

LIVING WILL
of
SIMON BERNSTEIN

Declaration made this 15 day of August, 2000. I, SIMON BERNSTEIN, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am incapacitated, as such term is defined in Florida Statutes § 765.101(8), as amended, or the comparable provision then in effect, and

S I have a terminal condition, or

B I have an end-state condition, or

S I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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.

I desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name: Shirley Bernstein

Address: 7020 Lions Head Lane

Boca Raton, Florida 33496

Phone: (561) 477-9096

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PROSKAUER ROSE LLP
2255 GLADES ROAD
BOCA RATON, FLORIDA 33431

SR

STATE OF FLORIDA)
) SS.:
COUNTY OF PALM BEACH)

Before me, the undersigned authority, personally appeared
SIMON BERNSTEIN to me known and known to me to be the person described
in or who has produced _____ as identification,
and who executed the foregoing Living Will and he acknowledged to and
before me that he executed the same for the purposes therein expressed.

Witness my hand and seal on the 15th day of August,
2000.

Nadine M. Catalano
Notary Public
Nadine M. Catalano
Print Name
1220 SW 25th Way
Address
Boynton Beach, FL 33426

