

FILED FOR RECORDING
AT THE REQUEST OF

Toni Sutton

2005 SEP 27 AM 10 36

LINCOLN COUNTY RECORDER
FEE \$15.00 DEF
LESLIE BOUCHER REC

APN _____

APN _____

APN _____

DECLARATION OF LIVING WILL
Title of Document

Grantees address and mail tax statement:

TONI SUTTON
P.O. BOX 196
CIA LIENTE, ILL. 89008

Declaration of Living Will

NRS 449.540 to 449.690 Nevada Uniform Act on Rights of the Terminally Ill

If I, BETTY J. SHOEMAKER
should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, then I appoint TONI SUTTON
or if he or she is not reasonably available or is unwilling to serve, then I appoint MICHAEL POMPA
as an alternate, to make decisions on my behalf regarding withholding or withdrawal of treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain, pursuant to NRS 449.540 to 449.690, inclusive, and sections 2 to 12, inclusive, of this act.

YOU MUST INITIAL STATEMENT #1 OR #2

#1. IF YOU WISH THIS STATEMENT, YOU MUST INITIAL THE STATEMENT IN THE BOX PROVIDED. IF THIS BOX IS NOT INITIALED IT IS UNDERSTOOD THAT IT IS AUTOMATICALLY REVOKED.

If the person or persons I have so appointed are not reasonably available or are unwilling to serve, I direct my attending physician, pursuant to those sections, **TO WITHHOLD OR WITHDRAW** treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

#2. IF YOU WISH THIS STATEMENT, YOU MUST INITIAL THE STATEMENT IN THE BOX PROVIDED. IF THIS BOX IS NOT INITIALED IT IS UNDERSTOOD THAT IT IS AUTOMATICALLY REVOKED.

I direct my attending physician **NOT TO WITHHOLD OR WITHDRAW** artificial nutrition and hydration by way of the gastro-intestinal tract if such a withholding or withdrawal would result in my death by starvation or dehydration.

Signed this 27 day of September, 2005

Betty J. Shoemaker
Signature of Declarant
BETTY J. SHOEMAKER
Print name of Declarant on above line

LOT 49 HIGHLAND KNOLLS
Street Address
CALIENTE NEV. 89008
City/State/Zip

I hereby accept this appointment subject to its terms and agree to act and perform in said capacity consistent with the declarant's best interests, signed on this _____ day of _____, 19____

Michael Pompa
Signature of First Appointee
19511 674-4800
Telephone Number

28332 Red Gum Dr.
Street Address
Lake Elsinore Ca 92532
City/State/Zip

Toni Sutton
Signature of Second Appointee
(775) 726-3450
Telephone Number

P.O. BOX 196
Street Address
CALIENTE, NV. 89008
City/State/Zip

The declarant voluntarily signed this writing in my presence this 27th day of September, # 2005

Walt Williams Boyce
Signature of Witness
#1 Pioche Street
Street Address
Pioche, NV 89043
City/State/Zip

Kathy C. Hiett
Signature of Witness
P.O. Box 146
Street Address
Pioche, NV 89043
City/State/Zip

BOOK **206** PAGE **465**

A COPY OF THE EXECUTED INSTRUMENT MUST BE PLACED IN THE MEDICAL FILE OF THE PHYSICIAN

Consult an attorney if you doubt the form's fitness for your purpose