

*(These two addenda are not part of the Florida Statute.)*

**ADDENDUM TO MY LIVING WILL:**

(For permanent Florida residents)

This Declaration shall be construed under the Laws of Florida. In the event a medical treatment decision is made for me under this declaration and in the further event that I should be physically located outside the State of Florida, Florida Law shall apply. If, in the sole judgment of my surrogate, such medical treatment decision which would be permitted in the State of Florida may not or will not be permitted in the jurisdiction in which I am then present I authorize and direct my surrogate to immediately transport my physical person to the State of Florida.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**ADDENDUM TO MY LIVING WILL:**

If I become incompetent, I hereby demand that nutrition and hydration be withheld from me, that I be kept comfortable, and that the person designated as my health care agent (proxy or surrogate) enforce these wishes. I direct that payment be refused for any treatment that violates these wishes.

In the event that physician aid-in-dying becomes legal in my state of residence I hereby direct that I be given lethal medication in preference to withdrawal of nutrition and hydration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date