

ARE YOUR AFFAIRS IN ORDER?
A PLANNING GUIDE AND RESOURCE BOOK

November, 2001

Prepared by the Senior Adult Council

Bryn Mawr Presbyterian Church

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I. INTRODUCTION

This guide, published by the Senior Adult Council of Bryn Mawr Presbyterian Church, has a very important central aim. We want you to plan ahead! To do so is to be absolutely consistent with our Christian heritage. Because we believe that death is not the end, we are able to face it with courage -- with a sense of responsibility to those loved ones who carry on after our own death. Because we love them, we want to have our "affairs in order."

We hope that you will take advantage of the resources and information in this manual. And, we hope you will benefit from the many resources available in this Church and the community to help you maintain a high quality of life in the time that lies ahead.

Preparing for the future calls for clear and intentional time dedicated to praying, thinking, talking with knowledgeable people, talking with those we love, and taking actions consistent with the information we have and the commitments we want to keep. We won't take this time unless we are willing to face the uncertainties of our future, potential situations that will be hard to face, and the inevitable end of our own lives. To plan for, and thus to think about, these things is an act of courage – and of love. And we cannot do it confidently unless we are also assured that we are loved, and that what we do matters to our loved ones and to God.

Sections III, IV, and V of this guide each provide brief background information and make suggestions for further investigation. More materials are available in the Senior Adult Office and in the church library. Bill Arnold, Associate Pastor for Senior Adults, and Beth Ann Force, Administrative Assistant for Senior Adult Ministry, will be glad to help in any way possible. Information contained in these sections is believed to be accurate, but when expert assistance is needed, we certainly encourage you to retain the services of a competent professional.

Please note that Section II is arranged for you to record vital information for those who may need to see to your affairs when you are unable to do so. We hope that this centralized place for recording information appropriate for you will be useful and simplify the task. Don't try to do it all at once! Thought and research are sometimes necessary. We suggest that you make copies of the information and make them available to selected family members and trusted professionals.

We also suggest that you consult with your loved ones and a pastor to make plans for your memorial service. Further suggestions on this topic are made in Section V. Copies of your preferences can be maintained in a confidential file in the church office.

NEXT STEPS

You are urged to complete the forms in Part II, listing personal, financial and spiritual matters, and arrange for the execution of any pertinent legal documents. Admittedly, the task may look formidable, but take the first steps now.

Where should you keep documents after they are executed? The originals of your will, any trusts and durable power of attorney should be kept in your safe deposit box or other secure locations. Originals of health care power of attorney or advance medical directives should be kept at home with copies to your physician and family members. Family members should know the location of the originals.

Most importantly, we suggest you keep copies of important documents and other relative papers in this loose leaf binder, noting on each where the original is filed. This binder will facilitate periodic reviews, at least every two years, and will make "picking up the pieces" a lot easier for members of your family.

Planning ahead is an act of love!

II. PERSONAL AND FINANCIAL RECORDS

(Note: If additional space is needed, use back of form or separate sheet.)

A. FAMILY INFORMATION

1. Individual

Name _____

Address _____

Phone Number _____

Date and place of birth _____

Social Security Number _____

2. Spouse or other primary personal contact

Name _____

Address _____

Phone Number _____

(If spouse)

Date and place of birth _____

Date and place of marriage _____

Social Security number _____

3. Deceased or Prior Spouses - (if applicable)

Name _____

Address _____

Date and place of:

Marriage _____

Divorce _____

Death _____

Social Security Number _____

4. Children or significant persons

- Name and Relationship _____

Address _____

Phone Number _____

- Name and Relationship _____

Address _____

Phone Number _____

- Name and Relationship _____

Address _____

Phone Number _____

5. Pets

Instructions for disposition of pets _____

B. Knowledgeable and Trusted People

1. Physician _____

Address _____

Phone Number _____

2. Attorney _____

Address _____

Phone Number _____

3. Accountant/Tax Preparer _____

Address _____

Phone Number _____

4. Durable Power of Attorney
Person named to act _____

Address _____

Phone Number _____

5. Health Care Declaration/Living Will
Person named to act _____

Address _____

Phone Number _____

6. Executor of your Will _____

Address _____

Phone Number _____

7. Trustees of any trust for you _____

Address _____

Phone Number _____

8. Insurance Agent _____

Address _____

Phone Number _____

9. Stockbroker _____

Address _____

Phone Number _____

10. Investment Advisor _____

Address _____

Phone Number _____

11. Banker _____

Address _____

Phone Number _____

12. Pension Fund Payer

Address _____

Phone Number _____

13. Others to notify:

C. LOCATION OF IMPORTANT DOCUMENTS

	<u>Document</u>	<u>Location</u>
1.	Will	_____
2.	Durable Power of Attorney	_____
3.	Advanced Health Care Directive	_____
4.	Trust Agreements	_____
5.	Birth Certificate	_____
6.	Marriage Certificate	_____
7.	Passports/Naturalization papers	_____
8.	Adoption papers	_____
9.	Military discharge papers	_____
10.	Social Security card	_____
11.	Medicare card	_____
12.	Medicaid card	_____
13.	Title to real estate property/ Mortgage papers	_____
14.	Titles to automobiles	_____
15.	Contract for long term care facility, and/or other contracts and legal documents.	_____
16.	Inventory of household goods/personal property (including appraisal and pictures if taken)	_____
17.	Other storage places for important property/documents.	_____

Location

18. Insurance policies:
- life _____
 - health _____
 - disability _____
 - automobile _____
 - homeowners _____
 - excess liability _____
 - long term care _____
 - other _____

19. Current papers and receipts for filing tax returns _____

20. Income tax returns for last 5 years and supporting records _____

21. Do you have a safe deposit box?
If so where? _____

Keys? _____

22. Other essential keys _____

D. Locations of Property and Financial Holdings

<u>Assets</u>	<u>Location</u>
(Include acct. # and location)	
1. Checking Accounts _____ Acct # _____	
2. Savings Accounts _____ Acct # _____	
3. Money Markets and CD's _____	
4. Stocks _____	
5. Bonds _____	
6. Brokerage Accounts _____	
7. Mutual Funds _____	
8. Trusts for which you are beneficiary _____	
9. Mortgages and other debts owed to you _____	
10. Pension, other retirement plans (including IRA's and Keogh's) _____	
11. Autos, boats, RV's etc. _____	
12. Primary residence _____	
13. Vacation home _____	
14. Other real estate holdings _____	
15. Other investments _____	

E. Financial Obligations Location

1. Mortgage _____

2. Loans
 Auto _____

 Bank _____

 Other _____

3. List of credit cards

4. Persons dependent on you for support

<u>Name</u>	<u>Type of support</u>
-------------	------------------------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

III. HEALTH INSURANCE AND LIVING ARRANGEMENTS

Note: Figures are as of January 1, 2001. They are changed annually.

A. MEDICAL AND LONG TERM CARE INSURANCE

Medicare is provided through the Social Security program. It does not cover all costs.

Insurance to supplement Medicare is called "medigap" insurance. This supplemental coverage is available through Blue Cross/Blue Shield, the AARP, HMO's and other commercial insurers.

Federal law now limits available medigap policies to ten standardized types. These policies have been developed by the National Association of Insurance Commissioners. Every insurer issuing medigap policies must offer a basic medigap ("core") policy.

During the first six months of eligibility, an insurer cannot reject an applicant or charge more for poor health. Note however, that neither medicare nor the medigap policies cover the cost of custodial nursing care.

Coverage provided when Medicare is combined with the core policy

	Medicare	"Core"
		(Minimum coverage required by law)
Part A		
(hospital, per benefit period)		
Day 1-60	all but the initial \$792 deductible	-----
Day 61-90	all but the \$198 a day co-pay	\$198 a day
60 add'l days (one time reserve)	all but the \$396 a day co-pay	\$396 a day
365 add'l days	none	all Part A eligible expenses
Part B		
(medical expenses)	\$100 deductible (each calendar year) not covered 80% of eligible expenses above the \$100 deductible	20% of eligible expenses above the deductible

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In each benefit period, Medicare Part A covers the following:

1. Inpatient hospital services such as:
 - bed (semi private) and board
 - nursing services and other related services
 - use of hospital facilities
 - drugs, supplies and equipment
 - medical and surgical services of interns and residents
 - certain diagnostic and therapeutic services

2. Extended care services in a nursing home for a specific condition, after discharge from the hospital, when skilled care is required on a daily basis and the nursing home qualifies as a Skilled Nursing Facility. The patient must have been hospitalized for at least three consecutive days for the condition and admitted to the nursing home within thirty days of release from the hospital.

Medicare will cover the entire cost for the first twenty days, then there is a deductible of \$99.00 a day for the next eighty days. After one hundred days Medicare covers nothing.

3. Home health care services when part time or intermittent skilled care (e.g. skilled nursing care or physical therapy) is needed and the patient is confined to home and under a physician's care. Medicare pays the entire cost of covered services for as long as they are medically reasonable and necessary.

A benefit period begins on the first day the patient is hospitalized (provided the hospitalization lasts at least three continuous days) and ends when the patient has received no skilled care for sixty-one days.

Long Term Care Insurance

Since neither Medicare nor Medigap policies cover the cost of custodial care whether in a nursing home or at home, other sources are necessary to finance this care. One option is to purchase insurance that covers the cost of nursing home or other long-term care.

Nursing home and home care costs are considerable (\$50,000 and up per year). Over a period of years these costs could substantially reduce or eliminate the assets of many persons. Long term care insurance can be purchased from commercial insurers to cover part or all of the potential cost. The insurance premium depends on four factors:

- 1) the insured's age
- 2) the amount of daily benefits
- 3) the length of the waiting period before benefits begin
- 4) the length of time over which benefits are paid.

Choosing the best policy for you is not easy. There are more than 110 different companies writing some form of individual long term care policies. Some provide home health care as well as nursing home care. It is important to consider whether you want coverage for both home and institutional care. Also, it is important to consider the level of care the policy will cover. Typically there are three levels of care: skilled, intermediate and custodial. Some policies cover skilled care only when ordered by a physician. Whatever policy you choose, it should be guaranteed renewable and not require prior hospitalization.

NURSING HOMES

1) Choosing a Nursing Home

In many cases a nursing home is the best solution when long term care is needed, but considerable care and time should be spent in selecting a nursing home. Several publications on the subject are available in the Church library, and they and some counseling may help you choose which appear to meet your needs. When visiting them, take the time to talk with the staff and, when possible, the residents and their families. You should identify the owner and management of the facility and obtain information about their experience record, especially as it relates to any problems cited by regulatory authorities. In addition, not all nursing homes are alike in their ability to treat patients. Some are better equipped to meet the needs of ambulatory patients while others may focus on the needs of specific illnesses such as Alzheimer's disease. Take the time initially to select the nursing home that best meets your individual needs.

2) Medicaid

If nursing home care is necessary but there are not enough funds available, part of the cost may be provided by Medicaid, which is a state-administered program funded with both federal and state money.

Medicaid benefits are available only to state residents, who are citizens of U.S.A over 65 or disabled, and whose income and assets are very low. In most cases the applicant must contribute his or her monthly income less a small allowance for personal needs. Rules may vary by state.

The financial requirements are very complicated. Careful analysis is required of an applicant's monthly income. Generally an applicant's monthly income after subtracting medical expenses must be less than \$1,400, and the assets owned by the applicant must be less than \$2,400. If married, all assets owned by the applicant and/or spouse must be counted, but special rules may allow the non-institutionalized spouse to keep some of their assets and income. In addition, certain gifts made by the applicant within three years (five years for trusts) of application may make the applicant temporarily ineligible for benefits.

B. HOME HEALTH CARE

Home care is a service to the recovering, disabled or chronically ill person, which provides treatment and/or help in effectively functioning in a home environment. Generally, home health care is appropriate whenever you need assistance that cannot be easily or effectively provided by a family member or friend, whether the need is short or long term. Skilled care must be provided under the direction of a physician. In most cases the resident must be home bound.

You should assess your financial resources to determine your ability to maintain your home and pay for the in-home services. Medicare, Medicaid, managed care home health plans, and programs under the Older Adults Act and Social Services Block Grants pay limited amounts for home care. Additionally, private insurance can be obtained to cover home care. (See long term care insurance section, page III-3). Although some of the above plans provide good coverage, a good deal of home care is paid for by the individual or family members.

If you employ home support staff, numerous reporting, tax withholding, and other administrative responsibilities must be satisfied. As an alternative, the individual can contract with an agency which provides companions, nurses, and other appropriate personnel. Depending on your needs and coverage, the cost of in-home care may exceed that of a nursing home.

The basic services that can generally be provided in the home include:

- Medical and skilled nursing care
- Speech, respiratory, physical or occupational therapy
- Nutrition or dietary services
- Hospice services for the terminally ill

Personal care or homemaker services are often included in descriptions of home health care. They provide assistance with bathing, dressing, eating and toileting. Community services such as "Meals on Wheels" and adult day care also play a role in providing at home living. These latter two services are not covered by most insurance plans or Medicare.

A "care manager," usually a nurse or social worker, can be engaged privately or from a home health care agency to evaluate, coordinate and monitor a variety of services to meet the needs of a particular client.

IS A LIFE CARE COMMUNITY FOR YOU?

Life care or continuing care communities have flourished recently in this area. A one time entrance fee, along with a monthly service fee, pay for your apartment, cottage, or villa, some meals, outpatient health care, and your stay in the on-site nursing facility, if and when you need that level of care. Typically, you must sign a contract which stipulates the terms of your residency.

Entrance fees range from \$50,000 for a studio apartment at a church related community to well over \$400,000 for a villa at the more exclusive communities. Most communities offer a choice of plans which affect the amount of the entrance fee, monthly fee, and the sum returned when you leave or die. Those with lower fees often return nothing after the first two years of occupancy and others with higher fees return up to 90% of the entrance payment.

When you apply for residency you will be asked to provide a financial statement which indicates that you will be able to pay the entrance fee and the monthly fees which may increase substantially over your lifetime. You must also show that you are in reasonably good health and will not need skilled nursing care immediately.

In choosing a life care community you should start early and find the one that best suits your desired life style. You should consider making a deposit at one or more facilities to place you on the waiting list. (You may need to wait several years to get a unit of your choice). Visit the community more than once. Have a meal there. Is the dining facility congenial for single persons? Look at the bulletin board carefully. This will give you a good idea of the activities scheduled.

The financial condition and the quality of living in the health care units of a particular community are more difficult to evaluate. You can ask to see financial statements and record of monthly fee increases. The health care units are examined regularly by the State and accrediting bodies also examine many communities.

Entering a life care community is a major decision involving your property, estate, financial and health care planning. You should consider consulting your attorney, financial advisor, pastor and good friends who live in such a community.

E. ASSISTED LIVING HOMES AND COMMUNITIES

Assisted living is for individuals who need some assistance with the activities of daily living and perhaps some medical help, but who do not need the degree of care provided by a nursing home. The goal of an assisted living facility is to help people live independently as long as possible.

Assisted living communities go by a variety of names: adult homes, personal care homes and retirement residences, to name a few. Assisted living facilities may also be part of life care communities or nursing homes. They are not licensed, as are nursing homes.

Most assisted living facilities charge a monthly fee. In some cases, this fee covers only a few basic services, and additional services are charged on an hourly basis. In others, the fee is all-inclusive, covering a multitude of services. Some long-term care insurance covers assisted living. Medicare and Medicaid do not. However, some subsidies are available on the basis of individual need. County agencies for Aging and Adult Services can offer help here and in other matters. (Delaware County: 610-713-2000 and Montgomery County: 610-278-3601.)

In choosing an assisted living facility you should carefully review the admission contract and ask questions covering, among others:

- What personal services are provided and under what fee structure? Who provides these services and are they licensed or certified?
- What recreational and cultural activities are available and are they included with the monthly fee?
- What transportation services are available and is a separate fee charged?
- What happens if a resident's health declines? Is the facility responsible for coordinating needed care? Who determines the point at which the resident can no longer be served by the facility?

E. HOSPICE CARE

The term "hospice," from the same word root as "hospitality," was used in early days to describe a place of shelter for weary or sick travelers. The hospice of today provides pain and symptom management for people for whom active treatment is no longer appropriate.

Usually, to be admitted into a hospice program, the patient's doctor and the hospice medical director must certify that the patient is terminally ill with a life expectancy of six months or less. Always, something can be done to provide comfort. Practical assistance and emotional and spiritual support can be provided at a time when patients and their families feel most alone.

When terminal illness strikes, social, psychological, financial and spiritual issues frequently accompany the physical deterioration. The interdisciplinary team helps the patient and family identify and cope with these issues. The hospice commitment to the family continues during the first year of bereavement.

Hospice care is a benefit under Medicare Hospital Insurance (Plan A) and is primarily delivered in the patient's home under a plan of care established by the patient's attending physician and the interdisciplinary team. Medicare covers physician services, nursing care, social work, chaplain support, medical appliances and supplies, outpatient drugs for symptom and pain relief, home health aid and homemaker services, physical and speech therapy and medical services.

In addition to these professionals, the patient's minister is an important member of the team, as is the dedicated volunteer whose quiet presence, understanding concern and human touch can be of great comfort to the patient.

F. PROFESSIONAL HELPERS

▪ The Accountant:

An accountant's duties primarily focus on collecting, reviewing and compiling financial information for presentation in an orderly format. Certified Public Accountants (CPA) are licensed by the state in which they practice and must complete 80 hours of continuing education every two years to maintain their level of knowledge. Some CPAs specialize in taxes and financial planning. If your tax preparer is such an individual, he or she could be quite helpful in focusing your thinking on estate planning issues. Knowing your tax and financial information, the CPA could review your goals and discuss various ways to achieve them. When you meet each year to prepare your income taxes, it's a good time to review any changes in family circumstances and the tax law.

Your CPA could review the various entrance options for life care communities and suggest the financially best one for you. Also, with knowledge of your finances and current record keeping, the CPA may be able to consolidate your "paperwork" suggesting ways to make the information more readily available and presentable to you and your family. Many people look upon their CPA as a general financial advisor for life issues.

▪ The Attorney:

An attorney has a broad knowledge of the law and must be licensed by the state in which he or she practices. Most attorneys chose to specialize in one area of the law. An attorney that specializes in estate planning could be very helpful in the decision making process addressed in this book. Such an attorney would review your financial assets and discuss your goals in transferring your property to you loved ones. Once your objectives are identified, the attorney would suggest the best means to accomplish these objectives while minimizing taxes. The attorney would then prepare the proper documents to achieve this.

In addition to wills and trusts, an estate planning attorney could discuss with you and if appropriate prepare a financial power of attorney; could review any contracts relating to life care communities explaining various entrance options and requirements.

▪ Financial Counselor:

Financial Counselor is a generic term generally referring to the individual most familiar with your financial information. This is the person in whom you have confidence and upon whose judgment you rely. When issues arise with your finances, you look to your "financial counselor" for advice.

In actuality, the "financial counselor" could be your attorney, accountant, insurance agent, financial planner or another. Whatever the professional designation, this is the individual you turn to for input on the issues affecting your financial well being. It is important to remember that no one has all the answers. The "financial counselor" should be ready to bring in other professionals as circumstances warrant to provide you with the most complete information and best recommendations for the specific facts.

- **The Geriatric Care Manager:**
 Geriatric Care Management is a rapidly growing profession. Usually educated in social work, counseling, or nursing, these persons have as their goal to assist elderly clients and their families to evaluate and make decisions about the resources needed to live a vital life in a setting appropriate to their abilities. Ordinarily, they are paid on an hourly basis, and their skills include: assessment and evaluation of medical, financial, legal, cognitive, emotional and care needs. As needs are identified, they will seek out options for the expertise needed. Further, they maintain familiarity with various care facilities, and will visit and evaluate them with specific attention to needs identified by a particular client. If family members live far away, the geriatric care manager will visit an elderly client regularly to determine that needs are being met.

- **The Pastor:**
 Pastors, of course, have a primary concern for the spiritual welfare and health of their parishioners and the wider community. In many situations they are equipped to provide counsel and suggestions for decisions related to aging and a variety of issues related to having your "affairs in order." They should also know other resources in the community that can be of help. Consider talking with your pastor when:
 - you are worried about the well-being of a loved one,
 - when you want to make plans for your own funeral or memorial service,
 - when you are wrestling with decisions about where to live and what kind of living arrangements you desire for your later years,
 - when you are troubled or curious about your relationship with God.
 Pastoral care and counseling may be helpful in coping with health problems, adjustment to changes in mental and physical ability, spiritual and theological problems or end-of-life decisions. In every case, pastors are concerned with matters of the human spirit and the relationship between individuals and God as issues of living and aging confront us.

- **The Physician:**
 Physicians, of course, are concerned primarily with bodily health. It is wise to have a primary care physician, who can then coordinate your healthcare with specialists who may be required under various conditions. It is very important, if possible, to have one physician who knows of all your treatments and medications, in order to prevent conflicts of medication. Further, dosages for older persons often vary from the norm, so a physician acquainted with geriatric issues is desirable. While trained primarily on the workings of the body, a good physician will also be concerned about broader issues, including your emotional well-being, appropriate exercise, etc. Maintain regular contact with this health care professional in "managing" your aging well.

- **The Social Worker:**
 In working in the field of aging/gerontology, social workers provide services to individuals and their families as they address and adjust to changes in their lives. Social workers assess the needs of the adults and their families, give assistance in finding and identifying resources, and help them gain access to appropriate and available resources. Social workers strive to help older adults maintain a safe and healthy lifestyle while supporting positive interdependent relationships with family and friends.

IV. EXPLANATION OF PERTINENT LEGAL DOCUMENTS

A. DURABLE POWER OF ATTORNEY

A durable power of attorney is a document in which you (the "Principal") appoint another person (the "Attorney") to act in your place and on your behalf with regard to managing your assets and personal business issues. The document gives direction to the Attorney by listing specifically granted powers as well as any restrictions or limitations on these powers. Unlike a traditional power of attorney which ceases to be effective if you become incapacitated, a durable power of attorney is effective during periods of incapacity or disability. Thus, a durable power of attorney is an effective way of providing for management of assets during a period of incapacity.

A durable power of attorney is easy to establish. There is great flexibility in the powers and instructions that can be given to the Attorney so that the document can be tailored to your circumstances. You can name more than one person to serve as your Attorney either jointly (together), severally (one or the other) or as a successor. A power of attorney does not prevent you from handling your affairs but instead provides for the management of your property through the designation of an agent during periods when you cannot or choose not to act. A durable power of attorney can be effective immediately or only under specific conditions. In either case, it is a powerful document and should be kept in a secure location. A power of attorney is terminated by notifying the Attorney in writing that it has been revoked. Similarly, your death terminates the Attorney's power to act.

Without a valid power of attorney, a guardianship hearing would be required to appoint someone to take control of your assets and use them for your benefit.

A durable power of attorney is the lifetime counterpart of a will. You execute a will to provide for the management and disposition of your assets at death and name an executor to carry out your instructions. A power of attorney provides for the management of your assets during your lifetime and names an Attorney to carry out your instructions.

Although there are fill-in-the-blank power of attorney forms, it is important that you have an attorney who is familiar with your estate and the depository provisions of your will. Draft the document to ensure the specific powers and/or limitations contained in your power of attorney to correspond with the terms and intent of your will.

B. GUARDIANSHIP

A guardianship is a legal relationship in which one person, the guardian, is granted both the responsibility and the authority to make decisions on your behalf if you have been judged by the court incapable of managing your own affairs.

If you are no longer able to handle your affairs, a concerned relative or friend may petition the Court of the county in which you live, to have a guardian appointed to manage your affairs. The court must hold a hearing and make specific findings of fact before appointing a guardian. If appointed, a guardian must file annual reports with the court. If you regain capacity, a subsequent hearing is required to terminate the guardianship.

The guardianship process is expensive since an attorney must prepare the petition and represent the concerned person at the hearing. Further, the court may appoint a separate attorney to represent you (the incapacitated individual). If the appointed guardian is not a family member, the court will approve some compensation for services rendered. The process is time consuming and the proceedings are a matter of public record.

If you do not have a valid durable power of attorney and own assets in your own name, a guardianship would be necessary to provide for the management of assets during any period of incapacity.

C. HEALTH CARE POWER OF ATTORNEY AND ADVANCED HEALTH CARE DECLARATION

1. Health Care Power of Attorney

All states have statutes that authorize the delegation of powers to an attorney-in-fact (the "Attorney") and list specific powers that may be granted. One of those listed is the power to authorize admission to medical facilities and the power to authorize medical procedures. Specifically, this permits the Attorney to apply for your admission to a medical, nursing, residential or similar facility and to enter into agreements for your care. In addition this power allows the Attorney to consent to medical, surgical and therapeutic procedures.

The delegation of health care powers can be included in the general power of attorney or granted separately in a health care power of attorney. It can become effective when the document is executed or only under pre-established conditions. When the health care power of attorney is combined with the advanced health care declaration (described below) the person named to make the above mentioned medical decisions would also make treatment decisions if you are incapacitated and in the advanced stage of a terminal condition or a permanent state of unconsciousness.

2. Advanced Health Care Declaration (Living Will)

All states permit, and you are encouraged to execute a document termed an advanced health care declaration. Legislation recognizes that all competent adults have a qualified right to control decisions relating to their own medical care subject to certain interests of society such as ethical standards in the medical profession and the protection of human life.

Anyone 18 years of age or Senior and of sound mind may execute such a declaration. The document must enumerate the kinds of treatment desired or not desired. A blanket or undirected statement such as "no heroic measures" is not adequate. The document is effective only when you are incapacitated and in a terminal condition or in a state of permanent unconsciousness.

As part of the admissions process, hospitals are required to ask if you have executed such a declaration and if you answer in the negative, urge you to do so. However, you should not contemplate such an important decision under the stress of a serious illness or hospitalization. It would be better to consider the issue now and execute a declaration indicating which of the listed treatments you do or do not want. The declaration can be changed at any time but at least it will be in place if a grave medical emergency arises.

Legislation also provides for the naming of a surrogate to make health care decisions when you are incapacitated and in a terminal condition or a state of permanent unconsciousness. However, the surrogate must be given guidance as to the treatment you do or do not wish. If this advanced health care declaration is combined with a health care power of attorney the surrogate will have the power to make a broader range of medical decisions for you.

Individual churches are urged to offer seminars where a health care power of attorney and advance health care declaration may be executed. We urge you to consider executing such a document and giving a copy to your doctor, pastor and surrogate.

D. WILL

You should review your will from time to time to ensure that your property will pass to those you seek to favor.

A will is a statement that stipulates the disposition of your property at death. Generally a will must be in writing. In addition, there are other specific requirements that must be met for a will to be recognized by the court. This recognition insures you that your property will be distributed according to your specifications.

If you die without a valid will, the state intestacy laws determine how the property is distributed. Depending on the specific circumstances, these laws generally favor children, a spouse, parents and even grandparents and their lineal descendants in varying proportions. If there are no relatives within a certain degree the state takes the property.

Some people believe that if all property is jointly owned with a spouse or child, a will is not necessary. While it is true that property owned jointly as tenants by the entirety or with right of survivorship is not controlled by a will, it is almost impossible to own all property jointly. For instance personal items such as jewelry are not jointly owned. In addition, joint ownership may result in the eventual payment of unnecessary taxes.

When drawing a will you should consider the gifts you wish to make to family members as well as to charitable organizations which may be important to you, including your church.

E. REVOCABLE (LIVING) TRUST

A revocable trust is a trust that you create during your lifetime which can be revoked at any time prior to your death. Usually you create the trust by signing a document, contribute assets to fund it and serve as the initial trustee and beneficiary. You retain control over the management and disposition of the trust assets during your life. The trust should provide for a successor trustee to act should you become incapacitated or upon your death. At death, the successor trustee directs the disposition of the trust assets according to the provisions of the trust instrument. You have the same flexibility to dispose of your assets by means of a trust as you do with a will. Once the trust is created it must be funded in order to be effective. This means that assets must be retitled from your name to that of the trust. Additionally, accurate records must be kept for the trust.

A revocable trust is tax neutral in terms of both estate and income tax. Since you can control the assets their value is included in your estate for calculating estate tax. The income from the assets must be reported on your income tax return just as if the assets were titled in your own name.

Assets held in a revocable trust like jointly owned assets and those distributed by beneficiary designation, are not subject to the probate process. Instead they are distributed according to the terms of the trust instrument. Probate affects only assets held in your individual name. These assets are distributed according to your will.

A revocable trust may save attorney's fees for administering an estate but legal fees will be incurred when the trust is established. In addition the fees for the successor trustee to administer and distribute the assets may approximate executor fees.

The main advantage to a revocable trust is that you have organized your assets, gathering and titling them in the name of the trust, so that if you become incapacitated or when you die the successor trustee will have less to do to distribute the assets to your heirs.

F. BENEFICIARY DESIGNATIONS IN CONTRACTS

It is important to realize that life insurance, IRAs and pension plans are contracts and pass according to the beneficiary designation you stipulate in the contract. Usually you name a primary beneficiary and an alternate who would receive the proceeds if the primary beneficiary predeceases you. The beneficiary designations should be periodically reviewed to ensure that they reflect your current intent.

If you fail to name a beneficiary or all named beneficiaries predecease you, the proceeds of the insurance, IRA or pension plan will be paid to your estate. Therefore, it is important for your will to contain a residuary clause which provides for the distribution of any assets that may be included in your estate.

The following publication is available:

"Tomorrow's Choices" - AARP #D13479

V. SPIRITUAL PLANNING AND RESOURCES

Christians recognize with all people the inevitability of death, but Christians affirm that "neither death, nor life, ... nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord" (Romans 8:38-39).

Yet trust in the love and power of God does not eliminate the grief that accompanies a loved one's death. Recognizing that it is often difficult to plan wisely under emotional stress, the Church encourages its members to discuss and plan in advance the arrangements which will be necessary at the time of death. Without such planning, surviving members of the family may have to make decisions at a time when they are shocked and confused.

When preparations are made and discussed with others, survivors are relieved of difficult questions as to what is right and have the satisfaction of knowing that they are doing what the deceased would have wanted. Planning ahead also means that the arrangements and service will express the comfort and hope of the Christian faith fully and without compromise. This guide is intended to assist Church members in such preparation. The ministers are more than willing to discuss these matters with any who wish to do so.

A. PRACTICAL CONSIDERATIONS

When death occurs, who are the appropriate persons to be called initially?

Your pastors will provide support and guidance. If not present, the deceased's physician or emergency medical personnel should be notified.

What services are supplied by a funeral director?

As many or as few as a family wishes. In addition to various matters having to do with the transportation and disposition of the body, the director will provide the family with copies of the death certificate, the use of the funeral home, rental of cars, the placing of death notices in local newspapers, or the opening of the grave. The funeral director will also need certain information: (see Section B Pertinent Data and Preferences.)

Is it possible to make funeral arrangements before one's death?

Yes, Such "pre-planning" with your pastor and/or a funeral director of one's choice is now quite common. In many cases, one may even "pre-pay" all the costs of the services desired. In some instances this could assure the cost of the services being fixed.

What information is contained in a death notice?

The name of the deceased; age and date of death; names of survivors; date, time and place of religious service; designation of memorial gifts (if any).

What information is contained in an obituary?

It contains more biographical information than a death notice. A newspaper does not charge a fee for running an obituary, and it is usually the responsibility of the family to submit it.

What about memorial gifts?

Many families request that in lieu of flowers friends make a contribution to the Church or to a favorite charity of the deceased.

What about an autopsy?

Presbyterian doctrine would support an autopsy if it leads to the advancement of medical knowledge or peace of mind for the family.

What procedures are followed in donating one's body (or certain body parts) for medical purposes?

In case of certain organs, consult your local Transplant Program. For total body donation contact your local medical school. (See Section B)

What choices are there in the disposition of a body?

Apart from donating it for medical purposes, there are two choices: (1) body burial (or entombment in a mausoleum) and (2) cremation. Once this decision has been made, the funeral director will make all arrangements.

Does state law require that a body be embalmed?

No. It is not necessary in the case of cremation or immediate burial. It is a requirement in most states, for a body held more than 24 hours after death.

In the case of cremation, must a casket be purchased?

No. The body can be transported to the crematory in a pine box or other simple container.

What about viewing the body?

Often it is helpful for members of the family to view the body at least once to assist in the process of accepting the fact that death has occurred. This can be arranged at the funeral home or at the time of death.

What happens to the cremated remains?

The urn containing them may be placed in a niche in a columbarium/mausoleum of a local cemetery or buried in the family plot of a cemetery.

What resources are there in coping with grief?

Pastors are available to counsel family and friends in times of death. There are several books available that deal with grief. In addition, support groups help individuals cope with grief.

B. PERTINENT DATA AND PREFERENCES

Note: Retain the original of this document, consider giving one copy to pastor to officiate, and one to person chosen to make arrangements at time of death.

Information for death certificate

date of birth _____
place of birth _____
citizenship _____
full name-spouse _____
full name-father _____
full name-mother _____
social security number _____
veteran discharge papers with serial number _____

Note: Request at least 10 copies of the death certificate (funeral director will provide).

Friend or relative you wish to oversee arrangements at time of death.

Name _____ Phone _____

Arrangement preferences: (check appropriate statement and fill in)

() Funeral Director (if pre-planned or prepaid contract, give location of document)

() Cremation with ashes buried or scattered at _____

() Burial in (modest) casket at cemetery (location of deed to plot)

() Donation of body to medical school or organs to a Transplant Program.

() Information for obituary (insert additional page)

() Other arrangements as follows:

Your Name _____ Date _____

C. RELIGIOUS SERVICES

“The service on the occasion of death ordinarily should be held in the usual place of worship in order to join this service to the community’s continuing life and witness to the resurrection. The service shall be under the direction of the pastor. Others may be invited to participate as leaders in the service at the discretion of the pastor.” (Directory for Worship; Presbyterian Church (USA))

Timing

In most cases a service takes place within a few days of the death. The main service may precede or follow a brief committal service at the burial site. Typically, the committal service is attended by members and close friends of the family.

Location

Usually services are held in a Church.

Type of Service

The service may be either a memorial service without the presence of a casket or urn, or a funeral service where the casket or urn is present. If a casket is present, it will be closed and covered with a white pall in order that the attention of those attending may be directed toward God.

Costs

Most churches intend that costs for a funeral or memorial service on its premises be only what are necessary and minimal. There may be charges to cover custodial services, the organist/soloist fees (if music is a part of the service), and a reception if desired. Exact details are available from the church or the officiating pastor. An honorarium for pastors may be offered at the discretion of the family.

Flowers

Flowers add color and beauty to the service, and remind worshippers of the goodness of God’s creation. Ordinarily, one or two flower arrangements are sufficient for the church.

Content of Service

The service is planned by the pastor in consultation with the family. The purpose is to provide comfort and strength to mourners, to give thanks to God for the life of the deceased, and, above all, to bear witness to the hope of Christian faith.

It is appropriate for hymns and other sacred music to be part of the service. Music should serve to direct the attention of those attending to the presence and power of God, and enable worshippers to voice their confidence in God's sovereign love. A list of suggested hymns is appended.

Scripture should be read and prayers offered. A homily may be preached and words of appreciation may be spoken by the pastor, family members, friends or colleagues.

Suggested Outline for a Funeral or Memorial Service

Organ Prelude

Opening Sentences

Hymn

Invocation

Old Testament Readings/Psalms

Solo

New Testament Readings

Homily

Prayers

The Lord's Prayer

Hymn

Benediction

Organ Postlude

Not everyone will wish to include all of the elements listed here. The use of hymns, for instance, will depend somewhat on the number of people expected for the service.

Following the service the family may receive friends at a Reception.

Suggestions for Scripture
(in RSV)

Old Testament

Job 19:23-27	I know that my redeemer lives
Isaiah 40:1-11,28-31	Comfort my people
Isaiah 40:28-31	Those who wait for the Lord shall renew their strength
Isaiah 65:17-25	I create a new heaven and a new earth
Ecclesiastes 3:1-15	For everything there is a season

Psalms

Psalms 23	The Lord is my shepherd
Psalms 46:1-5,10-11	A very present help in trouble
Psalms 90:1-10,12	Teach us to number our days
Psalms 103	Bless the Lord, O my soul
Psalms 121	I lift up my eyes to the hills
Psalms 130	Out of the depths I cry to the Lord
Psalms 139:1-12	Whither shall I go from thy Spirit?

Epistles

Romans 8:14-23,31-39	Nothing can separate us
Romans 14:7-9,10b-12	Whether we live or die, we are the Lord's
Corinthians 15:20-26; 35-38,42-44,50,53-58	Death is swallowed in victory
II Corinthians 4:16-5:1	Visible things are transitory, invisible things permanent
I Thessalonians 4:13-18	The comfort of Christ's coming
Revelation 21:1-4,22-25; 22:3-5	A new heaven and a new earth
Romans 14:7-9,10c-12	None of us live to ourselves

Gospels

Luke 23:33,39-43	Today you will be with me in Paradise
John 11:17-27	I am the resurrection and the life
John 14:1-6,25-27	Let not your hearts be troubled
Matthew 18:1-5,10	The greatest in the kingdom of heaven
Mark 10:13-16	Let the children come to me

Suggestions for Music

Hymns

(Page numbers are from The Presbyterian Hymnal.)

- 260 A Mighty Fortress Is Our God
- 543 Abide With Me
- 339 Be Thou My Vision
- 526 For all the Saints
- 473 For the Beauty of the Earth
- 528 Give Thanks for Life
- 261 God of Compassion
- 275 God of Our Life
- 460 Holy God, We Praise Your Name
- 138 Holy, Holy, Holy
- 457 I Greet Thee, Who My Sure Redeemer Art
- 263 Immortal, Invisible, God Only Wise
- 447 Lead On, O King Eternal
- 529 Lord of the Living
- 555 Now Thank We all Our God
- 270 O God, in a Mysterious Way
- 384 O Love That Wilt Not Let Me Go
- 210 Our God, Our Help in Ages Past
- 478 Praise, My Soul, the King of Heaven
- 171 The King of Love My Shepherd Is
- 175 The Lord's My Shepherd
- 119 The Strife Is O'er, the Battle Done

The Presbyterian Hymnal also has metrical settings to many psalms. Several of these are appropriate for use in a funeral or memorial service.

Other possibilities include the playing of hymns or, where the family has a special musical interest, major organ works such as Bach Preludes and Fugues or works of Cesar Franck.

Personal Requests For Service

Note: Retain the original of this document, consider giving one copy to pastor to officiate and one to person chosen to make arrangements at time of death.

- I wish to have a funeral service
- I wish to have a memorial service

- I wish the service be held in the
 - Chapel
 - Sanctuary
 - Other _____

Preferred Minister to officiate at service _____

In lieu of flowers contributions should be sent to _____

SUGGESTIONS FOR SERVICE

(Your selections of hymns, scripture readings, organ music from those listed herein.)

Your Name _____ Date _____

An Affirmation of Faith

Death often seems to prove that life is not worth living, that our best efforts and deepest affections go for nothing.

We do not yet see the end of death.

But Christ has been raised from the dead, transformed and yet the same person.

In his resurrection is the promise of ours.

We are convinced the life God wills for each of us is stronger than the death that destroys us.

The glory of that life exceeds our imagination but we know we shall be with Christ.

So we treat death as a broken power

Its ultimate defeat is certain.

In the face of death we grieve.

Yet in hope we celebrate life.

No life ends so tragically that its meaning and value are destroyed.

Nothing, not even death, can separate us from the love of God in Jesus Christ our Lord.

(From A Declaration of Faith)