

CONSIDERATIONS WHEN EXECUTING A MEDICAL POWER OF ATTORNEY OR LIVING WILL

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

17. Will the proposed agent/decision-maker carry out the principal's wishes, even if the proposed agent/decision-maker does not share the principal's views?
18. Where do you keep your advance directives? Once it is executed, make enough copies for the agents or agents to have copies and keep several in an easily accessible file in your home. Also, give one to your physician to include in your medical record. If you are experiencing on-going health care problems, keep one with you and give one to all the treating physicians and the places where you are receiving treatment.

Other Issues and Concerns:

19. What if the agent does not know the patient's express wishes? Even in situations where a principal conveyed general wishes to the agent, it is possible that a particular situation was not anticipated.
20. Will the advance directive be applicable if the principal moves to another state?
21. How many physicians must certify that the principal is incapacitated before the MPA take effect?
22. How often should advance directives be reviewed to see if they still comply with the principal's wishes? It is helpful to review periodically and if the individual develops health problems.
23. Is the agent able to control who visits the principal or access to healthcare information? The agent may limit access to health care information and may be able to control access to visit to the principal. For example, assume that the daughter of a principal is agent and appointed to make healthcare decisions for principal and that the principal has a good relationship with a stepson, but the daughter does not. Can the daughter, acting as an agent, keep the stepson from visiting the principal? Can the daughter keep the stepson in question from taking the principal out of the healthcare facility for a short leave of absence (e.g., home for Thanksgiving dinner)? Can the stepson receive information about the principal's state of health without permission of the agent?
24. Does the agent have to be a family member, or can this be an unrelated person who shares the principal's beliefs? Under Most states laws say the agent does not have to be a family member. The major reason these laws were adopted were to give an individual the right to appoint someone that the individual trusts without regard to whether that person was a family member (by blood or marriage.)

Letter of Instructions

PROFESSIONAL AND ORGANIZATION CONTACTS

Professional	Name and Phone Number	Address/E-Mail/Internet
Funeral home		
Church or minister		
Other Family Members		
Estate planning attorney		
Friends		
Life insurance agent		
Trust officer		
Employee benefits contact		
If active or retired military, survivor assistance office		
Social Security Administration (local office), if receiving benefits		
Financial advisor		
Accountant		

ORGANIZATIONS AND CLUBS

Professional, Alumni, Civic, Social, Athletic	Contact Person	Contact Information Phone/E-Mail/Internet

ESTATE PLANNING DOCUMENTS

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

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

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

KEYS, COMBINATIONS, PINS and PASSWORDS

Keys to the desk are located: _____

Keys to the filing cabinets are located: _____

Lock Combinations

Lock Location	Combination
Vault	
Padlock	

Internet / Computer(s)

Web Page	User ID	PIN/Password	Access to:

DISPOSITION OF PERSONAL EFFECTS not transferred by will or by contract

Note to the author: If there are items that the recipient might consider selling that require an expert to value or some assistance in selling, be sure to annotate.

Item – jewelry, special mementos, collections, clothing, etc.	To Whom	History/Importance of Item

BENEFITS & ENTITLEMENTS

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

Institution	Contact Person and Phone Number

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

Recent benefit statements are located: _____

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

Institution	Contact Person & Phone	Reason for Eligibility

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

Proof of eligibility may be found: _____

BANKING

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

Note: The executor should open a separate checking account for the estate.

Bank statements are kept: _____

There is a safety deposit box located at: _____

The key is located at: _____

INVESTMENT ACCOUNTS

Custodian	Investment Name	Account Number	Type of Account*	Balance

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

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

Account statements are located:

Stock option grants are located:

INSURANCE

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

* Examples include by: check, automatic draft from checking account, credit card (automatic bill), paid by employer

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

If not filed here, account statements are located at _____

DEBTORS

I am currently owed or being paid by the following:

Name	Contact Number	Reason for Payment	Principal Amount	Payment Amount	Rate	Start Date	Stop Date

Documents relating to these payments can be found: _____

CREDIT AND BANK CARDS

Name(s) on card	Type of card*	Card Number	Exp. Date	PIN	APR %	Credit Limit	Issuer	Issuer Contact Number

* Visa, Mastercard, Discover, Debit

Before canceling any cards, be sure to change payment means for any automatically-billed

items charged to it **Credit report last reviewed:**

Equifax (www.equifax.com): _____

Experian (www.experian.com): _____

TransUnion (www.transunions.com): _____

LOANS

Lender	Type of Loan*	Amount Borrowed	Rate %	Date of Loan	Length of Loan	Payment Amount	Payment Frequency	Current Balance

* Mortgage, 2nd mortgage, home equity loan, vehicle, education, personal

LOCATION OF OTHER IMPORTANT DOCUMENTS (physical or electronic):

Birth Certificate	Location:
Marriage certificate/license	
Divorce decree	
Military papers	
Tax returns for last three years	

RECURRING EXPENSES

This is a list of the recurring expenses and how they are paid. If you change credit cards or banks, be sure to review this list first and ensure that the payment is arranged for in another way.

Bill	Vendor	Frequency*	How Paid**
Home			
Rent/Mortgage			
Property Taxes			
Home Insurance			
Electricity			
Gas			
Water and Sewage			
Garbage and Recycling			
Cable			
Internet Service Provider			
Telephone			
Cell Phone			
Lawn Service			
Cleaning Service			
Charity			
Insurance			
Health			
Disability			
Long Term Care			
Automobile			
Life			
Liability (Umbrella)			
Vehicles			
Loan – Vehicle #1			
Loan – Vehicle #2			
Registration			
Dues and Subscriptions			
Athletic Club			
Golf Membership			

Newspaper			
Professional Fees			
Financial Advisor			
Accountant			
Attorney			

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

** Examples:

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

HOUSE

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

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

Idiosyncrasies about the house or house care that you should know: _____

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

VEHICLES

Year	Make	Model	Title Location	Service Location