

DIRECTIVE TO PHYSICIANS
Made Under The Texas Natural Death Act¹

Directive made and signed on the date of my signature as set forth below.

I, Moore Money, being of sound mind, willfully and voluntarily **make known my desire that my life will not be artificially prolonged under the circumstances set forth in this directive.**

1. If at any time I should have an incurable or irreversible condition caused by injury, disease, or illness certified to be a terminal condition by two physicians, and if the application of life-sustaining procedures would serve only to artificially postpone the moment of my death, and if my attending physician determines that my death is imminent or will result within a relatively short time without the application of life-sustaining procedures, **I direct that those procedures be withheld or withdrawn, and that I be permitted to die naturally.**

2. In the absence of my ability to give directions regarding the use of those life-sustaining procedures, it is my intention that this directive be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from that refusal.

3. RESERVED.

4. This directive is in effect until it is revoked.

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

6. I understand that I may revoke this directive at any time.

Date Signed: Tuesday, February 3, 2004

Moore Money

City, County, and State of Residence: New Minglewood, Ripple County, Texas.

Two witnesses must sign the directive in the spaces provided below.

I am not a person designated by Moore Money ("the declarant") to make a treatment decision. **I am not related to the declarant by blood or marriage.** I would not be entitled to any portion of the declarant's estate on the declarant's death. I am not the attending physician of the declarant or an employee of the attending physician. I have no claim against any portion of the declarant's estate on the declarant's death. Furthermore, if I am an employee of a health care facility in which the declarant is a patient, I am not involved in providing direct patient care to the declarant and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Date Signed: Tuesday, February 3, 2004

Cynthia L. Lee, First Witness

Date Signed: Tuesday, February 3, 2004

Loma Stooksberry, Second Witness

¹Texas Health and Safety Code, Chapter 672.