

Health Care Directive (Living Will)

Prepared by: Jeff Williamson
Mail to: Andy Williamson
4880 Nail Rd
Olive Branch, MS 38654

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12/30/10 12:33:39
DK P BK 141 PG 741
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Health Care Directive (Living Will)

This directive is made by me, Garrett J. Williamson, (SS ~~XXXXXXXXXX~~ 4) residing at 7200 Atterbury Cir W, Southaven, MS 38671 revoke any and all previous Health Care Directives (Living Will) and at a time when I am of sound mind and after careful consideration.

If the time comes when I can no longer take part in decisions for my own future, let this Directive stand as testament to my wishes.

- 1. I do not want my life prolonged by artificial means if:
 - a. There is no reasonable prospect of my recovery from physical illness.
 - b. If impairment is expected to cause me severe distress.
 - c. If I am rendered incapable of rational existence.

OR

~~I do not want my life prolonged as long as possible within acceptable medical practice and standards.~~

~~I do not direct that I receive whatever quantity of medication that may be required to keep me from pain and distress even if the moment of death is hastened.~~

This Health Care Directives (Living Will) shall become effective immediately and shall not expire unless revoked by me in writing.

Executed this 29th day of December 2010 at 4880 Nail Rd. Olive Branch, MS 5:00 PM
 Garrett J. Williamson Signature: Garrett J. Williamson

Acknowledgement

This document was acknowledged before me on this 29th day of December 2010 by Garrett J. Williamson (Principal's Full legal name)

Signature of Notary Public Pam Rhea

Full legal Name Pamela Rhea

My commission expires 11-17-2013

State of Mississippi

County of Desoto

