

# **Living Will for THOMAS J. PRICE, JR.**

I, THOMAS J. PRICE, JR., of Olathe, Kansas, willfully and voluntarily declare that if my death becomes imminent, I am in a permanent vegetative state, or I have a terminal illness or incurable condition, my life shall not be artificially prolonged under the guidelines described below.

## **Guidelines for the Cessation of Life-Prolonging Procedures**

If at any time my medical condition becomes irreversible and terminal, I direct that any life-prolonging procedures be withheld or withdrawn. I also refuse consent to the administration of life-prolonging procedures if it is determined that I am in a permanent vegetative state, have a terminal illness, or have an incurable condition and that I am therefore unable to experience a meaningful life.

For this declaration to take effect, my attending physician must determine that there can be no recovery from my terminal or vegetative condition, and that either my death is imminent or I can no longer experience a meaningful life. *Life-prolonging procedures* include any procedure that would serve only to artificially prolong the dying process such as nutrition and hydration administered by invasive procedures; antibiotics; ventilators, pacemakers, renal dialysis, or any other mechanical devices designed to assist the functioning of organs; transfusion of blood and blood products; and cardiac or cardiopulmonary resuscitative procedures.

Notwithstanding any other provisions of this Living Will, and without limiting any other provisions of this Living Will; if I suffer from a persistent vegetative state, I specifically refuse all treatments, including *life-prolonging procedures*, that are not directed at specifically alleviating the underlying condition causing the persistent vegetative state with a high probability of success.

I wish to die naturally, with only the administration of medication or the performance of any medical procedures considered necessary to provide me with comfort and care or to alleviate pain, even though the medication or procedure may shorten my remaining life.

## **Statement of My Intent**

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, I intend to express my legal right to refuse medical or surgical treatment and to accept the consequences of such refusal through this declaration, to be honored by my family and physician.

I make this declaration after careful consideration and in accordance with my strong convictions and beliefs. I want my wishes and directions expressed in this declaration to be carried out to the extent permitted by law. Insofar as my wishes and directions are not legally enforceable, I hope that my family, my physician, the courts, and all others who may be involved in such decision-making will regard themselves as morally bound by them.

## Authorization of Surrogate

If I have named a surrogate for health care decisions or appointed an agent pursuant to a power of attorney to make health care decisions for me, he or she may provide consent for withholding or withdrawing life-prolonging procedures according to my wishes.

## Release of Liability


I release and hold harmless any person who, in good faith, terminates life-sustaining procedures in accordance with the guidelines in this declaration.

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

Dated September 19, 2022

  
\_\_\_\_\_  
THOMAS J. PRICE, JR.

We, the undersigned witnesses, declare that THOMAS J. PRICE, JR. signed this instrument in our presence. We further declare that we are not related to THOMAS J. PRICE, JR. by blood, marriage, or adoption, are not heirs to his estate, and are not responsible for paying his health care costs. THOMAS J. PRICE, JR. is known to us and we believe him to be of sound mind.

  
\_\_\_\_\_, Witness  
5454 W 110th Street  
Overland Park, KS 66211


  
\_\_\_\_\_, Witness  
5454 W 110th Street  
Overland Park, KS 66211

STATE OF KANSAS )  
 ) ss.  
COUNTY OF JOHNSON )

This instrument was acknowledged before me on September 19, 2022, by THOMAS J. PRICE, JR., as the declarant, and the witnesses.

(Seal, if any)



  
\_\_\_\_\_  
Mary Margaret Fisher, Notary Public  
My commission expires: 04-13-2026

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