

27902

DIRECTIVE TO PHYSICIANS

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Directive made this 8 day of April, 1991 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 direct that such procedures be withheld or withdrawn, and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:

Alice M. Gagny
Bonnie R. Mashor 4-8-91

STATE OF OREGON: COUNTY OF KLAMATH:

Filed for record at request of Laura S. Taylor the 8th day
 of April A.D., 19 91 at 3:07 o'clock P M., and duly recorded in Vol. M91
 of Miscellaneous on Page 6265
 By Evelyn Biehn County Clerk
Orville Mullendare

FEE \$5.00

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Return: Laura S. Taylor
 203 Main #602
 Klamath Falls, Or. 97601