

# WHOLE LIFE PLANNING

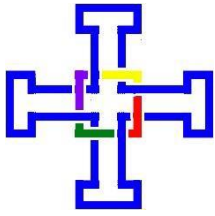
St. Timothy's Episcopal Church  
Danville, CA



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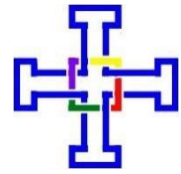




# St. Timothy's Whole Life Planning

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## Planning a Celebration of Life or Funeral

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*The liturgy for the dead is an Easter liturgy. It finds all its meaning in the resurrection. Because Jesus was raised from the dead, we too, shall be raised. The liturgy, therefore, is characterized by joy, in the certainty that "neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord." This joy, however, does not make human grief unchristian. The very love we have for each other in Christ brings deep sorrow when we are parted by death. Jesus himself wept at the grave of his friend. So, while we rejoice that one we love has entered into the nearer presence of our Lord we sorrow in sympathy with those who mourn.* -Book of Common Prayer, pg. 507

### OVERVIEW

The preferred location for a service is at the church. However, a memorial, funeral or celebration of a life can be done at the funeral home, graveside, columbarium or location of your choice.

- A Celebration of Life or Memorial is a worship service with no body present.
- A Funeral is a worship service that includes a body or ashes in the midst of the people.
  - A commendation is the act of committing the deceased to God.
- A Graveside service can be a full worship service and/or a brief interment service.
  - An interment is the act of placing the body or ashes into the ground or columbarium.

*ST. TIMOTHY'S COLUMBARIUM IS ONLY AVAILABLE FOR OUR CHURCH MEMBERS AND REQUIRES A SPECIFIC URN. SEE PAGE 12 FOR MORE INFORMATION.*

Whatever you choose, the service will be filled with the certain hope of the resurrection. We believe that God is bringing all things to completion for the sake of the resurrected Son, Jesus Christ. We will work with the funeral service of your choice. We consider it an honor to give your family the very best experience while saying good-bye to a loved one.

### LOGISTICS

#### Meeting with the Clergy and Organist

The clergy will meet with you at your earliest convenience to help you walk through the steps of this planning guide and the funeral. The clergy will be there to answer any liturgical, logistical, and pastoral questions you may have and help you with the grief process. You may also make any special requests at this time. Typically, only one meeting is required, however, a follow-up may be needed or requested at the behest of either party. You may also need to meet with our Director of Music to determine musical needs. This meeting will take place at a time convenient to both parties. The information obtained from these meetings will be used to put together the service.

## **Clergy Honorarium & Musician Fees**

If the family gives a gift to the priest, it is paid directly to priest.

We provide an organist at a cost of \$250. This is paid directly to the organist before the service. The organist's services include help choosing the music, an organ prelude, worship music & hymns, and a closing postlude. All musician fees are due prior to the actual service.

If you choose to use an organist outside of the one provided, a Director of Music fee must still be paid. The person you choose to play will need to be treated as an additional instrumentalist; therefore, you will need to discuss any other fees with that person and handle those payment options separately. If the organist is unavailable, we will find an alternative for your family. If you want additional music, at the reception or other location please discuss those desires with our Director of Music.

## **Soloists and Other music**

A great way to include your musically inclined family and friends is to invite them to play at your service. They must provide their own instrument or may use the piano. Please let us know who is playing and/or singing, what song(s), and what instrument and our organist will coordinate with them.

If you do not have anyone specific in mind, but still have a special request, such as a flutist or guitar player, our music leader may be able to help you. You may discuss special requests with the clergy when you meet with them. Any soloist or instrumentalist is paid separately, based on their individual fees, which can vary from \$150-\$350 or more.

## **Caskets and urns**

Immediately following the worship service, the ashes or casket are buried or interred. Exceptions to this are scattering the ashes at a favorite location. Scattering of ashes is usually left to the discretion of the family, in compliance with local ordinances.

Arrangements for a graveside committal are often determined by the funeral service of your choice.

A casket, when present in church, is closed. If you have reserved a spot in the columbarium, there will traditionally be an interment after the church service. *Please be aware, the funeral service may require coordinating the schedules with when the body will be embalmed or cremated. It is best to find out from the funeral director when the cemetery and funeral home staff is available to help with receiving the remains and graveside services.*

## **Flowers**

Flower arrangements and pictures are welcome to be placed in the Narthex of the Church (the lobby). One arrangement may be placed in front of the Altar. We do not have flowers other than the Altar arrangement in the sanctuary. Flowers may abound in the Narthex (lobby) or at the reception.

For more information about Altar flowers contact the Parish Administrator or Clergy by email at [Parish@SaintTimothysDanville.org](mailto:Parish@SaintTimothysDanville.org) . Our "Sunday Altar arrangement" is always fitting for your service. If your family is willing, the flowers can be used in Sunday worship.

## **Memorial Gifts**

In lieu of flowers, you may designate a memorial donation to be made in the name of the deceased to St. Timothy's Episcopal Church or another organization(s).

## Receptions

You may use the Parish Hall for a catered or family member sponsored potluck reception. The kitchen facilities are not available. There is a \$75-\$125 set-up/clean-up fee. The exact cost is dependent on individual needs and determined at the service planning session.

## PLANNING THE WORSHIP SERVICE

### Obituary and Service Bulletin

Email the church office ([Parish@SaintTimothysDanville.org](mailto:Parish@SaintTimothysDanville.org)) a copy of the obituary that may be included in the bulletin. We will also include a picture in the bulletin, if desired.

### Biographic Details

You will need to provide specific information for the printing of the bulletin, such as:

- Full Name of the deceased as you would like it to appear in the bulletin

- 
- Date of Birth \_\_\_\_\_
  - Date of Death \_\_\_\_\_
  - Date of Service \_\_\_\_\_

**There are two “Rites” in the Book of Common Prayer (BCP), please choose which Rite you prefer.**

- Rite I (traditional language) BCP p. 469
- Rite II (contemporary language) BCP p. 491

### Communion

Regardless of which rite you choose, you may choose to have a Eucharistic (communion) service. Please read through the various prayers listed below, and choose the service you prefer.

- Rite I, Eucharistic Prayer I, p. 333
- Rite I, Eucharistic Prayer II, p. 340
- Rite II, Eucharistic Prayer A, p. 361
- Rite II, Eucharistic Prayer B, p. 367
- Rite II, Eucharistic Prayer D, p. 372

### Casket / Urn

Please let us know if the body or cremains will be present at the service. If so, contact the church to confirm arrangements.

### Servers

There are many opportunities for friends and family to serve. You may select up to six people to serve as ushers. They will help seat guests as they arrive, pass out bulletins, and be available to answer questions, such as restroom location and reception information.

You may also choose someone to serve as crucifer, acolyte, and chalice bearer; however, the person or persons selected should be comfortable with and trained for serving in the Episcopal Church. If you don't have anyone available to serve, please know that our members consider it a privilege to serve in worship.

## WORSHIP ORDER

**Most services follow a typical pattern (communion service and non-communion service)**

### Non-Communion Service

- Prelude (before the service) music
- Opening Hymn
- Opening written prayers that are spoken
- Bible Readings
- Sequence Hymn (optional)
- Gospel Reading (only required in communion service)
- Eulogies/Sermon
- The Apostle's Creed
- Lord's Prayer / Prayers of the People (written call and response prayers)
- Commendation, Blessing, and Dismissal

Music is throughout the service when desired.

**Communion Service** - The **communion service** continues with the Apostle Creed, and also includes

- Sharing of the bread and wine (with communion music, if desired)
- Blessing and Dismissal
- *There are a few details that change the service slightly, such as interment in the columbarium. See below for more details.*

### *More details about the service*

In each section below, you will see a listing of worship order, suggested readings, and hymns. These are by no means the only prayers, scriptures or hymns you may use. They are listed to help you if you are unsure about what you would like. Traditional and Contemporary, ancient to modern, all types of music are welcome as long as it is oriented towards the praise of God. If there is a song or songs that you would like to have played, but are not sure if they are appropriate, the Pastor and Director of Music will help you decide.

### **Prelude**

The Prelude is a series of songs that are played while guests are arriving and being seated. You may also choose to have a silent entrance, and go without a prelude. See page 11 for examples of music.

### **Opening Hymn**

Opening Hymn is traditionally sung by the congregation and will have the words printed in the bulletin. Please see the suggested hymns listed on page 10 of this document.

## Bible Readings

Up to four readings are recommended for a memorial service. Typically, there is an Old Testament reading, a Psalm, a New Testament reading, and the Gospel. You are not required to have any more than one, and it is not recommended to exceed four. If this is a communion service, the Gospel is required.

Lessons or readings may be read by a family member or friend. You may use one of the suggestions or choose your own.

*All suggested scriptures can be found at*

<http://www.lectionarypage.net/YearABC/SpecServ/Burial.html>

## Old Testament and Apocrypha Readings

- Isaiah 25:6-9 (He will swallow up death in victory)
- Isaiah 61:1-3 (To comfort all that mourn)
- Lamentations 3:22-26, 31-33 (The Lord is good to those who wait for him)
- Wisdom 3:1-5, 9 (The souls of the righteous are in the hand of God)
- Job 19:21-27a (I know that my Redeemer lives)

Or other reading: \_\_\_\_\_

Please identify who will be reading the First Lesson. \_\_\_\_\_

## Psalms

Then there may be a Psalm, Canticle, or Hymn. The Psalm may be sung or spoken, read by an individual or spoken together by all. The words may be printed in the bulletin.

- Psalm 23 (The Lord is my shepherd) Rite I or Rite II version
- Psalm 27 (The Lord is my light and my salvation: whom shall I fear?)
- Psalm 42 (As a deer longs for flowing streams, so my soul longs for you, O God)
- Psalm 90 (Lord, you have been our dwelling place in all generations)
- Psalm 116 (I love the Lord, because he has heard my voice and my supplications)
- Psalm 121 (I lift up my eyes to the hills – from where will my help come?)
- Psalm 130 (out of the depths I cry to you, O Lord)
- Psalm 139 (O Lord, you have searched me and known me)

Or other Psalm, Canticle, or Hymn \_\_\_\_\_

Please answer a few questions regarding the Psalm:

- Will it be sung or spoken?
- By an individual or the Congregation?
- Read as a Call and Response?
- If it is to be read by an individual, who will be reading?
- Would you like the words printed in the bulletin?



## New Testament Reading

The next scripture is traditionally a New Testament reading, and may also be read by a family member or friend. You may use one of the suggestions or choose your own.

- Romans 8:14-19, 34-35, 37-39 (Neither death, nor life...will be able to separate us from the love of God in Christ Jesus our Lord)
- 1 Corinthians 15:20-26, 35-38 42-48. 53-58 (Christ has been raised from the dead)
- 2 Corinthians 4:16-5:9 (So we do not lose heart)
- 1 John 3:1-2 (See what the Father has given us)
- Revelation 7:9-17 (there was a great multitude)
- Revelation 21:2-7 (And I saw the holy city, the new Jerusalem)

Or other reading: \_\_\_\_\_

Please identify who will be reading the Second Lesson. \_\_\_\_\_

## Sequence Hymn

The hymn often sung between the second reading and the reading of the Gospel.

Sequence Hymn choice \_\_\_\_\_

Suggested hymns are found at the end of this document. Special requests are at the Director of Music's discretion with the Pastor's approval.

## Gospel Readings

The Gospel is the final reading and is read by the clergy. If there will be communion, there must be a Gospel reading. You may use one of the suggestions or choose your own.

- John 5:24-27 (anyone who hears my word and believes him who sent me has eternal life)
- John 6:37-40 (Everything that the Father gives me will come to me)
- John 10:11-16 (I am the good shepherd)
- John 11:21-27 (Martha said to Jesus, 'Lord, if you had been here, my brother would not have died)
- John 14:1-6 (Do not let your hearts be troubled)

Or other Gospel reading \_\_\_\_\_

## Reflections/Eulogies

For the sake of those coming to remember your loved one, please ask those who are giving a eulogy to write out their thoughts and limit individual eulogies to 5 minutes per person.

## Homily

There will be a brief reflection on the scriptures by the priest.

## The Apostles Creed follows the Homily

For a Non-Communion service, the **Lord's Prayer** is recited.

## Prayers of the People

Please let us know in advance if there will be military or other honors, or any additional requests that may not have been previously discussed. You may also request any special prayers, such as the serenity prayer, the Al-Anon prayer, Prayer of St. Francis, etc. You may have a family member or friend read the prayers if you choose.

## To continue for a non-Eucharistic service, please skip this section and go to the Commendation.

For a Eucharistic Service, the Prayers of the People are next, followed by the Passing of the Peace. Once everyone is seated, the service continues with communion. During the communion, an offertory anthem/ music is played while the clergy is setting the table. Please select an anthem that you would like at this time. (Suggested hymns are listed on page 11.) You may select two hymns to be played during communion. If you expect an excess of 125 guests, you may select a third hymn.

## Commendation

If the body or ashes are present, the Commendation is read (a prayer is said over the body/ashes, BCP 499) then Blessing, then Dismissal. If the body or ashes are not present, please proceed to the Blessing and Dismissal.

## Clergy offers a Blessing and then Dismissal

The Dismissal is followed by the Closing Hymn, which is sung by the congregation at the conclusion of the service. Below are some-time tested and well-respected suggestions.

## Closing Hymns

We have found that “strong” and bright hymns are good to end and begin a service. See suggested music below.

Closing Hymn of your choice \_\_\_\_\_

## MUSIC AND MUSICAL CHOICES

### Generally suggested Hymns with Hymn Number (from the Episcopal Church’s hymnal)

Some “strong” and bright hymns for the **beginning** and **ending** are:

- Jesus is Risen Today (207)
- Alleluia! The Strife Is O'er The Battle Done (208)
- For All The Saints, Who From Their Labors Rest (287)
- Joyful, Joyful (376)
- God, Our Help In Ages Past (680)
- A Mighty Fortress Is Our God (687 or 688)
- All Things Bright And Beautiful
- Morning Has Broken (8)

**Communion hymns** and **hymns between scriptures** can be bright and strong as well, but you may also choose more reflective music in those parts of the worship. Here is a broad list of choices that cover that spectrum.

- 151 - From Deepest Woe I Cry To Thee
- 338 - Wherefore, O Father, We Thy Humble Servants
- 354 - Into Paradise May The Angels Lead You
- 355 - Give Rest, O Christ, To Your Servants
- 356 - May Choirs of Angels Lead You To Paradise On High
- 357 - Jesus, Son of Mary
- 429 - I'll Praise My Maker While I've Breath
- 444 - Blessed Be The God Of Israel
- 447 - The Christ Who Died But Rose Again
- 455 - O Love Of God, How Strong And True
- 487 - Come My Way, My Truth, My Life
- 499 - Lord God, You Now Have Set Your Servant Free
- 517 - How Lovely Is Thy Dwelling Place
- 620 - Jerusalem, My Happy Home
- 621 - Light's Abode, Celestial Salem
- 623 - O What Their Joy And Their Glory Must Be
- 625 - Ye Holy Angels Bright
- 635 - If Thou But Trust In God To Guide Thee
- 636 - How Firm A Foundation, Ye Saints Of The Lord
- 645 - The King of Love, My Shepherd Is
- 658 - As Longs The Deer For Cooling Streams
- 663 - The Lord My God My Shepherd Is
- 664 - My Shepherd Will Supply My Need
- 665 - All My Hope On God Is Founded
- 666 - Out Of The Depths I Call
- 668 - I To The Hills Will Life Mine Eyes

**Examples of Prelude (pre-service) Music** (people typically don't sing)

- Example 1: When in the hour of utmost need, BWV 641 J. S. Bach
- Nimrod from Enigma Variations Sir. Edward Elgar
- Chorale Prelude on "Abide with me" Noel Rawsthorne
- I call to Thee, Lord Jesus Christ, BWV 639 J. S. Bach
- "God's time is best", Sinfonia from Cantata 106 J.S. Bach

- Example 2: Largo in E from Concerto Grosso # 12 George Frideric Handel
- When in the hour of utmost need, BWV 641 J. S. Bach
- Chorale Prelude on "Abide with me" Noel Rawsthorne
- I call to Thee, Lord Jesus Christ, BWV 639 J. S. Bach
- "God's time is best", Sinfonia from Cantata 106 J.S. Bach

**Example of a Postlude (after-service) music** (people typically don't sing)

Some examples you may choose or you can have a silent exit:

- Elegy (John Ireland) | Jesu, Joy of Man's Desiring (J.S. Bach) | Choral (Joseph Jongen)

Or Postlude of your choice: \_\_\_\_\_

## Introduction to The Columbarium at St. Timothy's Episcopal Church

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Our columbarium is a place which reminds us of all the sacraments we celebrate as Episcopalians. The burial liturgy and interment of the urn are the culmination of a person's earthly life in our shared community in Christ.

**What Is A Columbarium?** A columbarium is a group of niches, typically within a stone wall, which contain the cremated remains of the departed. The Columbarium at St. Timothy's is much more than that simple description. It is a place for healing and renewal. The water flowing in the fountain bespeaks of the rite of Baptism and the lovely, serene setting invites us in for meditation and prayer.

**Why Have A Columbarium?** The church has traditionally been the natural repository and final resting place of deceased members of the Christian community. Burial within the church, or in the adjacent church yard, was once common practice. The amount of land necessary for a burial ground is no longer available to most churches and a myriad of laws and regulations make it extremely difficult to establish a burial site. In recent years, cremation with interment of the ashes, rather than burial, has become more common. In this way, the remains of the deceased can stay on at the church that played such an important part in their lives.

**What Are The Benefits To Our Congregation?** A niche in a columbarium is modestly priced, aesthetically pleasing and ecologically sound. The ambiance of the columbarium creates a comfortable meeting place for families and friends to gather in love and remembrance, as a consoling link between life and death.

**Can Anyone Be Entombed In The Columbarium?** No. The Columbarium at St. Timothy's is reserved for the use of members of the congregation and their families, as defined in the Rules and Regulations (available upon request). **What Will It Cost?** Each niche will hold up to four urns of the size provided by the Church. A donation of \$4,800 will reserve an entire niche. If you wish to reserve only one space, i.e. one urn, the cost is \$1,200. The donation covers the cost of the urn, in which the ashes are kept, the bronze name plaque and perpetual care. No future assessments will be made.

**May I Reserve A Particular Niche?** Yes. Upon receipt of your donation for four spaces, the niche of your choice will be reserved on a first come first served basis. Please note that if you reserve fewer than four spaces, you may select the wall you desire, but not a specific niche. Space will be assigned by the Columbarium Board and you will be sharing space with others. The urn provided by the Church must be used so that the niche will accommodate four urns. A schematic of the columbarium is kept in the church office, indicating the previously reserved spaces. Does the cost vary according to location? No.

**How Do I Reserve Space?** Fill out a License to Reserve Space Form and attach your check for the appropriate amount. Make the check payable to St. Timothy's Episcopal Church. Please note on the check that it is for the Columbarium Fund. What if I move out of the area? If desired, you may receive a full refund of your donation as soon as the Church can relicense the niche you reserved. Further Questions? Please contact the church office, Parish@SaintTimothysDanville.org. You will then be referred to a member of the Columbarium Board to answer any questions you may have.

## DEATH CERTIFICATE INFORMATION

Information funeral director will need for death certificate:

Full name (and birth name) and AKAs	
Residence address	
Marital status, include date and place if possible	
Spouse's name	
Date of birth	
Birthplace	
Social security number	
Occupation (usual) / Industry	
Father's name and birthplace	
Mother's name, including birth name, and birthplace	
Length of residence in state	
Military service dates	
Highest Level of Education	
Race and If Latino or Hispanic?	
Number of copies of death certificates	Need <u>original certified copies</u> for insurance policies, all assets that require title transfers, VA, some account closings/transfers / probate

# OBITUARY

It is very helpful to write your obituary or at least to have all the pertinent factual information assembled. The obituary is needed quickly after a death, and it is sometimes hard for those left behind to gather the needed information in a short time.

Please provide the obituary shown below to the following newspapers:

Newspaper	Phone/Fax/E-Mail

Obituary – either write your own (space provided below) or provide bullet points from which a newspaper can craft an obituary. Important items to include:

- Full name, including birth name and AKAs:
- Parents’ names, including birth name and place of birth:
- Date of birth:
- Circumstances of death - to be provided by survivor after death:
- Education information:
- Career information:
- Community activities:
- Dates of military service along with rank achieved:
- Special honors/awards received – military, civic, education:
- Favorite quote(s)/tag lines:
- Predeceased by (and relationship) along with town/city where they lived:  
Survived by (and relationship) along with town/city where they live – parents, spouse, children (and in-law), grandchildren, and great-grandchildren:
- Donation in lieu of flowers to - *(Give complete names and addresses of those charities that are suggested. Please consider St. Timothy’s in this request.)*
- Include information on viewing and funeral - to be provided by survivor after death
- Any other information deemed appropriate and text of obituary:

## **PLANNED GIVING**

Planning your bequest is important and complex and should be undertaken with an attorney and/or CPA who specializes in Estate Planning. The Endowment group of St. Timothy's would love to talk to you about ways to support the mission of our church as well as the larger diocese. For more detailed information on how to give ask your Pastor or go to <http://episcopalgift.org>. Listed below are several vehicles for gifts which may apply to Saint Timothy's or other charitable beneficiaries.

### **Bequest**

You designate our organization as the beneficiary of your asset by will, trust or beneficiary designation form.

### **IRA Rollover**

Congress has enacted a permanent IRA charitable rollover. As a result you can make an IRA rollover gift this year and in future years.

### **Beneficiary Designation Gifts**

You can designate us as a beneficiary of a retirement, investment or bank account or your life insurance policy.

### **Charitable Gift Annuity**

You transfer your cash or appreciated property to our organization in exchange for our promise to pay you fixed payments (with rates based on your age) for the rest of your life.

### **Charitable Remainder Unitrust**

You transfer your cash or appreciated property to fund a charitable remainder unitrust. The trust sells your property tax free and provides you with income for life or a term of years.

### **Charitable Remainder Annuity Trust**

You transfer your cash or appreciated property to fund a charitable remainder annuity trust. The trust sells your property tax free and provides you with fixed income for life or a term of years.

### **Charitable Lead Trust**

You fund a trust that makes gifts to us for a number of years. Your family receives the trust remainder at substantial tax savings.

### **Sale and Unitrust**

You give a portion of your property to us to fund a charitable remainder trust, when the property sells you receive cash and income for life.

### **Bargain Sale**

We purchase your property for less than fair market value. You receive cash and a charitable deduction for the difference between the market value and purchase price.

### **Give It Twice Trust**

You provide your children with a stream of income while making a gift to charity.

### **Life Estate Reserved**

You give your property to our organization but retain the right to use the property during your life.

## END OF LIFE CONTACT INFORMATION

Professional	Name and Phone Number	Address/E-Mail/Internet
Funeral Director - Crematory		
Church or Minister		
Family Members, not previously listed		
Estate Planner		
Friends		
Life Insurance Contact		
Trust Contact		
Employee Benefits Contact		
If active or retired military, survivor assistance office		
Social Security Administration (local office), if applicable		
Financial Advisor		
Accountant		
Doctor		
Caregiver		
Attorney		





# ESTATE PLANNING DOCUMENTS

My estate planning attorney is: \_\_\_\_\_  
 (name and contact information). (S)He will probate my will and advise you. Please contact him (her) immediately.

Shown below is the location of important documents you may need in the event of a serious illness or my death.

Item	Location (physical or digital)
Durable Power of Attorney	Prepared by:
Health Care Power of Attorney	Prepared by:
Directive to Physicians (Living Will)	Prepared by:
Declaration of Guardian	Prepared by:
Organ Donor Authorization	Prepared by:
Will and/or Trusts	Prepared by:
Letter to Executor	Prepared by: me
Letter to Trustee(s)	Prepared by: me
Letter to Guardian of Minor Children	Prepared by: me
Letter for Business Owner – how to wrap up my business affairs	Prepared by: me
Letter(s) of Love	Prepared by: me





## BENEFITS & ENTITLEMENTS

I am currently receiving benefits from the following, please contact them to discontinue benefit upon my death and inquire about any survivor benefits that might be due:

Institution and Account Numbers	Contact Person and Phone Number Address, Email, Phone

Examples include: Social Security, Civil Service, Veterans Administration, Current or Former Employers

Recent benefit statements are located: \_\_\_\_\_

I, or my survivors, may be eligible for benefits from the following, please contact the institution to determine:

Institution and Account Numbers	Contact Person & Phone	Reason for Eligibility

Examples include: Social Security, Civil Service, Veterans Administration, Current or Former Employers

Proof of eligibility may be found: \_\_\_\_\_

## BANKING

Bank/Credit Union	Phone	Type of Account	Titled As:	Account Number

Note: The Executor should open a separate checking account for the Estate. They will need a copy of the Will and certified originals of the Death Certificate.

Bank statements are kept: \_\_\_\_\_

There is a safety deposit box located at: \_\_\_\_\_

The key is located at: \_\_\_\_\_

## INVESTMENT ACCOUNTS

Custodian	Investment Name	Account Number	Type of Account*	Balance

\* Taxable, Traditional IRA (IRAT), Roth IRA (Roth), SEP-IRA (SEP), KEOGH, Money Purchase Plan (MPP), Profit-Sharing Plan (PSP), 401(k), 403(b), 457, Education Savings Account – previously known as an Education IRA (IRAE), Section 529 College Savings Account

Note: As an alternative to listing all accounts here, file most recent account statements behind this page.

Account statements are located: \_\_\_\_\_

Stock option grants are located: \_\_\_\_\_

# INSURANCE

Type of Insurance	Insurance Company	Agent/Contact Number	Policy Number	Premium Amount	Premium Frequency	How Paid?*	Policy Location
Medical							
Medical Supplement							
Short Term Disability							
Long Term Disability							
Long Term Care							
Vehicle(s)							
Home/Personal Property							
Excess Liability (Umbrella)							
Life							
Errors and Omissions							
Dental							
Real Property Owned							

\* Examples include by: check, automatic draft from checking account, credit card (automatic bill), paid by employer Note: As an alternative to listing all accounts here, file most recent account statements behind this page

If not filed here, account statements are located: \_\_\_\_\_



# DEBTORS

I am currently owed or being paid by the following:

Name, Address and Email	Contact Number	Reason for Payment	Principal Amount	Payment Amount	Rate	Start Date	Stop Date

Documents evidencing debt(s) can be found: \_\_\_\_\_

\_\_\_\_\_

Documents relating to these payments can be found: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**LOCATION OF OTHER IMPORTANT DOCUMENTS** (physical or electronic):

Birth Certificate	Location:
Marriage certificate(s)/license(s)	
Divorce decree(s)	
Military papers	
Tax returns for last three years	
Wills and Codicils (if any)	
Trust(s)	
Deeds to Real Estate Owned	

## RECURRING EXPENSES

List recurring expenses and how they are paid. If you change credit cards or banks, be sure to review this list first and ensure that the payment is arranged in another way. This form should be reviewed on an annual basis.

Bill	Vendor	Frequency*	How Paid**
Home			
Rent/Mortgage/Care			
Property Taxes			
Home Insurance			
Electricity			
Gas			
Water and Sewage			
Garbage and Recycling			
Cable			
Internet Service Provider			
Telephone			
Cell Phone			
Lawn Service			
Cleaning Service			
Charity			
Insurance			
Health			

Dental			
Real Estate			
Disability			
Long Term Care			
Automobile			
Life			
Liability (Umbrella)			
Vehicles			
Loan – Vehicle #1			
Loan – Vehicle #2			
Registration			
Dues and Subscriptions			
Athletic Club			
Golf Membership			
Newspaper			
Professional Fees			
Financial Advisor			
Accountant			
Attorney			

\* W-weekly, M-monthly, Q-quarterly, S-semiannual, A-annual

\*\* Examples:

- Automatic draft from checking account or automatically charged to credit card: (which one?)
- Paid online – reminder/invoice is sent to (email address)

# HOUSE

My survivors may or may not wish to remain in the current residence. Here is some information that may be helpful:

	Name	Contact Number	Current Arrangements
Lawn Service			
Pool Service			
Cleaning Service			
AC/Heating Service			
Pest Service			
Plumber			
Electrician			
Handyman			
Roofer			
Garbage Collection			
Recycling Collection			

Idiosyncrasies about the house or house care that you should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of deeds, title, closing papers, mortgages, records of capital improvements:

\_\_\_\_\_

\_\_\_\_\_

# VEHICLES

Year	Make	Model	VIN #	Title Location	Service Location

## LEGAL FORMS

### Legal and Personal Considerations:

*The matters covered in the next few pages are important and complex undertakings and should be discussed with your attorney, CPA, or financial planner, and if you have not done so, with your loved ones.*

*The information contained herein is a summary and may or may not apply to you specifically.*

*The forms included may have more recent versions. Many institutions require a specific proprietary form. It is wise to check with important institutions for their specific requirements.*

*The information herein is offered merely as a guideline as to issues which should commonly be addressed. It is **NOT** meant to be legal advice nor is it to be considered all-inclusive or complete.*

### Difficult Decisions in Advance

A common fear that many of us share, often based on past observations of friends or loved ones, is that we may come to a point in life where we can no longer make critical decisions about our lives or medical treatments.

Most people, when asked, say that they would like to die a peaceful death surrounded by family and friends. Often this is not the case because these wishes have not been discussed and have not been put in written form. Sometimes it is because we have not researched options in our area, such as home healthcare, nursing care or hospice.

The forms on the following pages -

- Advanced Health Care Directives / Living Will
- Durable Power of Attorney when executed, offers a way to clearly convey your wishes about end-of-life support, treatment, and the handling of your personal and business activities prior to your death .

### Preparing a valid Will and/or Trust

Preparing a valid Will and/or Trust and keeping them updated are important elements in end of life planning for families of all ages as well. Depending on your circumstances, discussing their terms with your loved ones may be a good idea and will avoid misunderstandings later.



## CONSIDERATIONS WHEN EXECUTING A MEDICAL POWER OF ATTORNEY OR LIVING WILL

1. Is the proposed agent/decision-maker aware of your wishes?
2. Is the person willing to speak on your behalf?
3. Does the person live close by or could travel to be by your side if needed?
4. Is this person someone who knows you well and understands what's important to you?
5. Is this person someone you trust with your life?
6. Will this person talk with you know about sensitive issues and will listen to your wishes?
7. Will this person honor your wishes even if he or she does not agree with them?
8. Will this person be available long into the future? (Is the person in good health? Are they likely to remain in contact and in the area?)
9. Do you want to consider a successor or alternate decision-maker?
10. Will this person be able to handle conflicting opinions between family members, friends, and medical personnel?
11. Can the person be a strong advocate in the face of an unresponsive doctor or institution?
12. Do you desire any of the following, and, if so, under what circumstances and for how long (e.g., immediately after a stroke, but to be discontinued if no improvement is seen after a certain period of time; if you have Alzheimer's, cancer, or a similar condition):
  - a. Cardiopulmonary resuscitation (CPR);
  - b. Ventilator;
  - c. Antibiotics;
  - d. Kidney Dialysis
  - e. Hospitalization; or
  - f. Hospitalization for correctable injuries, such as a broken bone?
13. Do you want artificial nutrition and hydration? If so, under what conditions?
14. Do you have a thorough understanding of the medical issues that may be involved?
15. Have you considered that your wishes may change over time or as a result of the actual development of a particular condition?
16. Does the proposed agent/decision-maker agree with the principal's wishes?
17. Will the proposed agent/decision-maker carry out the principal's wishes, even if the proposed agent/decision-maker does not share the principal's views?
18. Where do you keep your advance directives? Once it is executed, make enough copies for the agents or agents to have copies and keep several in an easily accessible file in your

home. Also, give one to your physician to include in your medical record. If you are experiencing on-going health care problems, keep one with you and give one to all the treating physicians and the places where you are receiving treatment.

19. Many institutions and facilities require their own form(s). You may want to check with your usual doctor(s), hospital(s), care facility(ies) and financial institutions.

### **Other Issues and Concerns:**

20. What if the agent does not know the patient's express wishes? Even in situations where a principal conveyed general wishes to the agent, it is possible that a particular situation was not anticipated. (Under law the agent is required to make decisions according to the knowledge to the principal's wishes, including religious beliefs if known. If the wishes are not known, then decisions are made according to the agent's assessment of the principal's best interests.)
21. Will the advance directive be applicable if the principal moves to another state? An out of state directive would likely be honored. To be safe, an individual may want to re-execute his or her directives if s/he changes state of residence. (Ultimately, however, anything in writing is better than nothing in writing as evidence of the individual's wishes.)
22. How many physicians must certify that the principal is incapacitated before the MPA takes effect? (The patient's attending physician must certify in writing that the principal is incompetent.)
23. How often should advance directives be reviewed to see if they still comply with the principal's wishes? There is no specific timeframe when this must be done under state law. It is helpful to review periodically and if the individual develops health problems.
24. Is the agent able to control who visits the principal or access to healthcare information? The agent may limit access to health care information and may be able to control access to visit to the principal. For example, assume that the daughter of a principal is an agent and appointed to make healthcare decisions for principal and that the principal has a good relationship with a stepson, but the daughter does not. Can the daughter, acting as an agent, keep the stepson from visiting the principal? Can the daughter keep the stepson in question from taking the principal out of the healthcare facility for a short leave of absence (e.g., home for Thanksgiving dinner)? Can the stepson receive information about the principal's state of health without the permission of the agent?
25. Does the agent have to be a family member, or can this be an unrelated person who shares the principal's beliefs? Under states laws the agent does not have to be a family member. The major reason these laws were adopted was to give an individual the right to appoint someone that the individual trusts without regard to whether that person was a family member (by blood or marriage.)
26. When considering a move, especially out of state, examine their laws especially regarding patient's rights and estate management.

## **WHO MAKES DECISIONS IF YOU DON'T HAVE A MEDICAL POWER OF ATTORNEY AND/ OR LIVING WILL?**

If an individual has not designated a decision-maker and does not have a guardian, the following individuals may make healthcare decisions. In order of priority:

- a. Spouse
- b. Patient's reasonably available adult children
- c. Parents
- d. Nearest living relative
- e. Domestic partners may or may not be able to make decisions

### **Considerations if you fail to designate a decision maker:**

- Who is likely to step up and to make decisions if you do not exercise your right to choose?
- Do they know what you want?
- Do they agree with what you want?
- Are those persons likely to know your wishes for care at the end-of-life or in life-limiting circumstances?
- Will they honor your wishes?
- If your adult children will decide:
  - How do they get along?
  - Do they know what you want?
  - Will they agree about what needs to be done?
  - Will they follow your wishes?
  - What about the potential for a life-long conflict resulting from having to make this decision?

## **NOTES:**

### **ADDENDUMS FOLLOWING:**

Advanced Health Care Directive Form (AKA Living Will)

California Advanced Health Care Directive (including Power of Attorney for health care)

Uniform Statutory Form Power of Attorney

# ADVANCE HEALTH CARE DIRECTIVE FORM

Print Form

Reset Form

Probate Code - PROB

DIVISION 4.7. HEALTH CARE DECISIONS [4600 - 4806] ( Division 4.7 added by Stats. 1999, Ch. 658, Sec. 39. )

PART 2. UNIFORM HEALTH CARE DECISIONS ACT [4670 - 4743] ( Part 2 added by Stats. 1999, Ch. 658, Sec. 39. )

CHAPTER 2. Advance Health Care Directive Forms [4700 - 4701] ( Chapter 2 added by Stats. 1999, Ch. 658, Sec. 39. )

4701. The statutory advance health care directive form is as follows:

## ADVANCE HEALTH CARE DIRECTIVE (California Probate Code Section 4701) Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
- (b) Select or discharge health care providers and institutions.
- (c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
- (e) Donate your organs, tissues, and parts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs, tissues, and parts following your death.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

**ADVANCE HEALTH CARE DIRECTIVE FORM**

**PART 1  
POWER OF ATTORNEY FOR HEALTH CARE**

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

\_\_\_\_\_  
(name of individual you choose as agent)

\_\_\_\_\_  
(address) (city) (state) (ZIP Code)

\_\_\_\_\_  
(home phone) (work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

\_\_\_\_\_  
(name of individual you choose as first alternate agent)

\_\_\_\_\_  
(address) (city) (state) (ZIP Code)

\_\_\_\_\_  
(home phone) (work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

\_\_\_\_\_  
(name of individual you choose as second alternate agent)

\_\_\_\_\_  
(address) (city) (state) (ZIP Code)

\_\_\_\_\_  
(home phone) (work phone)

(1.2) AGENT'S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box. If I mark this box , my agent's authority to make health care decisions for me takes effect immediately.

# ADVANCE HEALTH CARE DIRECTIVE FORM

(1.4.) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POSTDEATH AUTHORITY: My agent is authorized to donate my organs, tissues, and parts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

:

---

---

---

(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

## PART 2 INSTRUCTIONS FOR HEALTH CARE

If you fill out this part of the form, you may strike any wording you do not want.

(2.1) END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

(a) Choice Not to Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR

(b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2.2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

---

---

(Add additional sheets if needed.)

(2.3) OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

---

---

(Add additional sheets if needed.)

PART 3  
DONATION OF ORGANS, TISSUES, AND PARTS AT DEATH  
(OPTIONAL)

(3.1)  Upon my death, I give my organs, tissues, and parts (mark box to indicate yes).  
By checking the box above, and notwithstanding my choice in Part 2 of this form, I authorize my agent to consent to any temporary medical procedure necessary solely to evaluate and/or maintain my organs, tissues, and/or parts for purposes of donation.

My donation is for the following purposes (strike any of the following you do not want):

- (a) Transplant
- (b) Therapy
- (c) Research
- (d) Education

If you want to restrict your donation of an organ, tissue, or part in some way, please state your restriction on the following lines:

\_\_\_\_\_  
If I leave this part blank, it is not a refusal to make a donation. My state-authorized donor registration should be followed, or, if none, my agent may make a donation upon my death. If no agent is named above, I acknowledge that California law permits an authorized individual to make such a decision on my behalf. (To state any limitation, preference, or instruction regarding donation, please use the lines above or in Section 1.5 of this form).

PART 4  
PRIMARY PHYSICIAN  
(OPTIONAL)

(4.1) I designate the following physician as my primary physician:

\_\_\_\_\_  
(name of physician)

\_\_\_\_\_  
(address) (city) (state) (ZIP Code)

\_\_\_\_\_  
(phone)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

\_\_\_\_\_  
(name of physician)

\_\_\_\_\_  
(address) (city) (state) (ZIP Code)

\_\_\_\_\_  
(phone)



**ADVANCE HEALTH CARE DIRECTIVE FORM**

**PART 5**

(5.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

(5.2) SIGNATURE: Sign and date the form here:

\_\_\_\_\_  
(date) (sign your name)

\_\_\_\_\_  
(address) (print your name)

\_\_\_\_\_  
(city) (state)

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

First witness

Second witness

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city) (state)

\_\_\_\_\_  
(city) (state)

\_\_\_\_\_  
(signature of witness)

\_\_\_\_\_  
(signature of witness)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(date)

(5.4) ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

\_\_\_\_\_  
(signature of witness)

\_\_\_\_\_  
(signature of witness)

**PART 6  
SPECIAL WITNESS REQUIREMENT**

(6.1) The following statement is required only if you are a patient in a skilled nursing facility--a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

**STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN**

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(sign your name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(print your name)

\_\_\_\_\_  
(city) (state)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California,  
County of

\_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of officer)

personally appeared \_\_\_\_\_  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person (s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (SEAL)

**CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE**

Including Power of Attorney for Health Care

Imprint / MRN

NOTE: The document meets legal requirements for most Californians, but might not be appropriate in special circumstances. If you might have special needs, consult an attorney.

**PART 1: APPOINTING AN AGENT TO MAKE HEALTH CARE DECISIONS**

NOTE: You should discuss your wishes in detail with your designated agent(s)

My name is: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My address is: \_\_\_\_\_

In this document I appoint an agent. That agent will make health care decisions for me in the future, if and when I no longer have the mental capacity to make my own health care decisions.

**Optional:** I want my agent to make my health care decisions **now**, even though I currently have the mental capacity to make my own health care decisions. \_\_\_\_\_ (**Do not initial here** if you want to continue making your own health decisions for as long as you are able.)

The following persons cannot be selected as your agent or alternate agent:

- Your primary physician
- An employee of the health care institution or residential care facility where you receive care (unless you are related to that person or you are co-workers).

**PRIMARY AGENT:**

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Phone numbers – indicate home, work, pager, and cellular phone)

**1<sup>st</sup> ALTERNATE AGENT** (If Agent is not willing, able, or reasonably available to serve.)

Name of first alternate agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Phone numbers – indicate home, work, pager, and cellular phone)

**2<sup>nd</sup> ALTERNATE AGENT** (If Agent and 1<sup>st</sup> Alternate are unavailable or unwilling to serve.)

Name of second alternate agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Phone numbers – indicate home, work, pager, and cellular phone)

## WHAT MY AGENT MAY DO

My agent will be allowed to make health care decisions for me just as I can presently make my own. For example, I give my agent my trust to make decisions (1) to accept or refuse treatment for me, including accepting or discontinuing food and fluid that is given through a tube into my stomach or into a vein; (2) to choose for me a particular physician or health care facility; and (3) to receive or review my medical information and records, or to permit release of my records for others' review. \_\_\_\_\_ (initial here)

## WHAT MY AGENT MUST DO

My agent shall make health care decisions for me by considering what I have written here, and by considering my other wishes. My agent will try to find out as much as he/she can about my wishes. If my agent does not know my wishes, he/she shall consider my personal values as much as possible and make decisions that he/she thinks are in my best interest. I ask that when my agent is trying to consider my values and prior wishes, that he/she talk to other loved ones who know me and care about me. \_\_\_\_\_ (initial here)

The following individual(s) are to be EXCLUDED from any part of health care decision-making for me:

No Exclusions \_\_\_\_\_ (initial here)

## AFTER MY DEATH

My agent will be able to authorize an autopsy, donate all or part of my body, and/or determine the disposition of my remains. If I have written a will or made funeral arrangements, my agent should follow those instructions on what happens to my body after my death or other arrangements I have made. **If I want to make exceptions to this authority, I write them here** or in an attachment to this form:

No Exceptions \_\_\_\_\_ (initial here)

(Sign and date the attached pages when this document is witnessed.)

## **PART 2: HEALTH CARE INSTRUCTIONS** (Cross out the sections that do not apply)

I have made additional written instructions to my agent and attached them. \_\_\_\_\_ (initial here)

(Sign and date the attached pages when this document is witnessed.)

**TRUST IN AGENT:** The instructions I give to my agent are guidelines to assist him/her in making the best medical decisions for me. The subject of unacceptable treatments is a complex one. Whether I would or would not want a particular medical intervention might depend on context. At some point there might be a conflict between treatment instructions I have given and what my agent thinks best in circumstances that I could not have predicted. I trust that my agent will honor my goals and values. \_\_\_\_\_ (initial here)

**PERSONAL CARE DECISIONS:** By my initials here I direct that my agent(s) named above authorize personal care on my behalf including, but not limited to, choice of residence, clothing, receipt of my mail, care for my personal belongings, care for my pet(s) if any, and all other decisions of a personal nature not included in the description of health care. \_\_\_\_\_ (initial here)

**DNR ORDER:** I have completed a Prehospital Do Not Resuscitate Form. \_\_\_\_\_ (initial here)

**REVOCAION OF PREVIOUS DOCUMENTS:** I revoke any previously-executed Power of Attorney for Health Care, Individual Health Care Instruction, or Natural Death Act Declaration. I have the right to revoke this directive at a future date by creating a new one.

**PART 3: SIGNATURE OF PERSON WHO IS MAKING THIS DIRECTIVE**

Sign the document in the presence of the witnesses or the Notary.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If the person making this directive is unable to write, have the person make a mark, have a witness write the name of the person making this directive and sign next page.

**PART 4: THIS DOCUMENT MUST EITHER BE NOTARIZED OR SIGNED BY TWO WITNESSES ON THE NEXT PAGE.**

**WITNESSES:** Certain individuals cannot serve as witnesses. Those rules are set forth in the following witness statements:

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA**

- (1) That the individual who signed or acknowledged this Advance Health Care Directive is personally known to me, or that the individual's identity was proven to me by convincing evidence.
- (2) That the individual signed or acknowledged this Advance Directive in my presence,
- (3) That the individual appears to be of sound mind and under no duress, fraud, or undue influence,
- (4) That I am **not** a person appointed as agent by this Advance Directive, and
- (5) That I am **not** the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

First Witness: \_\_\_\_\_  
Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Second Witness: \_\_\_\_\_  
Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_

**ONE OF THE PRECEDING WITNESSES ALSO MUST SIGN THE FOLLOWING DECLARATION:**

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operations of law.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Only if the person making this directive is unable to write, witnesses complete this section:**

\_\_\_\_\_, being unable to write, made his/her mark in our presence and requested the first of the undersigned to write his/her name, which he/she did, and we now subscribe our names as witnesses thereto.

\_\_\_\_\_  
Signature of Witness #1

\_\_\_\_\_  
Signature of Witness #2

**If the principal (the person appointing the agent) currently resides in a nursing facility**, this document also must be witnessed by a representative of California’s Long-Term Care Ombudsman Program. If the two-witness method is chosen, the Ombudsman Program representative may serve as one of the two witnesses, or may serve as a third witness. If the notarization method is chosen, the Ombudsman Program representative serves as a separate witness.

**DECLARATION OF OMBUDSMAN PROGRAM REPRESENTATIVE**

(Required ONLY if person appointing the agent currently resides in a nursing facility.)

I declare under penalty of perjury under the laws of California that I am an ombudsman designated by the California Department of Aging and that I am serving as a witness as required by Section 4675 of the California Probate Code.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC  
(Not required if two-witness method is followed)**

State of California, County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed it.

WITNESS my hand and official seal.

(seal)

Signature \_\_\_\_\_

# Uniform Statutory Form Power of Attorney

(California Probate Code Section 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400–4465). THE POWERS LISTED IN THIS DOCUMENT DO NOT INCLUDE ALL POWERS THAT ARE AVAILABLE UNDER THE PROBATE CODE. ADDITIONAL POWERS AVAILABLE UNDER THE PROBATE CODE MAY BE ADDED BY SPECIFICALLY LISTING THEM UNDER THE SPECIAL INSTRUCTIONS SECTION OF THIS DOCUMENT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTHCARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, \_\_\_\_\_ (your name and address)  
appoint \_\_\_\_\_ (name and address  
of the person appointed, or of each person appointed if you want to designate more  
than one) as my agent (attorney-in-fact) to act for me in any lawful way with respect to  
the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF  
(N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING  
POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY,  
BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

- \_\_\_\_\_ (A) Real property transactions.
- \_\_\_\_\_ (B) Tangible personal property transactions.
- \_\_\_\_\_ (C) Stock and bond transactions.
- \_\_\_\_\_ (D) Commodity and option transactions.
- \_\_\_\_\_ (E) Banking and other financial institution transactions.
- \_\_\_\_\_ (F) Business operating transactions.
- \_\_\_\_\_ (G) Insurance and annuity transactions.
- \_\_\_\_\_ (H) Estate, trust, and other beneficiary transactions.
- \_\_\_\_\_ (I) Claims and litigation.
- \_\_\_\_\_ (J) Personal and family maintenance.
- \_\_\_\_\_ (K) Benefits from social security, medicare, medicaid, or other  
governmental programs, or civil or military service.
- \_\_\_\_\_ (L) Retirement plan transactions.
- \_\_\_\_\_ (M) Tax matters.
- \_\_\_\_\_ (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).





**SPECIAL INSTRUCTIONS:**

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

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UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

**EXERCISE OF POWER OF ATTORNEY WHERE  
MORE THAN ONE AGENT DESIGNATED**

If I have designated more than one agent, the agents are to act

\_\_\_\_\_.

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "**SEPARATELY**" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "**JOINTLY**," THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(your signature)

State of \_\_\_\_\_, County of \_\_\_\_\_,

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.



**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ (name and title of officer), personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that she/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(Seal)

## Notice to Person Executing Durable Power of Attorney

A durable power of attorney is an important legal document. By signing the durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.

This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your agent borrows money on your behalf. This document does not give your agent the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.

Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you provide otherwise in this power of attorney.

The powers you give your agent will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney. The powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions respecting the management of your property.

You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this durable power of attorney at any time, so long as you are competent.

This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the signing of the power of attorney or (2) the principal's signing or acknowledgment of his or her signature. A durable power of attorney that may affect real property should be acknowledged before a notary public so that it may easily be recorded.

You should read this durable power of attorney carefully. When effective, this durable power of attorney will give your agent the right to deal with property that you now have or might acquire in the future. The durable power of attorney is important to you. If you do not understand the durable power of attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.

## Notice to Person Accepting the Appointment as Attorney-in-Fact

By acting or agreeing to act as the agent (attorney-in-fact) under this power of attorney you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include:

1. The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.
2. The legal duty to keep the principal's property separate and distinct from any other property owned or controlled by you.

You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorizes you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time that the property is transferred to you without authority, you may also be prosecuted for elder abuse under Penal Code Section 368. In addition to criminal prosecution, you may also be sued in civil court.

I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this power of attorney.

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Agent: \_\_\_\_\_