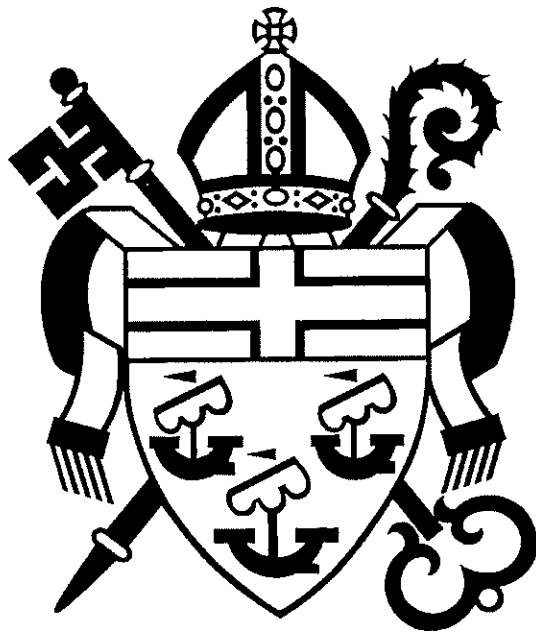


# Are Your Affairs in Order?

**A Planning and Resource Guide**

**Prepared by the Committee on Aging of the Diocese of Virginia**



# Preface

I commend to you this updated edition of "Are Your Affairs in Order?" prepared by the diocesan Committee on Aging.

Preparation for the final years and days of our lives is an act of faith in the sovereign God in whom we live and move and have our being; it is an act of love towards those closest to us to help them manage our affairs when we die; it is an act of trust in the continuation of the community of faith that has nurtured us in our own lives.

"Are Your Affairs in Order?" is intended as a pastoral resource for all of us as we take responsibility for our own lives. I am grateful to those who have prepared this document and I hope it is helpful to all who use it.

PETER JAMES LEE, Bishop of Virginia  
June 2009

# Foreword

*If I die*

“Too many of us use the wrong word here,” said my friend and counselor. I knew what Carroll meant; indeed, we all know that the word is not *if*, but *when*. Planning for one’s own death is difficult, but it is a lot easier on family and loved ones if you make certain decisions early so that they will not have to wrestle with them during their time of grief.

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# INTRODUCTION

This guide is published for members of the Episcopal Diocese of Virginia by the diocesan Committee on Aging. Its purpose is to help each member reflect on the importance of a person's deliberate actions in shaping the aging process and to encourage and assist each member in planning ahead, thereby minimizing the stress of unexpected events. This applies not only to physical, financial, and other practical aspects of life, but also to the way we can shape our spiritual lives if we actually live our values. Armed with knowledge and resources for ourselves and others, we can free up the path toward serenity.

We hope that you will take advantage of the resources and information in this manual and available in the Church and the community so that you may maintain a high quality of life as you age.

## **Planning Ahead**

Preparing for the future calls for 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. Few of us take the time needed, unless we are willing to face the uncertainties and the negative possibilities of our future. To plan for, and thus to think about, potential situations that will be hard to face -- and the inevitable end of our own lives -- is an act of courage . . . and of love. Planning ahead is practical. Planning ahead is an act of love.

## **Resources**

Each section of this guide provides background information and refers you to additional materials for in-depth study. Your clergy will be glad to help you in the use of these materials and in obtaining services.

Information contained in these sections is believed to be accurate, but when expert assistance is required, we certainly encourage you to retain the services of a competent professional.

## **Next Steps**

You are urged to complete the forms 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.

Please note that next section of this guide 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. It may take a good bit of time and thought and research is sometimes necessary. We suggest that you make copies of the information and make the information available to selected family members and trusted professionals.

Where should you keep the legal documents after they are executed? Many attorneys advise that the originals of your will, any trusts and your durable power of attorney should be kept in your safe deposit box. However, the originals of the papers that may be needed quickly, such as your durable power of attorney or your Virginia Advance Medical Directive, should be kept at home in a secure location, and you should consider giving copies to your physician and family members. Family members should know the location of the originals. You also might want to give a copy of your health care power of attorney and Virginia Advance Medical Directive, as well as your funeral service plans, to your church office.

Most importantly, we suggest you keep copies of important documents and other relative papers in a 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!**

### **Talking to an Attorney**

Getting your legal documents in order requires a few simple steps. Most of these steps are simply a matter of organizing papers -- knowing where important documents are or being certain that beneficiaries are properly named. In some situations, you may need to meet with an attorney -- for example, to review property titles or to establish a durable power of attorney or to write, or re-write, a will. You will have accomplished some of these steps when you have assembled your personal and financial records. If you need to talk to a lawyer, he or she will need details that are necessary to provide his or her services. When a lawyer asks you for the necessary details, he is not attempting to pry into your personal affairs as an individual; he needs such information to provide professional service. Whatever you tell him is a confidential communication and in the same category as a disclosure you might make to your minister or to your doctor. You will save your lawyer's time and your own time and money if -- before you go to see her -- you gather the material facts and documents and take them with you. The checklists that follow will assist you and your attorney. When they exist, take the documents that evidence the facts -- such as a divorce decree if you have been

previously married and divorced -- since in many instances, the only way a legal effect can be determined is by actual inspection of the document itself.

If you are consulting an attorney to write your will or to plan your estate, once you have listed all your assets, retrieve such documents as a divorce decree, deed, insurance policies, balance sheets and profit and loss statements, broker's statements, bank books, pension, profit-sharing plans, deferred compensation agreements, stock option agreements, trust agreements, instruments giving you a power of attorney, patents, copyrights, leases, contracts and loan agreements. You will be surprised to discover how much time this will save you and your attorney!

All of the above deals primarily with your financial picture. But that is only ONE part of getting your affairs in order. The more important part is the human part of your plan that is addressed in the section on Spiritual Planning and Resources in this guide (beginning on page 40). Many of the questions included in that section will also be asked you by your lawyer. You will do well to consider them before meeting with your attorney. This, also, will expedite your discussion.

# Personal and Financial Information

If additional space is needed, use back of form or separate sheet.

## A. Personal Family Data

### 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 \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_

### 3. Deceased or Prior Spouses (if applicable)

Name \_\_\_\_\_

Address \_\_\_\_\_

Date and Place of

Marriage \_\_\_\_\_

Divorce \_\_\_\_\_

Death \_\_\_\_\_

Former spouse's Social Security Number \_\_\_\_\_

### 4. Survivors (Parents, Children, Grandchildren or significant persons)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

5. Pets

Name/s, age/s, description/s \_\_\_\_\_

\_\_\_\_\_

Veterinarian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Instructions for disposition of pets \_\_\_\_\_

\_\_\_\_\_

**B. Personal Support System**

1. Physician \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

2. Dentist \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

3. Attorney \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

4. Accountant/Tax Preparer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

5. Durable Power of Attorney

Person Named to Act \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

6. Health Care Declaration / Living Will

Person(s) Named to Act \_\_\_\_\_

Copies at:  Home       Lawyer       Safe deposit box  
 Doctor       Hospital       Person(s) above

7. Executor of your Will \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

8. Trustees of any trust for you

Person Named to Act \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

9. Insurance Agent \_\_\_\_\_

Address \_\_\_\_\_

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Phone Number \_\_\_\_\_

10. Stock Broker \_\_\_\_\_

Address \_\_\_\_\_

---

Phone Number \_\_\_\_\_

11. Investment Advisor \_\_\_\_\_

Address \_\_\_\_\_

---

Phone Number \_\_\_\_\_

12. Banker \_\_\_\_\_

Address \_\_\_\_\_

---

Phone Number \_\_\_\_\_

13. Pension Fund Payer \_\_\_\_\_

Address \_\_\_\_\_

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Phone Number \_\_\_\_\_

14. Social Security Office: 1-800-772-1213

15. Veterans' Administration: 1-800-542-5826

16. Others to notify

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### C. Location of Important Documents

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

Automobile \_\_\_\_\_  
 Homeowners \_\_\_\_\_  
 Excess liability \_\_\_\_\_  
 Long-term care \_\_\_\_\_  
 Other \_\_\_\_\_

20. Current papers and receipts for filing tax returns \_\_\_\_\_

21. Income tax returns for last five years and supporting records \_\_\_\_\_

22. Do you have a safe deposit box?  
 Yes  No  
 If so, where? \_\_\_\_\_  
 Location of keys? \_\_\_\_\_  
 Other signatures? \_\_\_\_\_

\* Most banks seal safe-deposit boxes after a person dies, until the executor of the will is recognized by the probate court.

23. Other essential keys \_\_\_\_\_

**D. Assets and Debts**

Assets	Location
--------	----------

1. Checking Account number \_\_\_\_\_

Is this an automated bill paying account?  Yes  No

(Many bills can be paid automatically with this service, like mortgage, insurance, and utilities.)

2. Savings Account number \_\_\_\_\_

3. Money Markets and CDs \_\_\_\_\_

4. Stocks \_\_\_\_\_

5. Bonds \_\_\_\_\_

6. Brokerage Account \_\_\_\_\_

7. Mutual Fund \_\_\_\_\_

8. Trusts for which you are beneficiary \_\_\_\_\_

9. Mortgages and other debts owed to you \_\_\_\_\_

- 10. Pension, other retirement plans \_\_\_\_\_
- 11. IRAs and Keoghs \_\_\_\_\_
- 12. Autos, boats, RVs, etc. \_\_\_\_\_
- 13. Primary residence \_\_\_\_\_
- 14. Vacation home \_\_\_\_\_
- 15. Other real estate holdings \_\_\_\_\_
- 16. Other investments \_\_\_\_\_

*Debts*

*Location*

- 1. Mortgage \_\_\_\_\_
- 2. Loans
  - Auto \_\_\_\_\_
  - Bank \_\_\_\_\_
  - Other \_\_\_\_\_

- 3. List of credit cards

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- 4. Persons dependent on you for support

Name

Type of support

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# Health Insurance and Living Arrangements

## Medical and Long Term Care Insurance

Due to advances in medicine and technology, people are living well into their 80s and 90s where once the life expectancy was the late 60s. Unfortunately, with long life, the medical community has also seen a radical increase in age-related diseases, such as Alzheimer's Disease, heart conditions, debilitating arthritis, and a host of other ailments. You can plan very carefully and try to stretch your retirement income to cover the years you once would not have had, but if you suddenly need care, you will very quickly discover that you have outlived your retirement funds.

## Medicare

Medicare is the Government Health Insurance Program for people 65 years of age and older. It is provided through the Social Security program. It does not cover all medical costs. You really have to study and learn your Medicare Coverage Options. There are the following:

### 1. The Original Medicare Plan

This fee-for-service plan covers many health care services. You can go to any doctor or supplier that is enrolled and accepts Medicare and is accepting new Medicare patients, or to any hospital or other facility.

### 2. Medicare Health Plans (like HMOs and PPOs)

These plans are approved by Medicare and run by private companies. When you join one of these plans, you are still in Medicare. Some of these plans require referrals to see specialists. They provide all of your Part A (hospital) and Part B (medical) coverage. They generally offer extra benefits, and many include prescription drug coverage. These plans often have networks, which means you may have to see doctors who belong to the plan or go to certain hospitals to get covered services. In many cases, your costs for services can be lower than in the Original Medicare Plan, but it is important to check with the plan because the costs for services will vary.

### 3. The Medicare Prescription Drug Plans

These plans add prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

#### 4. Medigap (Medicare Supplement Insurance) Policies

These policies help pay some of the health care costs that the Original Medicare Plan doesn't cover. If you are in the Original Medicare Plan, you could get a Medigap policy to help cover the extra health care costs. Remember, insurance to *supplement* Medicare is called "Medigap" insurance. This supplemental health coverage is available through Blue Cross/Blue Shield, the AARP, HMOs, and other commercial insurers. Federal law now limits available Medigap policies to 10 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.

For the most specific and up-to-date information about Medicare and Medigap, call the Social Security Office at 1-800-772-1213.

Go to the official U.S. Government web site for people to learn about Medicare at <http://www.medicare.gov/>

Be sure to click on **Medicare & You**, which contains important information about what's new, health plans, prescription drug plans, and rights and protections to help people with Medicare review their coverage options and prepare to enroll in a new plan if they choose. It is available in both English and Spanish.

Each fall, the Centers for Medicare & Medicaid Services mails a geographic-specific version of Medicare & You to all households of people with Medicare. In 2008, there are 59 geographic-specific versions with drug and health plan comparison charts for particular states or regions.

Also, the following publication may be helpful:

"Guide to Health Insurance for People with Medicare", published by the U.S. Department of Health and Human Services and the National Association of Insurance Commissioners

## Long Term Care Insurance

Long-term care refers to a broad range of supportive medical, personal and social services for people who are unable to provide for their own needs for an extended period of time. This need for care from others may be caused by accident, illness, dementia, stroke, depression or frailty. Personal needs may include help to move about, dress, bathe, eat, use a toilet, medicate and avoid incontinence. Also, help may

be needed with household cleaning, preparing meals, shopping, paying bills, visiting the doctor, answering the phone and taking medications properly. In other cases, long-term care may consist of providing supervision, companionship or support for loved ones. Since neither Medicare nor Medigap policies cover the cost of long-term care, whether in a nursing home or at home, other sources are necessary to finance this care.

Medicaid will cover both medical and non-medical related long-term care, but in order to qualify for Medicaid a person has to have less than \$2,400 in assets and income that is insufficient to pay the cost of his or her care. In other words, a person must be impoverished. Otherwise Medicaid will not pay.

Agencies on aging have estimated that about 84% of all long-term care is not covered by Government programs. This is primarily family-provided home care to help with activities of daily living, or help with maintaining a home, providing meals and support, or care services providing supervision or companionship or providing transportation and shopping services. Care not covered by the Federal Government is also care provided from family out-of-pocket payments in nursing homes and assisted living facilities. Families are also hiring more and more aide services to help with care at home.

One option is to purchase insurance that covers the cost of a nursing home or other long-term care. However, there are many types of long-term care and living choices for older people. Long-term care is **not** only nursing home care. Some of the most common living choices are listed in the "Care Options" section of this publication. The insurance premium depends on three factors: 1) the insured's age; 2) the amount of coverage; and 3) the number of years. Choosing the best policy for you is not easy. There are more than 100 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.

The following publications may be helpful:

"Making Wise Decisions for Long-Term Care" AARP Publication D12345

"A Shopper's Guide to Long-Term Care Insurance" National Association of Insurance Commissioners

"Primer on Long-Term Care" - National Consumer's League

"The Consumer's Guide to Long-Term Care Insurance"  
Health Insurance Association of America

## **Care Options: Assisted Living, Adult Homes and Nursing Homes**

### **What is the difference between an adult home and a nursing home?**

Adult homes provide three different levels of care: residential, assisted and intensive.

Residential for independent living

Assisted for patients needing some assistance with activities of daily living (ADLs)

Intensive, which may include short-term in-bed care but not total care over an extended period

### **Who pays for the adult home or nursing facility?**

Patients pay privately for adult homes. Extremely low-income patients may qualify for an Auxiliary Grant to pay for an adult home but it is often difficult to find a vacancy. Your local Department of Social Services (DSS) would be involved in financial qualifications and a pre-screen.

Patients may also pay privately for nursing facilities or may apply for Medicaid to help with payments. Medicaid is a state medical insurance program for low-income, aged, blind, disabled persons and hospice patients. Medicare and Medicaid are two separate and different programs. Nursing homes typically have more information about either one or to discuss your particular needs in regards to a nursing home placement.

### **How to Choose a Nursing Home**

In this resource guide, we review several alternative living arrangements, which provide health care. Although many people are reluctant to consider a nursing home for themselves or their loved ones, in many cases this is the best solution for those needing long-term care.

If nursing home care is required but there are not enough funds available, part of the cost may be provided by Medicaid. Medicaid benefits are available only to state residents, who are citizens of the United States, and the eligibility requirements for Medicaid vary depending whether the individual is married or single. The requirements

are that the applicant's income and assets be very low. Contact your local Social Services for more information.

Be prepared to expend considerable time choosing a nursing home. Keep in mind that since this process is likely to be "need-driven," one's choices may be limited by availability of space. From the resources listed below and some counseling help, you should choose three or four that appear to meet your needs; then visit each one, taking time to talk with the staff, the residents and their families. You should identify the owner and management of the facility and examine 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 those with specific illnesses such as Alzheimer's disease. Take the time to select the nursing home that best meets your individual needs.

· The following publication may be helpful:

"Consumer Guide to Nursing Home Charges"  
Virginia Health Services Cost Review Council

## **Home Health Care**

Home care is a service to the recovering, disabled, or chronically ill person. It 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.

The size and nature of your financial resources should be considered to determine your ability to maintain your home and pay for in-home services. Medicare, Medicaid, and programs under the Older Adults Act and Social Services Block Grants pay limited amounts for home care. Additionally, private insurance can be obtained which will cover home care (see Long Term Care Insurance section, above at page 21); however, most home care is paid for by the individual and his or her family.

If you employ at-home support staff, numerous reporting, tax withholding, and other administrative responsibilities must be satisfied. As an alternative, the individual can contract with an agency that provides in-home companions, nurses, and other appropriate personnel. Often the cost of in-home health care can 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, even though the services are not medical in nature. They include assistance with bathing, dressing, eating and toileting. Community services such as "meals on wheels" and adult day care also play a role in enabling at-home living. 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.

The following publications may be helpful:

"Miles Away and Still Caring" (for long distance care givers) AARP  
Publication D12748

"Care Management – Arranging for Long-Term Care" AARP Publication  
D13803

## **Is a Life Care Community for You?**

Life care or continuing care communities have flourished recently, particularly in Virginia's metropolitan areas. A one-time entrance fee, along with a monthly service fee, pay for your apartment 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 that stipulates the terms of your residency.

Entrance fees range from \$40,000 for a studio apartment at a church-related community to well over \$300,000 for a villa at the more exclusive communities. Most facilities provide a prorated refund if a resident moves or dies within a period of time specified in the contract.

When you apply for residency in a life care community, the management will want assurances that 1) you have sufficient funds to pay the entrance and monthly fees which may increase substantially over your lifetime; and 2) you have reasonably good health so that long-term skilled nursing care will not be needed immediately. Therefore, financial statements and a medical exam are usually required.

On the other hand, you must assure yourself that the operator can provide high quality care for your lifetime and remain financially sound. Bankruptcies are rare but have occurred among the life care communities. You should review the community's financial statements, reserve account balances, and history of fee increases. Also identify the

management of the facility and review their record. Finally, consider the procedure by which residents' complaints are addressed and responded to by management.

Since a decision to enter such a community is a major one involving your property, estate, financial and health care planning, you should consult with an attorney, especially concerning the long-term admissions contract you will be asked to sign.

The Diocese of Virginia is affiliated with several continuing care communities throughout the Diocese: Goodwin House in Northern Virginia, and several Westminster-Canterbury communities, a joint ministry with the Presbyterian Church:

### **The Virginia Diocesan Homes**

Goodwin House, Alexandria,  
4800 Fillmore Avenue,  
Alexandria, Virginia 22311  
703/578-1000

Goodwin House, Bailey's Crossroads  
3440 S. Jefferson St.  
Falls Church, VA 22041

Rappahannock Westminster-Canterbury  
132 Lancaster Drive  
Irvington, Virginia 22480  
804/438-4000

Shenandoah Westminster-Canterbury  
300 Westminster-Canterbury Drive  
Winchester, Virginia 22603  
540/665-0156

Westminster-Canterbury of the Blue Ridge  
250 Pantops Mountain Road  
Charlottesville, Virginia 22911  
434-972-2622

Westminster-Canterbury of Richmond  
1600 Westbrook Avenue

Richmond, Virginia 23227  
804/264-6000

## **Hospice Program**

The term "hospice," from the same word root as "hospitality," was used in early days to describe a place of shelter and rest 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 occurs, 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 follows through to the bereavement phase.

Hospice care is a benefit under Medicare Hospital Insurance (Plan A) and is delivered primarily in the patient's home under a plan of care established by the patient's attending physician. Medicare covers physician services, nursing care, 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 chaplain 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.

Information about Hospice Programs in your area can be obtained from your physician or clergy person.

# Explanation of Pertinent Legal Documents

## Estate Planning through Wills and Other Planning Directives --

Have you put off writing a will and medical directives because you were “too young,” “too healthy” and/or “too busy,” or have you just found the topic too depressing? You are not alone. However, a 2006 poll found that people are more likely these days to plan for their own deaths or talk to close relatives about this subject than many had long been inclined to avoid. With the American population growing older and high-profile life-and-death cases in the news, more people are trying to come to grips with their own mortality.

Three in 10 people, 29 percent, said in 2006 that they have a living will, according to the poll by the Pew Research Center. That’s more than twice the number, 12 percent, who said in 1990 that they had put into writing how they wish to be treated medically if they are incapable of communicating.

No one likes to think about death. However, you can make the inevitable easier on your family by thinking about the future now. With regard to your material goods (your money and property), if you do not leave any instructions when you die, the state will decide how to dole out your life’s earnings and assets. No one wants the Government’s rules to make his or her decisions. In “Are Your Affairs in Order?,” the Committee on Aging has gathered some information to try to help you understand how to keep the reins of control in your own hands so your wishes for medical care and for the use of your money and property are carried out when you are very ill or even after you are gone.

### Get Expert Advice

For those with a substantial estate – one that includes hefty savings and assets – hiring a lawyer who specializes in estate planning, and, wills and trusts is a must. Costs vary from firm-to-firm and from attorney to attorney and depend largely on the amount and type of service you require. Many estate-planning attorneys offer an initial free consultation, so you don’t have to commit to paying anything right away. Also, it is essential that your estate plan and your will be updated on a regular basis.

You should consider updating your will every time there is a significant change in your personal situation, such as marriage, divorce, death of a loved one, a significant change in your medical condition or health care needs, etc.

You should also review your estate plan and your will if you sell or give away a piece of property that you have specifically mentioned in your will. For example, if your will provides that you are leaving your 2000 Dodge Intrepid to your son, but by the time you die, you have already sold that vehicle and instead own a pick-up truck, your son would generally not be entitled to your new vehicle.

Also, you may have to revise your will if you move to a new state. Different jurisdictions have different laws governing wills and estates that may affect the meaning or validity of an existing will. Ask the lawyer about his or her level of experience with wills and trusts in your state. You will want to ask about the estimated total fee and how much you'll be charged if and when you update or change the documents. Typically, lawyers suggest updating your will every three to five years as your family and finances change. Add up what you've accumulated: Appreciation on property, pension plans, 401(k) accounts and stock options may have pushed the value of your estate higher than you realize. While you may not completely avoid paying Federal or state estate taxes, you can minimize your tax liability with sound planning.

### **Why you need an estate plan --**

One key purpose of an estate plan is to minimize Federal and state estate and income taxes for your heirs. Under current law, the maximum exemption from Federal estate taxes is \$2 million. The exemption level increases to \$3.5 million in 2009, is unlimited in 2010 (one-year estate tax repeal) and drops back to \$1 million in 2011. The highest estate tax rate, 46 percent, is scheduled to jump to 55 percent in 2011.

Although minimizing taxes is an important goal of estate planning, much more is involved. According to the Journal of Financial Service Professionals, the goals of establishing a sound estate plan include:

- \* Designating the recipients of your wealth.
- \* Appointing the fiduciaries of your choice.
- \* Assembling a coordinated and comprehensive plan.
- \* Providing financially for a surviving spouse or dependents.
- \* Ensuring business continuity and value maximization.

### **Durable General Power of Attorney**

A durable general power of attorney is a document in which you (the "Principal") appoint another person (the "Agent" or "Proxy;" the "Attorney") to act in your place and on your behalf with regard to managing your assets and personal business issues, in the event you become unable to make and/or communicate such decisions personally. 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 general 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 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 (the Agent) in writing that it has been revoked. Similarly, your death terminates the Attorney's power to act.

A durable general 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 someone to carry out your instructions.

Although there are fill-in-the-blank power of attorney forms, for those with a substantial estate, it is important that you have a lawyer who is familiar with your estate and the disposition provisions of your will to 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. These attorney fees should be low.

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.

## **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 behalf of another. Because the purpose of family estate planning is to provide for the family welfare, many parents have considered this simple concept for minor children. Once a guardian has been named in an individual's will, should both parents die, the guardian's job is to become the child's surrogate parent--to take the child into the guardian's home and to raise the child as one of the guardian's own. Most parents know that--should both parents die without a will--a probate judge would simply name somebody in the deceased parents' family to raise and educate the child until the child reaches the age of majority.

A legal guardianship should also be created in certain situations that do not involve the minority of children--for example, where an adult son or an adult daughter has a significant mental or physical handicap. A parent should want to provide a suitable person to make decisions about the welfare of the adult disabled child and to protect that child's inherited assets from someone else--perhaps the Government, in the case of a handicapped child.

In still other cases, a legal guardianship can be requested--by a concerned child or another relative, or by the Government where there is no family available--in the Circuit Court of the county where the individual lives when the individual can no longer make his own financial and legal decisions. The court must hold a hearing and make specific findings of fact before appointing a guardian. If the court judges the individual incapable of managing his own affairs and grants the guardianship, another person is appointed to make the decisions--the guardian must be bonded and file annual reports with the court. If the individual regains his capacity, a subsequent hearing is required to terminate the guardianship. If you do not have a durable power of attorney and you own assets in your own name, a guardianship would be necessary to provide for the management of assets during any period of incapacity

One of the main reasons for creating a valid durable power of attorney is to prevent the expense of the guardianship process in this last situation. An attorney must prepare the petition and represent the concerned family member at the hearing. Further, the court must appoint a separate attorney to represent you (the incapacitated individual). If the appointed guardian is not your child or relative, 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 durable power of attorney and you own assets in your own name, a guardianship would be necessary to provide for the management of assets during any period of incapacity.

### **Health Care Power of Attorney or Durable Medical Power of Attorney**

The Virginia Health Care Decisions Act authorizes the delegation of powers to an attorney-in-fact (the "Attorney"), one of which 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 state of a terminal condition or a permanent state of unconsciousness.

### **Advance Medical (Health Care) Declaration or “Living Will”**

The Health Care Decisions Act permits you to execute a document termed an advanced health care declaration. This statute 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 older 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 and will not be honored by a hospital. 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 will frequently 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 to 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 a place if a grave medical emergency arises.

The Act 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. (See Durable Medical Power of Attorney above.) 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.

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-state medical condition or to be permanently unconscious.

## **Organ Donation**

Despite the difficulty of envisioning your death, this is a time to consider signing a Uniform Donor Card that would allow your organs and/or tissue to be used for transplants or research. For example, the final section of the Advance Medical (Health Care) Declaration is dedicated to the appointment of an agent to make an anatomical gift upon the death of the patient.

Please note: The Uniform Anatomical Gift Act of 1987 authorizes the gift of the human body after death by anyone eighteen years of age or older. The following persons, in order of priority, may authorize donations: spouse, adult son or daughter, parent, adult brother or sister, a guardian at the time of death, an authorized person under obligation to dispose of the body. It is important that a patient communicate his wishes to his next-of-kin regarding anatomical donations. Even if a donor card is signed, the next-of-kin may refuse to honor the request. For more information, you may contact the Virginia State Anatomical Program at (804)786-2479 or(800) 447-1706. You can also visit their website at [www.vdh.state.va.us](http://www.vdh.state.va.us). Information on the anatomical program can be found under the department of the medical examiner.

Cornea Donations: Next-of-kin can give consent over the phone at the time of a patient's death for a cornea donation. Call 800.832.0728.

## **Your Will**

As indicated above, you should review -- and update, if necessary -- 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 the time of your death. In Virginia, 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 assures 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.

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 the 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 carefully the gifts you wish to make. A good starting point is to ask the question, "Who depends on me to provide for them?" Your spouse, dependent children, and other dependent persons come immediately to mind. There are, however, others. Does your congregation depend on you? Has your school or college come to rely on you? It is in answering this question that one begins to form an estate plan.

Another question also comes into play: the broader issue of stewardship. Christians believe that our Lord expects us to be good stewards of our resources, in life and in death. We must make wise, informed and prayerful decisions about who will inherit our property.

At the heart of our faith is the belief that all we have has been given to us by a loving God. It is in response to this belief that we "tithe," or return a portion of our income to the Lord each year. It is in response to this belief that when we die, we also return a portion of our estate to the work of our Lord.

Another important consideration is that a will -- in addition to accomplishing the very practical purpose of providing for the orderly disposal of property -- can also serve as a final statement of what we believe and what we hold dear. Many Christians begin their wills with a preamble which is a statement of their faith. Such a preamble might read:

"First, I believe in the Lord Jesus Christ. Secure in his love and trusting in the salvation obtained for me through his suffering and death on the cross, I leave those who survive me the comfort of knowing that I have died in his faith and am now with my Lord in eternal glory."

One might then move on to a statement of value, which contains the bequests being left to one's parish, diocese, and the work of the general Church or other charities. Following the statement of faith and the statement of value, the will then goes on to the other provisions necessary in a will.

Contributions to your local Church can be accepted through your will, your living revocable trust, a life insurance policy and some other forms of charitable estate planning. All estate gifts benefit your church's endowment fund and are kept in perpetuity to benefit areas of need throughout the church that do not benefit from annual pledges. There are usually members of your church vestry or other parishioners who are available to help you, if you wish more information on the benefits of making gifts in these various forms.

### **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 attorneys' 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.

### **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 may be helpful:

"Tomorrow's Choices"  
AARP Publication D13479

### **Make Sure You Tell**

Once you have done all these things, make sure to tell your spouse, children, parents or other significant people-who might include your clergy-what you have done and where they can find this information. When parents and adult children openly discuss the issues surrounding the parents' growing older, they often find a new sense of closeness.

# Five Wishes

[from a Summary by Robert W. Griffith, M.D., August 28, 2007]

The Diocesan Committee on Aging firmly believes in Advance Health Care Declarations, but the Five Wishes approach goes much further. We are pleased to post this article about the Five Wishes approach.

## **Five Wishes - Advance Care Planning: a “Living Will” and More, in Your Own Words**

Modern science has produced wonderful, life-sustaining advancements in medical technology. Yet, for many people, science has artificially prolonged the dying process. While most people wish to have their pain managed, be surrounded by family and loved ones, and to die in their own home, the majority of Americans die in hospitals. Individual State advance directive forms take a step towards allowing people to express their medical wishes in advance, yet do not allow them to express their wishes in their own words, and often are not detailed enough. Specifically, the standard forms often do not address what is most important to people near the end of life - matters of the heart.

Aging with Dignity's Five Wishes document helps you express how you want to be treated if you are seriously ill and unable to speak for yourself. It is unique among all other living will and health agent forms because it looks to all of a person's needs: medical, personal, emotional, and spiritual. Five Wishes also encourages discussing your wishes with your family and physician.

Five Wishes lets your family and doctors know:

- \* Which person you want to make health care decisions for you when you can't make them.
- \* The kind of medical treatment you want or don't want.
- \* How comfortable you want to be.
- \* How you want people to treat you.
- \* What you want your loved ones to know.

Five Wishes is changing the way America talks about and plans for care at the end of life. More than nine million copies of the document are circulating throughout the nation. The document speaks to people in their own language, not in "doctor speak" or "lawyer talk." It can be used in the living room instead of the emergency room. And it helps families talk with their physician about a subject that before was too hard to face.

Five Wishes meets the legal requirements in 40 US states and is a valuable resource in all 50 states. States where it does not yet meet the legal requirements often require a

specific state form. Residents of these states can still use Five Wishes to put their wishes in writing and communicate them to their family and physician. Most health care professionals understand they have a duty to listen to the wishes of their patients no matter how they are expressed.

Aging with Dignity is a private nonprofit organization based in Tallahassee, Florida, with a mission to safeguard human dignity as America ages. It was founded in 1996 by Jim Towey, who was head of Florida's social service agency, legal counsel to Mother Teresa of Calcutta, and most recently Director of the White House Office of Faith-Based and Community Initiatives. His experience working with Mother Teresa inspired him to found Aging with Dignity and later create Five Wishes. For more information on Aging with Dignity, or to order Five Wishes, visit [www.agingwithdignity.org](http://www.agingwithdignity.org).

An important note to those who have already prepared Advance Directives (using Five Wishes or another format), or their caregivers:

One tends to assume that the preferences of patients with advanced chronic illness concerning life-sustaining treatment will remain the same over time. However, this has been investigated by researchers at Yale University. They interviewed almost 200 community-dwelling patients over 60 with advanced cancer, heart failure, or chronic obstructive lung disease (COPD) at intervals, over 3 years.

The interviews assessed the patients' wishes to (1) undergo highly burdensome treatment to avoid death, (2) risk physical disability to avoid death, and (3) risk cognitive disability to avoid death. Patients' responses were classified as "consistent" (i.e., the patient's wishes remained consistent over time) or "inconsistent" (i.e., the patient's wishes fluctuated over time). About 50% of patients were inconsistent over time in their willingness to accept physical or cognitive disability to avoid death, and 35% were inconsistent over time in their willingness to undergo highly burdensome treatment to avoid death.

This study shows that a substantial proportion of patients change their wishes concerning life-sustaining treatment near the end of life. This is not surprising, as a change in health status can affect a person's sense of what is important. A practical implication, however, is that doctors should repeatedly reassess the preferences of patients with advanced illness, and not remain bound by choices made at a single time point.

#### Sources

\* Inconsistency over time in the preferences of older persons with advanced illness for life-sustaining treatment. TR. Fried, J. O'Leary, P. Van ness, L. Fraenkel, et al. , JAMA, 2007, pp. 1007--1014

\* Text supplied by Aging With Dignity, <http://www.agingwithdignity.org/> accessed 7/20/07, and reproduced with permission.

# Spiritual Planning and Resources

## **When the Time Comes—A Guide for Funeral Services and Related Matters**

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 service and other arrangements will express the comfort and hope of the Christian faith fully and without compromise. This guide is intended to assist you in such preparation. Your clergy can discuss these matters with you.

### **Practical Considerations**

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

First, call the Church. Contact the church office during the day or your clergy at home when a death occurs. They will provide support and guidance to you. Then call the deceased's physician or the emergency medical personnel (911).

#### **What services are supplied by a funeral director?**

As many or as few as the 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 newspapers, the opening of the grave or a unit in the columbarium. The funeral director will also need certain information: (see Pertinent Data and Preferences, page 36).

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

Yes. Such “pre-planning” with your pastor and/or a funeral director of your 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 that the cost of the services will be 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; and designation of memorial gifts (if any).

### **What information is contained in an obituary?**

It contains more biographical information than a death notice. Some newspapers charge a fee for running an obituary while others do not. It is generally the responsibility of the family to submit it, but some papers require that the obituary be submitted through a funeral home.

### **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?**

The Episcopal Church supports an autopsy if it leads to the advancement of medical knowledge or peace of mind for the family. In the event of a questionable death, an autopsy may be requested by the state.

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

Procedures vary between whole body donation (as in the case for scientific research) and organ donation for the wonderful purpose of enriching or prolonging the life of another person. In either case, the area agency responsible is VOPA, Virginia's' Organ Procurement Agency, at 1-800-233-8672. If you are interested in becoming a donor, this subject needs to be discussed in detail with members of your family.

You may become an organ donor by signing the appropriate place on your Virginia driver's license, but you must also make sure that your family knows you have done this so that your wishes will be honored.

### **What choices are there in the disposition of a body?**

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

### **Does state law require that a body be embalmed?**

No. It is not necessary in the case of cremation or immediate burial. It may be necessary if you select certain arrangements, such as a funeral with viewing; check with a funeral service.

### **In 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 columbarium or buried in the family plot of a cemetery. Some people simply bury the cremains in the cemetery ground without having them in an urn. Contact the cemetery where you will be buried to ascertain their policy regarding cremains.

### **What resources are there in coping with grief?**

Your clergy are available to counsel family and friends in times of death. Church libraries are good sources for books dealing with grief.

NOTE: There are often complex procedures involved in taking a body across state lines. If this may prove to be the case with you or a loved one, contact the cemetery or funeral director where the body is to be sent to obtain additional information before the need arises.

**Pertinent Data and Preferences**

Note: Retain the original of this document, consider giving one copy to the clergy who will officiate, one copy for the church files, and one to the person chosen to make arrangements at time of your death.

**Information for death certificate**

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Full name of spouse \_\_\_\_\_

Full name of father \_\_\_\_\_

Full name of 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 ashes buried at \_\_\_\_\_

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

Donation of body to medical school (need registry info) or certain organs (need registry info) \_\_\_\_\_  
\_\_\_\_\_

- Information for obituary (insert additional page)
- Memorial Contributions in lieu of flowers \_\_\_\_\_
- Other arrangements as follows:  
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\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Date

## **Religious Services**

Baptized Christians are properly buried from the church. The service should be held at a time when the congregation has the opportunity to be present. The service is arranged in consultation with the clergy. Others may be invited to participate as leaders in the service with clergy approval.

### **Timing**

In most cases a service takes place within a few days of death. The main service may precede or follow a brief committal service at the burial site. If there is to be visitation at the church or funeral home, you may wish to have a service there for family and friends prior to the funeral. Prayers for a Vigil on page 465 of the Prayer Book are appropriate along with Psalms, Lessons, Collects and other prayers. The Litany at the Time of Death on page 462 of the Prayer Book may be used instead of the Vigil Prayers.

### **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 pall or other suitable covering. The coffin is to be closed before the service and remain closed thereafter. It is appropriate to celebrate the Holy Eucharist at the service.

### **Costs**

Clergy do not charge for conducting funeral services. An honorarium for the clergy may be offered at the discretion of the family. It is customary to pay the organist or other musicians.

### **Flowers**

Generally the only flowers in the church are the altar flowers, and they are often given by the family. Flowers sent to the funeral home are usually not used in the church but are transported to the grave site. Talk with your clergy about the customs of your church.

### **Content of Service**

You may wish to plan your own funeral service in consultation with your clergy, otherwise the service will be planned by the clergy in consultation with your family after your death. Only you know what you would like for your service. It is very helpful to your family and clergy for you to have made these arrangements. The purpose of the service 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 worshipers 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 clergy, family members, friends or colleagues.

The celebration of the Holy Eucharist may also be included.

**Suggested Outline for a Funeral or Memorial Service**

The Order of Service for the Burial of the Dead is found in the Book of Common Prayer, Rite I on page 469 and Rite II on page 491. It is appropriate when the body arrives at the church for burial to use the Order for the Reception of the Body found on page 466. If the body is to lie in state at the church prior to the service and family and friends are present, it is suggested that the Order for Reception (page 466) with Prayers for a Vigil (page 465) be used, along with suitable Psalms, lessons and other prayers.

The following guide will help you in planning your service. All page references are for the Book of Common Prayer.

**Prayers if there is visitation at the Church or Funeral Home.**

\_\_\_\_\_ Reception of the Body (p. 466)  
 \_\_\_\_\_ Vigil Prayers (p. 465) or Litany at the time of death (p. 462)  
 \_\_\_\_\_ Psalms  
 \_\_\_\_\_  
 \_\_\_\_\_ Lessons  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Prayers  
 \_\_\_\_\_

**Burial or Memorial Service**

\_\_\_\_\_ Rite I (p. 469)  
 \_\_\_\_\_ Rite II (p. 491)

**Location**

\_\_\_\_\_ Church \_\_\_\_\_  
 \_\_\_\_\_ Funeral Home \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_

Officiant \_\_\_\_\_

Preacher \_\_\_\_\_

The Following Service Planning Form and Hymn suggestions are taken from The Episcopal Musician's Handbook 1997-1998 pages 218, 219. We are grateful to the Living Church Foundation for allowing us to copy these pages in this manual.

Music settings of the burial anthems are located in the Service Music Accompaniment Appendix of The Hymnal 1982. These items (indicated with an asterisk) may be reproduced for use with choirs and congregations. A full listing of the anthems is shown on page 43.

Order of Service, Book of Common Prayer, p. 469 or p. 491

1982		1940
151*	From deepest woe I cry to thee (3)	<i>Aus tiefer Not</i>
194	Jesus lives! thy terrors now (4)	<i>St. Albinus</i> 88
195	Jesus lives! thy terrors now (4)	<i>Mowsley</i>
208	Alleluia! The strife is o'er, the battle done (5)	<i>Victory</i> 91
287	For all the saints, who from their labors rest (8)	<i>Sine Nomine</i> 126
326	From glory to glory advancing (2)	<i>St. Keverne</i> 492
338	Wherefore, O Father, we thy humble servants (2)	<i>Lobet den Herren</i> 205
354	Into paradise may the angels lead you (2)	<i>In paradisum</i>
355	Give rest, O Christ, to your servant(s) (1)	<i>Kontakion [Kievan chant]</i>
356	May choirs of angels lead you to Paradise on high (3)	<i>Christus, der ist mein</i>
	<i>Leben</i>	
357	Jesus, Son of Mary (4)	<i>Adoro devote</i> 223
358	Christ the Victorious, give to your servants (4)	<i>Russia</i>
429	I'll praise my Maker while I've breath (4)	<i>Old 113th</i>
444 #	Blessed be the God of Israel (3)	<i>Thornbury</i>
447	The Christ who died but rose again (4)	<i>St. Magnus</i>
455	O Love of God, how strong and true (4)	<i>Dunedin</i>
456	O Love of God, how strong and true (4)	<i>de Tar</i>
487	Come, my Way, my Truth, my Life (3)	<i>The Call</i>
499 #	Lord God, you now have set your servant free (1)	<i>Song 1</i>
517	How lovely is thy dwelling place (4)	<i>Brother James' Air</i>
560	Remember your servants, Lord (9)	<i>Beatitudes</i>
620	Jerusalem, my happy home (5)	<i>Land of Rest</i> 585
621	Light's abode, celestial Salem (5)	<i>Rhuddlan</i> 587
622	Light's abode, celestial Salem (5)	<i>Urbs beata Jerusalem</i> 587
623	O what their joy and their glory must be (5)	<i>O quanta qualia</i> 589
625	Ye holy angels bright (4)	<i>Darwall's 148th</i> 600
635	If thou but trust in God to guide thee (2)	<i>Wer nur den lieben Gott</i>
636	How firm a foundation, ye saints of the Lord (5)	<i>Foundation</i>
637	How firm a foundation, ye saints of the Lord (5)	<i>Lyons</i> 564
645 *	The King of love my shepherd is (6)	<i>St. Columba</i> 345
646 *	The King of Love my shepherd is (6)	<i>Dominus regit me</i> 345
658 *	As longs the deer for cooling streams (4)	<i>Martyrdom</i> 450
663 *	The Lord my God my shepherd is (5)	<i>Crimond</i>
664 *	My Shepherd will supply my need (3)	<i>Resignation</i>
665	All my hope on God is founded (5)	<i>Michael</i>
666 *	Out of the depths I call (4)	<i>St. Bride</i>

668 *	I to the hills will lift mine eyes (4)	<i>Burford</i>	
680 *	O God, our help in ages past (6)	<i>St. Anne</i>	289
687 *	A mighty fortress is our God (4)	<i>Ein feste Burg</i>	
688 *	A mighty fortress is our God (4)	<i>Ein feste Burg</i>	551
690	Guide me, O thou great Jehovah (3)	<i>Cwm Rhondda</i>	434
692	I heard the voice of Jesus say (3)	<i>The Third Tune</i>	424

\* = Metrical version of psalm listed in the BCP for a Burial

# = Metrical version of canticle listed in the BCP for a Burial



Additional suggestions for music:

**Solos**

"I Know That My Redeemer Liveth" from Messiah by G.F. Handel  
"Brother James' Air" (Psalm 23) by Gordon Jacobs  
"I Will Lift Up Mine Eyes" by Leo Sowerby  
"Jesus, Redeemer, Our Loving Savior" by J.S. Bach  
"Who Shall Separate Us" by Daniel Pinkham

**Organ Music**

J.S. Bach      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

Johannes Brahms      Selections from Eleven Chorale Preludes

Ralph Vaughan Williams      Prelude On "Rhosymedre"

Samuel Barber      Adagio for Strings

**Lessons**

It is desirable that lessons from the Old Testament and the New Testament be read by lay persons. Suggested readers:

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Preference of Bible translation \_\_\_\_\_

**Rite I**

(Suggested lessons from the Prayer Book rubrics. Circle or check the ones you want for your service.)

**Old Testament**

Isaiah 25:6-9  
Isaiah 61:1-3  
Lamentations 3:22-26,31-22  
Wisdom 3:1-5,9

Following the Old Testament Reading, a suitable Canticle or one of the following Psalms may be said or sung.

Psalm 42 (p. 471)  
Psalm 46 (p. 471)  
Psalm 90 (p. 472)  
Psalm 121 (p. 473)  
Psalm 130 (p. 474)  
Psalm 139 (p. 474)

New Testament

Romans 8:14-19,34-35,37-39  
I Corinthians 4:16-5:9  
I John 3:1-2  
Revelation 7:9-17  
Revelation 21:2-7

Following the New Testament Lesson, a suitable canticle, hymn, or one of the following Psalms may be said or sung.

Psalm 23 (p. 476)  
Psalm 23—King James Version (p. 476)  
Psalm 27 (p. 477)  
Psalm 106 (p.478)  
Psalm 116 (p. 478)

The Gospel

John 5:24-27  
John 6:37-40  
John 10:11-16  
John 11:21-27  
John 14:1-6

Rite II

(Suggested lessons from the Prayer Book rubrics. Circle or check the ones you want for your service.)

Old Testament

Isaiah 25:6-9  
Isaiah 61:1-3  
Lamentations 3:22-26,31-33  
Wisdom 3:1-5,9  
Job 19:21-27a

Following the Old Testament reading, a suitable hymn, canticle, or one of these Psalms may be sung or said.

Psalm 42:1-7 (p. 643)  
Psalm 46 (p.649)  
Psalm 90:1-12 (p. 717)  
Psalm 121 (p. 779)  
Psalm 130 (p. 784)  
Psalm 139:1-11 (p. 794)

New Testament

Romans 8:14-19, 34-35, 37-39  
I Corinthians 15:20-26,35-38,42-44,53-58  
2 Corinthians 4:16-5-9  
I John 3:1-2  
Revelation: 7:9-17  
Revelation 21:2-7

Following the New Testament reading, a suitable hymn, canticle or one of these Psalms may be sung or said.

Psalm 23 (p. 612)  
Psalm 27 ( p. 617)  
Psalm 106:1-15 (p. 741)  
Psalm 116 (p. 759)

#### The Gospel

John 5:24-27  
John 6:37-40  
John 10:11-16  
John 11:21-27  
John 14:1-6

- ◆ *Burial Service* by Joseph Buchanan Bernardin is a resource many clergy have; it contains additional lessons and prayers that you may find more appropriate and would want to include.

NOTE: Give a copy of your service planning to your church clergy for filing, to the member of the clergy who will officiate at your service, and to the person who is in charge of making the arrangements at the time of your death. When you move or the clergy of your church move, remember to update your requests.

**The liturgy for the dead is an Easter liturgy. It finds all its meaning in the resurrection. Because Jesus was raised from the dead, we too, shall be raised.**

The liturgy, therefore, is characterized by joy, in the certainty that “neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.”

This joy, however, does not make human grief unchristian. The very love we have for each other in Christ brings deep sorrow when we are parted by death. Jesus himself wept at the grave of his friend. So, while we rejoice that one we love has entered into the nearer presence of our Lord, we sorrow in sympathy with those who mourn.

*From the rubrics of the Book of Common Prayer, page 507*

## Closing Thoughts

This document provides an opportunity for you to set down personal value, wishes, and preferences in a number of areas of your life:

- Your personal relationships
- Your overall attitudes toward life
- Your thoughts about illness, marriage, friendship, and faith
- Your attitudes and thoughts about death and dying

You also may want to include:

- Thoughts on my life
- History/Ethical Will Statement
- Letters to be read at the time of your death written to significant people
- Your obituary (This is the time to tell it your way. What is it you want to be remembered for? No one else knows you like you do, so examine your life and enumerate your important accomplishments and relationships.)

It is a high ideal that one would be willing and prepared to pass on such "statements from the heart" to one's family or friends.

# Appendix

The following documents are provided so that you may complete them, share them with the significant people in your life who need to know about them and then file them in the appropriate place for future use.

- Duties of an Executor
- A Living Will or Declaration of Intent
- Virginia Advance Medical Directive
- End of Life Issues on the Internet



## **Duties of an Executor**

### **Preliminary Steps**

- Locate and study the Will; make funeral arrangements. If requested, confer with attorney who drew the Will and others familiar with the deceased's affairs; meet with family and others properly interested in the estate.

### **Safeguard Assets**

- Pending confirmation of appointment, protect property; check insurance; notify banks; examine deceased's books and records; become familiar with deceased's active business interests.

### **Probate**

- Have the will probated; locate witnesses; defend the will if attacked.

### **Assemble and Inventory Assets**

- Transfer cash to estate.
- Collect debts due the estate.
- Provide storage or protection for all personal and household effects.
- If life insurance is payable to estate, obtain proofs of death, collect proceeds.
- Consider supervision and representation in connection with deceased's business.
- Inspect real estate; check leases, mortgages, taxes, insurance and arrange for management and collection of rents.
- Ascertain if deceased owned property in other states, an interest in other estates or trusts

### **Appraisal**

- Establish value of all assets as of date of death
- Prepare and file inventory and appraisal.

### **Handling assets**

- Decide when and how to dispose of household and personal effects
- Analyze business interests
- Determine whether to continue, liquidate or sell
- Arrange for supervision and management.
- Determine whether to retain or sell securities, depending on investment powers conveyed by the Will, market conditions, need for cash to pay taxes, bequests and costs.
- Supervise or sell real estate, if required to do so.

### **Claims**

- Advertise as required by law.
- Hold doubtful claims until audit of account.
- Pay just claims in order of priority.
- Ascertain whether trustees under life insurance trust, if a trust, are authorized to lend part of the cash proceeds to the estate or to buy estate assets, to provide cash for payment of estate settlement costs.

### **Taxes**

- File returns; obtain waivers; pay taxes promptly to avoid penalties. Follow same procedure for state inheritance or estate tax in states having such tax.
- File income tax returns for periods before and after death; defend against improper assessments; check deceased's records for possible overpayments in prior years; pay taxes.
- Determine whether any other taxes are due or any previous payments can be recovered; file returns and pay taxes.

**Accounting**

- Prepare final accounting covering all principal, income and disbursements.

**Distribution**

- Ascertain if any assignments are on file; pay legacies and deliver specific bequests; obtain final receipt and release from legatees.
- Set up trust funds created by the Will; arrange for payment of any income due trust funds and regular remittance to beneficiaries.

## A Living Will or Declaration of Intent

A Living Will or Declaration of Intent of \_\_\_\_\_

In the event that I, \_\_\_\_\_ am for any reason at any time unable to make decisions concerning my medical treatment, I hereby authorize my \_\_\_\_\_, \_\_\_\_\_ to consent on my behalf to the performance of any medical procedure for my proper care, treatment and welfare, including without limitation surgery, transfusions, therapies and neurological treatment.

I am a firm believer in the fact that life prolonged unduly is a great burden to the living and of little comfort or joy to the afflicted. Accordingly, I, being of sound mind and body, hereby make known my desire that my dying should not be artificially prolonged under the circumstances set forth below and declare further as follows:

I at any time (i) I should have an incurable injury, disease or illness certified to be a terminal condition (as defined by the Natural Death Act of Virginia, as it may be amended from time to time, or such similar statute of any other jurisdiction as may be applicable, [the "Act"]) by my attending physician; and (ii) my attending physician has determined that there can be no recovery from such condition and my death is imminent; and (iii) the application of life-sustaining procedures would serve only to prolong artificially the dying process, then I direct that such life-sustaining procedures shall be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication to the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of such refusal.

I understand the full impact of this Declaration, I am emotionally and mentally competent to make this Declaration, and I do so knowingly and voluntarily.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Address \_\_\_\_\_

Each of the undersigned, believing \_\_\_\_\_, the Declarant, to be of sound mind and memory and over the age of eighteen (18) years, has signed his or her name as a witness hereto in each other's presence, and in the presence and at the request of the Declarant, who signed the Declaration in the presence of the undersigned on the date indicated above. Each of the undersigned hereby confirms that he or she is not the spouse or a blood relative of the Declarant.

Signed \_\_\_\_\_

Residing at \_\_\_\_\_

Signed \_\_\_\_\_

Residing at \_\_\_\_\_

Signed \_\_\_\_\_

Residing at \_\_\_\_\_

## Virginia Advance Medical Directive

A sample copy follows this page. Ask your attorney or physician to provide an original form for you to complete.



## End of Life Issues on the Internet (2007)

Aging with Dignity [www.agingwithdignity.org](http://www.agingwithdignity.org)  
American Academy of Hospice and Palliative Medicine [www.aahpm.org](http://www.aahpm.org)  
American Hospice Foundation [www.americanhospice.org](http://www.americanhospice.org)  
Americans for Better Care of the Dying [www.abcd-caring.org](http://www.abcd-caring.org)  
Association for Death Education and Counseling [www.adec.org](http://www.adec.org)  
Association for Pet Loss and Bereavement [www.aplb.org](http://www.aplb.org)  
Beyond Loss [home.earthlink.net/~meta\\_arts/beyondloss.htm](http://home.earthlink.net/~meta_arts/beyondloss.htm)  
Caring Connections (advance directives) [www.caringinfo.org](http://www.caringinfo.org)  
Center to Advance Palliative Care [www.capcmssm.org](http://www.capcmssm.org)  
Completing a Life [commtechlab.msu.edu/sites/completingalife](http://commtechlab.msu.edu/sites/completingalife)  
Cremation Association of North America [www.cremationassociation.org](http://www.cremationassociation.org)  
Cremation Society of Virginia [www.virginiacremate.com](http://www.virginiacremate.com)  
Death with Dignity National Center [www.deathwithdignity.org](http://www.deathwithdignity.org)  
End of Life/Palliative Education Resource Center [www.eperc.mcw.edu](http://www.eperc.mcw.edu)  
Finding Our Way: Living with Dying in America [www.findingourway.net](http://www.findingourway.net)  
Funeral Consumers Alliance [www.funerals.org](http://www.funerals.org)  
Funeral Services Information Portal and Directory [www.thefuneraldirectory.com](http://www.thefuneraldirectory.com)  
Funeral Plan.com [www.funeralplan.com](http://www.funeralplan.com)  
Growth House: End of Life Resources [www.growthhouse.org](http://www.growthhouse.org)  
Hospice Association of America [www.nahc.org/HAA](http://www.nahc.org/HAA)  
Hospice Foundation of America [www.hospicefoundation.org](http://www.hospicefoundation.org)  
Hospice Web [www.hospiceweb.com](http://www.hospiceweb.com)  
International Association for Hospice and Palliative Care [www.hospicecare.com](http://www.hospicecare.com)  
Internet Cremation Society [www.cremation.org](http://www.cremation.org)  
National Funeral Directors Association [www.nfda.org](http://www.nfda.org)  
National Hospice and Palliative Care Organization [www.nhpco.org](http://www.nhpco.org)  
Organ Donation [www.organdonor.gov](http://www.organdonor.gov)  
United Network for Organ Sharing [www.unos.org](http://www.unos.org)  
U.S. Living Will Registry [www.uslivingwillregistry.com](http://www.uslivingwillregistry.com)  
Who Gets Grandma's Yellow Pie Plate [www.yellowpieplate.umn.edu](http://www.yellowpieplate.umn.edu)

