if I have not witnessed this directive in good faith, I may be responsible for any damages that arise out of giving this directive its intended effect.

WITNESSES:

Ret:
Laura S. Taylor
203 N Main Apt 602
City -

Catherine L. Davis
Linda L. Pecha

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of October A.D. 19 85 at 3:28 o'clock P M., and duly recorded in Vol. M85 day
of Misc. on Page 16394

FEE \$5.00

Evelyn Biehn
By _____

County Clerk

Sam Smith

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