

# *ARE YOUR AFFAIRS IN ORDER?*

## *A PLANNING GUIDE AND RESOURCE BOOK*

March 2011

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. Charles Grant, Associate Pastor for Senior Adults, and Amy Bauer, 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> (Include acct. # and location)	<u>Location</u>
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

Name

Type of support

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. HEALTH INSURANCE AND LIVING ARRANGEMENTS

**Note: Figures are as of January 1, 2011. 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 parts A & B is called "medigap" insurance. Every Medigap policy must follow Federal and State laws designed to protect you, and it must be clearly identified as "Medicare Supplement Insurance." Medigap insurance companies can sell you only a "standardized" Medigap policy identified in most states by letters. All plans offer the same basic benefits but some offer additional benefits, so you can choose which one meets your needs. **Insurance companies may charge different premiums for exactly the same Medigap coverage.**

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.

All Medigap (core) policies by Federal law must cover:

Hospital co-pays: 365 additional days beyond what Original Medicare covers. Part or all of the coinsurance for part B covered services. Hospice co-insurances.

Some Medigaps also cover:

Part B deductibles. Hospital deductibles. Skilled nursing facility coinsurance. Emergency care outside the U.S.

Medicare Deductibles in 2011:

Part A: \$1132

Part B. \$ 162

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 \$141.50 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.

### MEDICARE PART D – Prescription Drug Coverage

Starting January 1, 2006, Medicare prescription drug coverage became available to everyone with Medicare. While coverage is termed part of Medicare, it is controlled by individual states who approve private companies to offer the insurance. An individual must choose a plan offered in his state and pay the monthly premiums to maintain the insurance. If a Medicare recipient does not enroll in a prescription drug plan when first eligible, he may pay a penalty in the form of a higher premium, if he decides to enroll in a plan later. However, no penalty would be charged if the individual had coverage under an employer plan which was at least as good as the Medicare prescription drug coverage.

In addition to the premium, the individual must pay a certain portion of each prescription filled. This is generally termed a co-pay. While plans differ, generally the co-pay is less for generic than brand name drugs. After the individual and the insurer have paid a certain amount for that individual's drugs, there may be an interval where the insurance will provide no payments until a certain maximum amount has been spent. This is frequently referred to as the "donut hole." Once the maximum is reached, the insurance will cover most of the drug cost with the individual paying a small co-pay.

Under the new Affordable Care Act, starting in January 2011, any consumer who enters the donut hole will have reduced drug costs while in the donut hole.

In 2011, those who go into the donut hole will receive a 50% discount on name-brands and a 7% discount on generic drugs. The discounts will increase each year until 2020 when the donut hole is eliminated.

Extra Help is a federal program that can help pay for some or most of the costs of Medicare prescription coverage if your income and assets are below the following levels in 2011.

Single:           \$1361 / month income and assets less than \$12,640  
Married:         \$1839 / month income and assets less than \$25,010

Open enrollment is in November and December of each year. An individual can change coverage or initially sign up if he declined coverage when applying for Medicare. Consult your state for information about coverage specifically available to you.

For additional information or if you have any questions on these issues, please contact the Care Managers Office (610-520-8833).

## 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 and assisted living. 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.

The Senior Adult Office seeks to maintain a collection of current publications to provide additional information on these issues. Please call the church office (610-525-2821) or visit the church library to see them.

## B. 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 of an applicant's monthly income is required. For persons age 65 and older, to qualify for full Medicaid someone must meet these guidelines:

Single: Income less than \$908 per month; assets less than \$2,000.

Married couple: Income less than \$1226 per month; assets less than \$3,000.

In addition, certain gifts made by the applicant within five years of application may make the applicant temporarily ineligible for benefits.

If you have further questions about this process, contact the church office and ask to speak to the Care Manager (610-525-2821).

## C. 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.

#### D. 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.

The Senior Adult Office seeks to maintain a collection of current publications to provide additional information on these issues. Please call the church office (610-525-2821) or visit the church library to see them.

## 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: 610-490-1300 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?

## F. 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.

The Senior Adult Office seeks to maintain a collection of current publications to provide additional information on these issues. Please call the church office (610-525-2821) or visit the church library to see them.

## G. 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. 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 "Agent") 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 Agent 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 Agent so that the document can be tailored to your circumstances. You can name more than one person to serve as your Agent either jointly (together), severally (one or the other) or as a successor. A durable 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 durable power of attorney is terminated by notifying the Agent in writing that it has been revoked. Similarly, your death terminates the Agent's power to act.

The law authorizing power of attorney documents mandates notice sections for both the Principal and Agent. The sections must be signed by the Principal and Agent to acknowledge that he or she had read the document and understands the provisions.

Without a valid durable 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 durable power of attorney provides for the management of your assets during your lifetime and names an Agent 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 disposition provisions of your will draft the document to ensure that the specific powers and/or limitations contained in your power of attorney 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 Orphans' 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, although the hearing itself is private.

If you do not have a valid durable power of attorney, and do 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

Pennsylvania enacted a new law concerning Health Care Agents and Living Wills. It became effective January 29, 2007. It specifically stipulates that an individual of sound mind may make a health care power of attorney, if he/she is 18 years or older. There are very specific requirements for executing the document and determining when the document would be effective.

The new law is much broader than the old law and describes at length the type of health care decisions an agent can make as well as the extent of the authority of making the decisions. It specifies who may act as agent and the duties of the attending physician or health care provider.

Finally, the law provides an example of a combined Health Care Power of Attorney form with a Living Will. With this new law, Pennsylvania is following the lead of many other states in addressing these issues.

### 2. Advanced Health Care Declaration (Living Will)

Pennsylvania first enacted a statute permitting an individual to execute an advanced directive in 1992. That statute has been superseded by the Health Care Act referred to above that became effective in January 2007. As with the Health Care Power of Attorney, anyone 18 years or older and of sound mind, may execute a living will. The document must be dated and signed by the maker; along with two witnesses.

A living will becomes operative when it is provided to the attending physician and the individual is determined to be incompetent and have an end-stage medical condition or to be permanently unconscious.

The Health Care Power of Attorney/Living Will form referred to above contains a section that allows the individual to provide guidance to the "Agent" named as to whether the individual wants certain specific medical treatment. This form is available through the Pennsylvania Department of Aging website.

As part of the admissions process, hospitals are required by law to ask if you have executed a living will and, if you answer in the negative, the facility will offer you a form to do so. However, you should not contemplate such an important decision under the stress of serious illness or hospitalization. It would be better to consider the issue now and execute a declaration which clearly reflects your wishes. You should obtain a copy of the recommended form to review and consider. Of course, it can be changed at any time by executing a new form, however, at least you will have one in place, should a grave medical emergency arise. This law has been revised and incorporated in the Health Care Act of 2007.

### 3. Out of Hospital Do Not Resuscitate Order

In 2002 the Pennsylvania legislature passed the Do Not Resuscitate Act under the law a person's physician can write a DNR Order, if the individual is terminally ill or has a living will that has become operative. Such Orders are intended for situations outside of a hospital.

The law specifies the format of such an order that must be provided and signed by the physician. If this form or an approved bracelet or necklace is on or with the person when an emergency situation arises, EMS providers will comply with the Order.

Appropriateness of such an Order must be discussed with the individual's physician who would ultimately sign the Order.

#### 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. In Pennsylvania 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.

## 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, contributing assets to fund it and serving 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 titled anew 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 Senior Adult Office seeks to maintain a collection of current publications to provide additional information on these issues. Please call the church office (610-525-2821) or visit the church library to see them.

## H. OTHER CONSIDERATIONS

For those individuals who want to provide for family members and also leave assets to charitable organizations, there are a number of gifting options. Planning charitable gifts presents a wonderful opportunity to discuss your personal goals and beliefs with family members. In addition, there may be estate, income, and gift tax benefits from such gifting. Contributions to the Bryn Mawr Presbyterian Church Foundation or to the Presbyterian Church Foundation support the work of the church. Some persons consider endowing their pledge so that their annual giving can continue beyond their lifetime. Pamphlets are available in the church office, if you wish more information on the benefits of making gifts in these various forms.

## V. SPIRITUAL PLANNING AND RESOURCES

We all know that we are mortal. Christians believe, however, that death can and should be faced long before its anticipated occurrence. Because we believe ourselves to be in the presence of God both in this life and in the life that is to come, we can plan for this event with a mixture of sadness and anticipation.

A number of the decisions that must be made at the time of death can and should be made well in advance. The session of Bryn Mawr Presbyterian Church encourages its members to discuss and plan the arrangements that will be necessary at the time of death. To do so will relieve surviving family members and friends of the need to do so at the time when their grief is most intense. This section identifies a number of necessary decisions and provides helpful information for planning.

Of course, preferences are not the same for everyone. Therefore, it is important that these decisions not be private. Rather, they should be discussed with family and other loved ones -- both to gain suggestions and to be sure that your wishes are known! Your pastors are quite willing and eager to be helpful to you in this process. Further, if you wish, some of your decisions can be kept in a confidential file at the church and made available to friends and family "When the Time Comes."

### **Decisions That Can Be Made In Advance**

#### Notification of family and friends.

Make a list of the family and friends you want to be notified at the approach of or the time of your death. Such a list is a very real gift to those who will be handling arrangements. In section B, following this section, a form is provided for you to record this information. If death occurs in a hospital, a nursing home, or some other medical facility, many of the required notifications will be taken care of by institutional personnel. If the death occurs at home, or some other non-medical facility, emergency personnel and/or a physician should be contacted as soon as possible.

#### Choose a funeral director.

Ask for suggestions from friends and family, or your pastor. Again, if you have already made initial arrangements with a funeral director, they can carry out your wishes with a minimum of stress for your survivors. It is also possible for you to pre-pay for these services. Contrary to popular opinion, you can choose the services you wish and do not wish for the funeral director to perform. Among the items that do need to be taken care of, and can be provided by a funeral director, are:

**Death notices** - contain minimal information, such as the name of the deceased; age and date of death; names of survivors; date, time, and place of interment and memorial service; designation of memorial gifts.

**Obituary** - contains more biographical information than a death notice; no fee is usually charged for running an obituary.

**Memorial Gifts** - recommendations for gifts in lieu of flowers; a favorite charity, the church, etc. Gifts made to Bryn Mawr Presbyterian Church normally are assigned to the Bryn Mawr Presbyterian Church Foundation.

**Disposition of the Body** - a variety of considerations.

Autopsy? - Presbyterian doctrines support autopsies if they lead toward medical advancement or resolution of family questions.

Donation of the body for medical purposes? - Agencies and telephone numbers for donation of organs or the entire body are provided in Section B.

Embalming? - Embalming is not necessary in the case of cremation or immediate burial. In Pennsylvania, and most states, embalming is required if a body is held for more than 24 hours.

Viewing the body? - Often, though not always, viewing of the body by friends and family members is helpful in accepting the fact of death. This can be arranged at the funeral home or at the time of death. It should not be done during the memorial service.

Burial? - Arrangements can be made through the funeral director. Purchase of a lot can be handled through the director or directly with a cemetery. Coffin selection must be made, and may be done as part of pre-planning.

Cremation? - If the choice is made for cremation, a coffin is not necessary. The body can be transported to the crematory in a simple container. The ashes are then placed in an urn, which is then deposited in a niche of a columbarium/mausoleum of a local cemetery or buried in a family plot. More and more, church members are using our own Chapel Garden at Bryn Mawr Presbyterian Church.

The Chapel Garden - The Garden is intended for members of Bryn Mawr Presbyterian Church and their immediate families. A unit for one urn may be purchased for \$250. At the time of interment there is an additional charge of \$50 for opening the unit and the engraving of a brass memorial plaque commemorating burial in the garden. Additional information and purchase of units can be arranged through the church office.

#### Plan your memorial service.

Again, at the time of death, many people wonder, and even worry, about what you would want included in your memorial service. Sit down with family members and your pastor to talk through and record your preferences. A confidential file of your plans can be maintained at the church, if you wish. Don't direct that no service be held. Though such a decision is made to "spare" the family and friends, in fact just the reverse usually occurs. The family and friends are deprived of an opportunity for closure, giving thanks, and reaffirming their faith in the face of death.

In fact, the planning of your memorial service can be an opportunity for you to deepen your own Christian faith and set an example for other family and friends. Through conversation and your own private prayer and meditation, you can identify passages of scripture, music and hymnody that hold special significance for you. Then, not only will you have taken the time to identify these resources, but your family and friends will know that they are being faithful to you and your wishes.

Helpful books may be found in the church library to help you in this process. Your pastor is also glad to meet with you or begin a series of conversations with you and any others whom you want to include. The church musicians are also available to help you in becoming aware of the variety of appropriate musical resources.

A good beginning is to fill out as much of the data and preferences in Section B as you can. Then, you will know more about where the conversation should proceed.

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 preplanned or prepaid contract, give location of document)

\_\_\_\_\_

( ) Cremation with cremains buried or scattered at \_\_\_\_\_

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

\_\_\_\_\_

( ) Donation of body to medical school (Humanity Gift Registry, 215-922-4440) or certain organs (Delaware Valley Transplant Program, 610-557-8090)

( ) 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.” From 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*

Bryn Mawr Presbyterian Church is fortunate in having both a Chapel, which will seat 200, and the Sanctuary, which will seat 1100.

### *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*

Bryn Mawr Presbyterian Church intends that costs for a funeral or memorial service on its premises be only what are necessary and minimal. There are necessary charges to cover custodial services, the organist/soloists fees (if music is a part of the service), and a reception if desired. Exact details are available from the church office 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, two flower arrangements are provided by the family for either the church or chapel.

### *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

Personal Words by Paston

Opening Sentences

Hymn

Invocation

Old Testament Readings/Psalms

Solo

Personal Words / Tribute by friends, family, or colleagues \*

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 in the Court of the Ministries Center or in Congregational Hall. Simple refreshments can be provided through the church at a nominal cost, subject to availability of the space and volunteers.

*\* Personal or "tributes" may be offered by 1 or 2 persons other than the pastor with a limit of 5 minutes each.*

## Suggestions for Scripture

### *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.

### *Solos*

From *Messiah*, by G.F. Handel: "I Know That My Redeemer Liveth"  
"Brother James's Air" (Psalm 23), by Gordon Jacobs: "The Lord Is My Shepherd"  
"I Will Lift Up Mine Eyes", by Leo Sowerby  
"Jesus, Redeemer, Our Loving Savior", by Anton Bruckner  
"Jesus, Shepherd, Be Thou Near Me", by J.S. Bach  
"Who Shall Separate Us", by Daniel Pinkham

*Organ Music*

Bach, J.S.

Jesu, Joy of Man's Desiring

Sheep May Safely Graze

Fugue in E-flat Major (St. Anne)

Selected Chorale Preludes, including:

From God Will Naught Divide Me

I Call to Thee, Lord Jesus Christ

If Thou but Suffer God to Guide Thee

In Thee, Lord, Have I Put My Trust

Brahms, Johannes

Selections from Eleven Chorale Preludes

Vaughan Williams, Ralph

Prelude on "Rhosymedre"

Barber, Samuel

Adagio for Strings

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 of BMPC 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)*