

LIVING WILL
of
Peter Miller

BORN 12th of March, 1967
PRESENTLY RESIDING AT :
786 Pine Avenue
Dallas
Texas

TO MY FAMILY, MY PHYSICIAN, MY ATTORNEY AND ANY MEDICAL FACILITY
IN WHOSE CARE I MAY COME OR HAPPEN TO BE AND ALL OTHERS WHO MAY
BE RESPONSIBLE FOR MY HEALTH, WELFARE OR AFFAIRS:

If the time comes when I can no longer take part in
decisions for my own future, let this statement stand as an
expression of my wishes and direction while I am still of sound
mind.

I ACCEPT BLOOD TRANSFUSIONS SHOULD MY TREATING PHYSICIANS
PRESCRIBE THEM.

I ACCEPT ORGAN TRANSPLANT SHOULD MY TREATING PHYSICIANS
RECOMMANDS IT.

If I should be in a severe but reversible physical or
mental condition so that there is a reasonable anticipation of my
recovery from severe physical or mental incapacity I direct that

THE MAXIMUM AVAILABLE MEDICAL AND SURGICAL HELP BE PROVIDED
TO ME ALLOWING EVEN THE USE OF NEW AND EXPERIMENTAL TREATMENTS OR
"HEROIC MEASURES"

ALL AVAILABLE MEDICAL AND SURGICAL TREATMENTS BE PROVIDED TO
ME EXCLUSIVE OF EXPERIMENTAL TREATMENTS

ALL CONSERVATIVE AND STANDARD MEDICAL AND SURGICAL TREATMENTS
BE PROVIDED TO ME.

THE FOLLOWING WISHES APPLY IF I should be in an incurable or
irreversible mental or physical condition so that there is no
reasonable anticipation of my recovery from severe physical or
mental incapacity, I direct that

IF MY HEART STOPS ELECTRICAL OR MECHANICAL RESUSCITATION OF
MY HEART SHOULD BE PERFORMED.

NASOGASTRIC TUBE FEEDING SHOULD BE USED WHEN I AM PARALYZED
OR UNABLE TO TAKE NOURISHMENT BY MOUTH.

MECHANICAL OR ASSISTED RESPIRATION SHOULD BE USED WHEN I AM NO
LONGER ABLE TO BREATHE ON MY OWN.

If I should be in an incurable or irreversible mental or
physical condition so that there is no reasonable anticipation of
my recovery from severe physical or mental incapacity, I direct
that I be permitted to die and I do not want to be kept alive by
medications, artificial means, or so-called "heroic measures." I
request and direct that treatment, including medication, water

and fluids be mercifully administered to me to alleviate pain and suffering so as to keep me comfortable even though this may shorten my remaining life.

If I should be in an incurable or irreversible mental or physical condition so that there is no reasonable anticipation of my recovery from severe physical or mental incapacity, I ALSO EXPRESS THE FOLLOWING SPECIFIC WISHES :

AT MY DEATH USE ANY ORGAN FOR TRANSPLANTATION THAT MAY BE NEEDED

These instructions are set forth after careful thought and are in accordance with my clear convictions and beliefs. I want the wishes and directions here expressed carried out to the extent permitted by law unless I have rescinded them in a new writing or by clearly indicating that I have changed my mind. Those concerned with my health and welfare are specifically asked to take whatever action necessary, including legal action, to realize my wishes and instructions. I hope that those to whom this document is directed will regard themselves as morally bound to abide by its contents if and to the extent that the provisions of this document are not legally enforceable.

I would like to live out my last days at home rather than in a hospital if it IS POSSIBLE .

Signed: _____ Date: 15th of May, 2004
Peter Miller

Witness: _____ Date: 15th of May, 2004
Mary Gray
Address: 7865 10th Avenue, Dallas, Texas
Tel. No.: 212-323-4312

Witness: _____ Date: 15th of May, 2004
Henry White
Address: 876 Pine Avenue, Dallas, Texas
Tel. No.: 212-323-4323

STATE OF Texas, COUNTY OF Las Collinas, ss:

On 22nd of June, 2004, before me personally came Peter Miller to me known, and known to me to be the individual described in and who executed the foregoing LIVING WILL, and duly acknowledged to me that (s)he executed the same.

Notary Public

LOCATION OF THIS ORIGINAL LIVING WILL:
6765 10th Street, Dallas, Texas

COPIES of this Living Will have been distributed to:

Stuart Miller residing at 897 Gray Avenue, Dalls, Texas
Harry Miller residing at 1232 5t Avenue, Dallas, Texas