

LIVING WILL DECLARATION

Declaration made this 11 day of July, 2000.

2000 052788 HELEN P. PHILLIPS, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

If at any time I should have a terminal condition and my attending or treating physician and another consulting physician have determined that there can be no recovery from such condition and my death is imminent, where the application of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain. In addition, whether or not my death is imminent, I direct that, if I have a terminal condition or am irreversibly unconscious, nutrition (food) not be provided by tubing or intravenously.

In the absence of my ability to give directions regarding the use of such life-prolonging 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 for such refusal.

Should I become comatose, incompetent or otherwise mentally or physically incapable of communication, I authorize LEANNE PHILLIPS HALFMAN to make treatment decisions on my behalf in accordance with my Living Will Declaration. If LEANNE PHILLIPS HALFMAN is not readily available or declines to serve, I authorize NEWELL PHILLIPS to make all medical decisions on my behalf in accordance with this Living Will Declaration. If my designated representative is readily available and willing to serve, my directions in this Declaration should be carried out without the concurrence of the representatives.

I understand the full import of this Declaration and I am emotionally and mentally competent to make this Declaration.

HELEN P. PHILLIPS

The declarant is known to me and I believe her to be of sound mind.

Witness James M. Clark

Witness Steven J. Lee

Note: One of the witnesses must not be a spouse or blood relative of the declarant. Cross out the last sentence of the second paragraph if you want to be given artificial feeding.

STATE OF LAKE COUNTY FILED FOR

2000 JUL 26

MORRIS W. RECORD

7-11-2000

7-11-2000

CASCT 11:00 AM

STATE OF ILLINOIS)
) ss:
COUNTY OF COOK)

Personally appeared before me HELEN P. PHILLIPS, who executed the foregoing Living Will Declaration and who is personally known to me and did take an oath and acknowledged before me that she executed the same freely and voluntarily for the purpose expressed therein.

Witness my hand and official seal this 11 day of July, 2000.

Krista Santoianni
Notary Public

KRISTA SANTOIANNI
Printed Name of Notary Public

My Commission Expires:

OFFICIAL SEAL
KRISTA SANTOIANNI
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 3-18-01

