

STATE OF ALABAMA

COUNTY OF SHELBY

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DECLARATION

KNOW ALL MEN BY THESE PRESENTS, that I, Peggy Peoples Moreland, a resident of Shelby County, Alabama, being over the age of nineteen years of age and of sound mind and disposing memory, do hereby make and publish this my declaration made this 30th day of November, 1987, hereby willfully and voluntarily making known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If at any time I should have an incurable injury, disease or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me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.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

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


PEGGY PEOPLES MORELAND

Mitchell, Green & Pano

8/27/87

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The declarant has been personally known to me and I believe him or her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of interstate succession or under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care.

Elaine B. Holloway

residing at 127-11th St. N.W.

Alabaster, AL 35007

Kathy DiGiorgio

residing at 676 Haven Trail

Alabaster, AL 35007

Lisa A. Johnson

residing at 281 Brenda Dr.

Montevallo, AL 35115

STATE OF ALABAMA

COUNTY OF SHELBY

Subscribed, sworn to and acknowledged before me by Peggy Peoples Moreland, and subscribed and sworn to before me by Elaine B. Holloway, Kathy DiGiorgio, and Lisa A. Johnson, the witnesses, this the 26th day of November, 1987.

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED

1987 DEC -2 AM 11:03

Patricia L. Loggins
Notary Public

Thomas A. Moreland, Jr.
JUDGE OF PROBATE

RECORDED
Recorded as fee \$5.00
Index fee 1.00
TOTAL \$6.00

APW