# 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):
	1. Cardiopulmonary resuscitation (CPR);
	2. Ventilator;
	3. Antibiotics;
	4. Kidney Dialysis
	5. Hospitalization; or
	6. 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:**

1. 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.
2. Will the advance directive be applicable if the principal moves to another state?
3. How many physicians must certify that the principal is incapacitated before the MPA take effect?
4. 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.
5. 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?
6. 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  |   |   |
|   |   |   |
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# ORGANIZATIONS AND CLUBS

|  |  |  |
| --- | --- | --- |
| **Professional, Alumni, Civic, Social, Athletic**  | **Contact Person**  | **Contact Information** **Phone/E-Mail/Internet**  |
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# 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:  |
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# 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**  |
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# 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**  |
|   |   |   |
|   |   |   |
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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**  |
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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  |
|   |   |   |   |   |
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\* 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  |   |   |   |   |   |   |   |
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\* 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  |
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 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  |
|   |   |   |   |   |   |   |   |   |
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\* 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)](http://www.equifax.com/):\_

 Experian [(www.experian.com)](http://www.experian.com/):

 TransUnion [(www.transunions.com):](http://www.transunions.com/)

# LOANS

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