NATURAL DEATH DECLARATION LIVING WILL OF

FRANK ROOSEVELT DANIEL

I, FRANK ROOSEVELT DANIEL, a resident of SHELBY County, Alabama, being of sound mind and disposing memory, in order to willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare that any and all prior Natural Death Declarations executed by me are hereby revoked and I further declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by my physician, W. Roger Carlisle, M.D., 2018 Brookwood Medical Center Drive, Birmingham, AL, who has personally examined me, and where the application of life-sustaining procedure would serve only to artificially prolong the dying process, I direct that such procedure be withheld or withdrawn, and that I be permitted to die naturally, with only the administration of medication or the performance of any medical procedure deemed necessary to provide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 legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

IN WITNESS WHEREOF, I, the said FRANK ROOSEVELT DANIEL do hereunto set my hand and seal to this Declaration on the 29° day of April, 1997, understanding its full import and being emotionally and mentally competent to make said Declaration.

Frank Roosevelt Daniel

The above Declaration has been signed, sealed, and published by the said FRANK ROOSEVELT DANIEL in my presence. I hereby state that the Declarant has been personally known to me and that I believe him 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, or entitle to any portion of the estate of the Declarant according to the laws of intestate succession or under any will of Declarant or codicil thereto, and I am not directly financially responsible for Declarant's medical care.

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