# Documenting Your End-of-Life Planning

Revised 2018

| Name              | <br> |  |
|-------------------|------|--|
| Completed/Updated |      |  |

This template for documenting planning for serious illness and end-of-life information and requests is provided by the Washington Ethical Society at

#### http://ethicalsociety.org/connection/serving-wes/later-life-planning/.

The information you give here is divided into sections to give as needed to those whom you designate:

- When you are not able to make decisions because of illness or incapacitation, to serve as your legal agent in making financial and other legal decisions, to serve as your medical agent in dealing with medical issues.
- As you approach the end of life,
  - to serve as your advisor in making practical and medical plans, to serve as your spiritual advisor and to plan a memorial event that suits your wishes.
- When you reach the end of life,

to serve as your executor/personal representative in resolving your estate, to serve as advisor to your family and friends in celebrating your life.

The digital form provided is a template only, one that provides suggested topics that you can develop any way you wish. "If applicable" applies to every item, and "other" could be added to every list. You may want to keep the original document for later reference and make a copy to modify for yourself — deleting what is not relevant, adding what is, and leaving whatever you are not ready to complete.

If you put your developed pages in a notebook, you can periodically update any given page in your online version to replace the obsolete one. To your notebook you can also add brochures, samples, or articles that you find useful. Your notebook can become a useful tool, along with your secure container of important papers and your financial files, to help others help you. *Make sure you enlist legal assistance where needed*.

#### Contents

Prepare and store documents in a secure repository
Add other documents essential to your representatives
Note whereabouts of other necessities
Provide personal and contact information
Share preferences for end-of-life care
Make and document final arrangements

### **P**repare and store documents in a secure repository . . .

Keep originals together in a safe place (or, if necessary, indicate their other location) and give copies, this form, and keys to your representatives. Consider whether it is advisable to use a water-proof, fire-proof box or a small safe.

### Serious illness or incapacity

**Financial Power of Attorney,** designating a financial agent to take care of your affairs in the event that you are unable to do so.

Your lawyer will offer to prepare this form if you are preparing a will, but you may wish to acquire one even when you have not completed decisions that are required for your will.

**Medical Power of Attorney,** designating a health care agent to make medical decisions in the event that you are unable to do so.

Your lawyer will offer to prepare this form if you are preparing a will, but you will also find one included in an advance medical directive that you can complete yourself.

**Advance Medical Directive,** detailing your goals for care in future circumstances, and, if you choose, instructions for donating organs, tissues, and/or eyes, or donation of your body for medical study. These are legal if signed, dated, and witnessed by two observers, but are not medical orders and cannot by followed by emergency personnel in a time of medical crisis.

Forms can be found in many places — including hospitals and online, for example at <a href="http://www.marylandattorneygeneral.gov/Pages/HealthPolicy/AdvanceDirectives.aspx">http://www.marylandattorneygeneral.gov/Pages/HealthPolicy/AdvanceDirectives.aspx</a> — and one can be incorporated into a personal statement of the values which inform your decisions.

Physician Order for Life-Sustaining Treatment (POLST), when you have reached a stage of advanced illness or frailty, indicating whether you are to receive life-saving or comfort care and signed by your doctor. These can be followed by emergency personnel in a time of medical crisis and serve as a reminder of your wishes as you receive follow-up care.

Your doctor can provide this form or you can find it online, for example at <a href="http://www.marylandmolst.org">http://www.marylandmolst.org</a>.

### End of life

**Will and/or Trust Documents** naming personal representative and detailing distribution of material assets.

Enlist the aid of your lawyer. The absence of such documents will result in distribution of your estate according to provisions of State law.

**Beneficiary Statements** for IRAs, insurance, and other assets.

These assets need not be included in your will, but they will need to be administered by your representative.

**Ethical Will** (optional) to convey to heirs information not appropriate to the will.

# Add other documents essential to your representatives . . .

List of IDs and passwords for computer use

Deed to cemetery plot

Lists of personal possessions with designated recipients, with other valuables to look out for and keep or sell, and small money gifts to be made but not included in the will

List of assets with estimated or current value

An estimate of estate value will be needed to open the estate.

List of bank, savings and loan, credit union accounts, with ID numbers and indicating whether individually or jointly owned

Investment contracts and contact information

Authenticating papers and appraisals for valuables

Savings Bonds

Birth, baptismal, marriage, divorce, and death certificates Children's birth certificates may be needed to establish claims for certain Social Security benefits.

Social Security cards

Children's and spouse's Social Security numbers may be needed.

Military records, especially discharge papers

Mortgages, leases, or deeds to property

Titles to automobiles, other vehicles, other titled property

Insurance policies

**Passports** 

Keys to safe deposit box and/or another secured depository
A safe deposit box may be advisable for some sorts of valuables, but above papers
may be needed when bank is not open.

# **N**ote whereabouts of other necessities . . .

These you will likely have available for more frequent use, in files or desk drawers, for example, so indicate their location.

| Appointment calendar (and access information if online):  |
|---|
| Keys:   |
| Cash, credit cards:                                       |
| Financial records, bills, and list of bills to watch for: |
| Investment and Social Security records and pension plans: |
| Medical records:  |
| Medical cards:  |

# **P**rovide personal and contact information . . .

#### Information needed for death certificate

Full name:

Social Security number:

Date and place of birth, citizenship:

Usual residence address:

Marital status:

Whether ever in armed forces:

Hispanic origin and racial designation:

Extent of education:

Usual occupation during working life, kind of business or industry:

Parents' full names:

#### Other personal information that you know will be useful

#### **Contact information**

**Closest family and nearby friends:** 

Organizations with which affiliated:

Other key contacts (medical, spiritual, legal, etc.)

Doctor to call in case of emergency:

Other primary doctors:

Health care agents named in advance medical directive:

Holder of financial durable power of attorney:

Persons with access to my home:

Closest relative:

Spiritual advisor:

Executor/personal representative (check for title used in state):

Attorney:

Accountant:

Insurance agent:

Social Security office:

#### Other address sources (paper or online)

# **Share preferences for care...**

### Serious illness or incapacity arrangements

Hospital choice:

Facilities considered for rehabilitation, residential, and/or hospice care:

Financing arrangements:

### End-of-life physical and emotional comfort wishes

Where I would like to be (home, hospital, hospice, etc.):

Personal possessions or pictures I want with me:

Whether I will want my pets in my room:

Favorite music or reading material:

Any other desired diversion:

Personal grooming priorities:

Light and temperature in my room:

### Other personal wishes

People I want to see at all times:

Other people who should be contacted but are not in my personal address book:

Any small personal bequests not included in my will or in my list of personal possessions with designated recipients:

Other things I would like done that I have not expressed elsewhere:

Any comments or explanation I wish to make about the terms of my will and not included in my ethical will:

# **M**ake and document final arrangements . . .

# *Individuals to notify* Family members: Officiants: Close friends: Wider associates: Memorial event wishes Location: Officiating: Name and phone number of people with whom I have discussed my memorial wishes and thus would expect to coordinate planning with officiant: Name and phone numbers of people familiar with different periods of my life story: Music: Readings or poems: Desires regarding flowers or memorial contributions: **Announcements** You may want to prepare a death notice and/or obituary and indicate locations. If not, be sure to leave any personal or historical information that others may need. Media to be informed of death: Death notice: Photo preferred for memorial use: Proposed formal obituary: Family or personal history to be shared with others, perhaps younger family

members:

#### Burial, cremation, or donation wishes

Disposal of remains choice — burial, cremation, or donation Some consumer groups advise against prepayment of cemetery plots and funeral arrangements. To learn more, contact the American Association of Retired People (AARP).

#### Arrangements that *have already* been made:

Donation of organs, tissues, or eyes for reuse, or entire body for medical study: Cemetery plot or columbarium niche (location, deed number, date of purchase): Memorial marker:

Association or vendor:

Other issues:

### Wishes when arrangements have not already been made:

Donation of organs, tissues, or eyes for reuse, or entire body for medical study: Cemetery plot or columbarium niche (location):

Memorial marker:

Association or vendor:

Other issues:

Washington Ethical Society 7750 Sixteenth Street NW Washington DC 20012 Tel: (202) 882-6650 Fax: (202) 829-1354

WES@EthicalSociety.org
www.EthicalSociety.org