

Give Yourself Peace of Mind



Essential Forms for Future Planning

Including

Living Will Power of Attorney
Health Care Proxy

Onondaga County

Department of Adult & Long Term Care Services

Office for Aging

(315) 435-2362

www.ongov.net/aging

Revised: 12/01/2015

Onondaga County Office for Aging Resources for Seniors

Caregiver Services

Information and Consultation for people caring for older persons.

- Caregiver training and support
- Institute for Caregivers (ICare) Free Classes on a variety of topics related to caregiving
- Parkinson's and Caregiver Discussion Groups

HIICAP

Health Insurance Information, Counseling & Assistance.

- Free, unbiased information on supplemental health insurance, Medicare and prescription coverage options.

EISEP

Expanded In-Home Services for the Elderly Program. Sliding Scale Fee.

- In-home, non-medical care to help frail individuals age 60+
- In-home assessments & personal care services
- Respite/Social Adult Day Programs
- Consumer Directed Options

HEAP

Home Energy Assistance Program

- Utility subsidy to those 60+ & income eligible

Senior Employment

20 hrs./week PAID training & work experience for those 55+ & income eligible.

Community Service Programs

- Home Repairs/Housing Counseling/Neighborhood Advisors/Home Visits
- Legal Services/Senior Center Activities/Social Work Services
- Referrals for Transportation Options/Senior Shopping Services

New York Connects

- Information & Assistance on Long-Term Care Services - Any Age
- In-Home Nursing and Social Assessments

Long-Term Care Resource Center

- On-going, medically based, care management for children & adults
- Personal & Consumer Directed home care services
- Works with Medicaid Waiver Programs to provide personal care

Nutrition Services

- 40+ County Dining Sites for age 60+
- Home Delivered Meals
- Nutrition Counseling & Education
- Senior Farmer's Market Coupons

Joanne M. Mahoney
County Executive



Lisa D. Alford
Commissioner



County of Onondaga
Department of Adult & Long Term Care Services
Aging • Mental Health • NY Connects • Protective Services •
Veterans
John H. Mulroy Civic Center
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315.435.3355 FAX: 315.435.3279
www.ongov.net

Joanne M. Mahoney, County Executive

Lisa D. Alford, MA, Commissioner
Barry L. Beck, LMSW, Deputy Commissioner

Dear Onondaga County Resident,

2015/2016

The Onondaga County Department of Adult & Long Term Care Services, Office for Aging is pleased to present this **“Give Yourself Peace of Mind – Essential Forms for Future Planning”** booklet.

In today’s busy times, it’s a benefit to learn what tools are needed to simplify our lives. Planning ahead offers control over critical aspects of your future. It also offers the peace of mind that your wishes will be heard and, most importantly, followed. Your loved ones will appreciate having an understanding of those wishes, thus making the process easier for them when you are gone or incapacitated.

Within this booklet, you will find several forms and documents that are essential to proper preparation. Feel free to make as many copies as you need and to offer them to friends and family members.

It is our hope that throughout this process, you are encouraged to discuss these important issues with your loved ones. This booklet can serve as an essential tool to begin those discussions,

We have also included our Office for Aging list of **“Resources for Seniors”** in the inside cover. Please review, and if we can be of service, you can contact us at (315) 435-2362.

Sincerely,

Lisa D. Alford
Commissioner

◆ Mental Health
315.435.3355 Fax: 315.435.3279

◆ Veterans
315.435.3217 Fax: 315.435.3221

◆ Aging
315.435.2362 Fax: 315.435.3129

◆ NY Connects
315.435.1400 Fax: 315.435.5612

◆ Protective Services for Adults
315.435.2815 Fax: 315.435.2801 (5th Fl)

◆ Long Term Care Resource Center
315.435-5600 Fax: 315.435.5623

How to Use This Booklet

Life changes quickly and being prepared for the inevitable, and beyond, is critical. This booklet has been designed for you and your survivor(s) to assist you in making some key decisions and in gathering essential information, documents and instructions necessary upon your death. Its goal is to help you to share this information with your survivor(s) in order to enable them to fully execute your documented wishes.

The process preferably begins with a conversation between you and trusted family members and/or advisors. Once the decisions have been made and you've completed this booklet, it can serve as an invaluable resource and guide for those who will execute your intentions.

First, please review and verify our **Checklist for Survivors** on page 3, completing any appropriate items.

Second, complete the important data forms:

- **Personal Statistics and History** pages 4-5
- **Family** page 6
- **Friends** page 7
- **Advisors** page 8
- **Financial Information** pages 9-11
- **Insurance Information** page 12
- **Memorial Instructions** pages 13-14

Next, review the following to update additional important information:

- **Wills** page 15
- **Social Security Information and Benefits** page 16
- **Veteran's Information and Benefits** page 17
- **Important Document Locator** page 18

Finally, we've included three essential advance directive documents for you to include in your planning portfolio.

- **The Living Will** pages 19-21
- **Power of Attorney** pages 22-31
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This form allows you to appoint someone to make health care decisions for you should you be unable to do so.	

Checklist for Survivors

At the time of death, there are countless things that must be done. The list below contains some of these things - many are decisions that can be made and information that can be assembled AHEAD OF TIME. The more you do ahead of time, the easier you will make it for those left behind.

Notify:

- Doctor or Medical Examiner (Page 8)
- Funeral Director (Pages 13-14)
- Cemetery or Memorial Park (Pages 13-14)
- Faith Community & Leader (Pages 13-14)
- Relatives (Page 6)
- Friends (Page 7)
- Organist and Singer (Pages 13-14)
- Pallbearers (Pages 13-14)
- Insurance Agents (Page 8)
- Unions/Fraternal Organizations (Pages 4-5)
- Attorney, Accountant or Executor of Estate (Page 8)
- Social Security (Page 16)
- Newspaper
- Pension Plan Administrator (Page 8)

Survivor Will Need To:

- Provide vital statistics about the deceased
- Prepare and sign necessary papers
- Provide addresses for all interested people who must be notified
- Answer phone calls, messages and letters
- Greet friends and relatives who call
- Provide lodging information for out-of-town guests
- Prepare funeral car list

Decide On: (or refer to Memorial

Instructions page 13-14)

- Cemetery/Mausoleum Property
- Memorial or Monument
- Casket
- Vault or Outer Case
- Clothing
- Flowers
- Music
- Food
- Information for Obituary
- Time and Place of Service
- Transportation
- Cards of Thanks

Arrange Payment for:

- Doctors and Nurses
- Hospital
- Medicine and Drugs
- Funeral
- Cemetery Lot
- Internment Service & Reception
- Clergy
- Musical Selections
- Florist
- Clothing
- Transportation Service
- Memorial or Monument
- Current/Urgent Bills (mortgage, taxes, car payments, utilities)

Personal Statistics and History (Person 1) _____

Last Name		First Name		M.I.
Residence Address		City	State	Zip
Birthplace		Birth Date		
Social Security Number		Partner's Maiden Name		
Marital Status		Name of Partner		
Date of Marriage		Place of Marriage		
Name and Birthplace of Father				
Name and Birthplace of Mother				
Professional History - Company/Organization		Job Title	Employed From	To
Professional Achievements				
Schools Attended/Degrees Received (and Dates granted)				
Schools Attended/Degrees Received (and Dates granted)				
Civic or Public Offices Held and When				
Civic or Public Offices Held and When				
Organization Affiliations (Offices Held and When)				
Organization Affiliations (Offices Held and When)				
Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		Branch of Service		Serial Number
Name of War or Dates Served				
Organization		Rank		
Enlisted at		Date		
Discharged at		Date		
Location of Discharge Certificate				
Citations, Recognitions or Awards				
Citations, Recognitions or Awards				
Citations, Recognitions or Awards				

Personal Statistics and History (Person 2) _____

Last Name		First Name		M.I.
Residence Address		City	State	Zip
Birthplace		Birth Date		
Social Security Number		Partner's Maiden Name		
Marital Status		Name of Partner		
Date of Marriage		Place of Marriage		
Name and Birthplace of Father				
Name and Birthplace of Mother				
Professional History - Company/Organization		Job Title	Employed From	To
Professional Achievements				
Schools Attended/Degrees Received (and Dates granted)				
Schools Attended/Degrees Received (and Dates granted)				
Civic or Public Offices Held and When				
Civic or Public Offices Held and When				
Organization Affiliations (Offices Held and When)				
Organization Affiliations (Offices Held and When)				
Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		Branch of Service		Serial Number
Name of War or Dates Served				
Organization		Rank		
Enlisted at		Date		
Discharged at		Date		
Location of Discharge Certificate				
Citations, Recognitions or Awards				
Citations, Recognitions or Awards				
Citations, Recognitions or Awards				

Family

Relatives

Name _____ Relationship _____

Address _____

Phone(s) _____

Friends

Name _____

Address _____

Phone(s) _____

Advisors

List Doctors, Lawyers, Clergy, Accountants, Counselors, Insurance Agents, Stockbrokers, Pension Plan Administrators, Veterinarians, Boarding kennel

Name _____ Profession _____

Address _____

Phone(s) _____

Family Financial Information

Last Updated _____

Assets	Date	Date	Date
Cash on hand in banks (See Schedule F)	\$	\$	\$
U.S. Government & Marketable Securities (See Schedule A)	\$	\$	\$
Non-Marketable Securities, e.g. Stocks (See Schedule D)	\$	\$	\$
Accounts Receivable (See Schedule C)	\$	\$	\$
Real Estate (See Schedule D)	\$	\$	\$
Cash Value Life Insurance (See page 13)	\$	\$	\$
Face Value Life Insurance	\$	\$	\$
Automobiles and Personal Property	\$	\$	\$
Other Assets - Itemize	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Assets	\$	\$	\$

Liabilities	Date	Date	Date
Notes Payable to Banks-Secured (See Schedule E)	\$	\$	\$
Notes Payable to Banks-Unsecured (See Schedule E)	\$	\$	\$
Notes Payable to Others (See Schedule E)	\$	\$	\$
Accounts and Bills Due (See Schedule E)	\$	\$	\$
Unpaid Taxes and Interest	\$	\$	\$
Other Debts - Itemize	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Liabilities	\$	\$	\$

Family Financial Information

Last Updated _____

Schedule A - U.S. Government and Marketable Securities

Number of Shares	Description	In Name of	Cost	Market Value

Schedule B - Unlisted Securities and Other Assets

Number of Shares	Description	In Name of	Cost	Market Value

Schedule C - Accounts Receivable

Due From	Address	Phone	Amount

Schedule D - Real Estate Owned

Address and Type of Property	Title in the Name of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

Schedule E - Notes Payable and Other Debts

Payable to	Terms	Maturity Date	Loan Net Amount	Loan Total Amount

Family Financial Information

Last Updated _____

Schedule F - Bank Accounts

Bank Name and Address	Account No.	Account Type	Value

Schedule G - Pension/401K

Plan Name and Address	Contact Person	Phone	Amount

Insurance Information

Life Insurance				
Company	Policy #	Insured	Beneficiary	Contact info.

Health Insurance				
Company	Policy #	Subscriber	Contact Info.	

Homeowners /Automobile Insurance				
Company	Policy #	Subscriber	Contact Info.	

Long-Term Care Insurance				
Company	Policy #	Subscriber	Contact Info.	

Disability Insurance				
Company	Policy #	Subscriber	Contact Info.	

Memorial Instructions (Partner 1) _____

For (Name)		Place of Service
Memorial Chapel	Faith Community	
Faith Leader's Name		
Address		Phone Number(s)
Participating Organization (Military or Fraternal)		
Type of Service <input type="checkbox"/> Open <input type="checkbox"/> Closed	Casket (Metal, Wood, Fiberglass/Internal and External Colors)	
Flag (Yes or No?) Fold, Place at Head of Casket, Drape Casket)		
Flowers		
Organist Selections		
Soloist Selections		
Other Music Selections		
Favorite Passage from Bible or other Literature		
Clothing - New or from current wardrobe (which items)		
Jewelry - Leave on or return to (designate person)		
Wedding Ring - Leave on or return to (designate person)		
Location of Ownership Certificate for Burial Plot (Deed for Cemetery Property is located)		
Name of Cemetery	Address	
Type of Cemetery Property <input type="checkbox"/> Mausoleum <input type="checkbox"/> Lawn Crypt <input type="checkbox"/> Ground Space <input type="checkbox"/> Cremation Memorialization	Memorial (Bronze, Granite or other)	
Inscription		
Emblem		
Pall Bearers		
Special Instructions		
Burial Trust Y__ N__		

Signature: _____

Date: _____

Memorial Instructions (Partner 2) _____

For (Name)		Place of Service	
Memorial Chapel		Faith Community	
Faith Leader's Name			
Address		Phone Number(s)	
Participating Organization (Military or Fraternal)			
Type of Service Open Closed		Casket (Metal, Wood, Fiberglass/Internal and External Colors)	
Flag (Yes or No?) Fold, Place at Head of Casket, Drape Casket)			
Flowers			
Organist Selections			
Soloist Selections			
Other Music Selections			
Favorite Passage from Bible or other Literature			
Clothing - New or from current wardrobe (which items)			
Jewelry - Leave on or return to (designate person)			
Wedding Ring - Leave on or return to (designate person)			
Location of Ownership Certificate for Burial Plot (Deed for Cemetery Property is located)			
Name of Cemetery		Address	
Type of Cemetery Property Mausoleum Lawn Crypt Ground Space Cremation Memorialization			
Memorial (Bronze, Granite or other)			
Inscription			
Emblem			
Pall Bearers			
Special Instructions			
Burial Trust Y__ N__			

Signature: _____

Date: _____

Wills

Everyone should be safeguarded by a properly drawn and executed Will. Without a Will, state laws and the courts will decide how your assets and even the future of your minor children are to be treated. The absence of a Will deprives you from making the decisions about how YOU want these important issues resolved.

The preparation of a Will is not a one time event. A Will should be reviewed every few years in the context of changing family status, obligations, tax laws and wishes that you may have.

Upon death, your Will must be probated in a court. The court must approve the executor and an estate inventory must be prepared and filed. Taxes and debts must be recognized. The services of an attorney and/or accountant must often be utilized.

Since much difficulty and hardship can be encountered at the time of death, delays and expenses can be more severe without competent, professional assistance. Homemade or “do-it-yourself” Wills often will not stand up in court. If you feel you do not have the means to hire an attorney, contact the Onondaga County Bar Association at (315) 471-2690.

It is thus recommended that you seek reliable, professional assistance in the preparation of your Will, that you update it regularly as circumstances dictate and that you carefully consider your selection of executor of your estate. These issues are of vital importance for the protection of your estate and most importantly, for the protection of those left behind.

Partner 1: _____ Partner 2: _____

Date of Will: _____ Date of Will: _____

Location of Will: _____ Location of Will: _____

Social Security Information and Benefits _____

Social Security benefits can play a vital role in planning your family's future. Most of us are entitled to some type of benefit, but the nature of the benefit(s) and the qualifications thereof are subject to change. Thus, it is important to obtain timely information every few years on what benefits may be due.

It is also important to remember SOCIAL SECURITY BENEFITS MUST BE APPLIED FOR; THEY ARE NOT PAID AUTOMATICALLY. Also, benefits must be applied for within a specific time frame. To facilitate the filing of a claim for Social Security benefits, your survivor will need most or all of the following documents:

- Death Certificate
- Birth Certificate of the Deceased
- Social Security Card of the Deceased
- Marriage Certificate (copy)
- Birth Certificate of Applicant
- Birth Certificates of Minor Children
- Disability Proof for Children over 18
- Receipted Funeral Bill

In addition to various retirement and support payments that you may be eligible for while alive, there are certain lump sum benefits available for which your spouse may qualify. Also, the widow, widower, dependent children or dependent parents may be eligible to receive benefits. There may also be a death benefit.

You can contact your local Social Security Office for current information on benefits and claims procedures, or call the national toll-free number at 1-800-772-1213.

You may also write to your local office, or to the national Social Security Office at:
Social Security Administration
Office of Public Inquiries
Windsor Park Building
6401 Security Blvd.
Baltimore, MD 21235

Veteran's Information and Benefits ---

As an honorably discharged veteran, you or your family may be entitled to a number of benefits, ranging from educational and medical benefits for you to various forms of death benefits for your survivors. Also, please be aware that veteran's benefits must be applied for - they are not paid automatically. There is a time limit for claiming benefits, or they will be lost.

Types of benefits available and criteria for qualification change from time to time, so it is important to obtain pertinent, up-to-date information. You can contact your local or regional office of the U.S. Department of Veteran's Affairs for current information on benefits and claims procedures by calling the Department of Veteran's Affairs at 1-800-827-1000 or writing:

Department of Veteran's Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

When filing a claim for Veteran's Benefits, most or all of the following documents will be needed:

- Veteran's discharge papers
- Copy of veteran's marriage certificate
- Birth certificates of veteran's minor children
- Receipt of itemized funeral bill for veteran
- Veteran's death certificate

To obtain a ceremonial US flag, consult your funeral director. World War II veterans will need copies of military discharge papers. Korean War veterans and later will need form DD-214.

Important Document Locator _____

Instructions: Specify the location of each important paper in the space provided.

Safe Deposit Box _____

Safe Deposit Key _____ Wills _____

Certificate of Ownership - Cemetery/Mausoleum/Stone/Property _____

Insurance Policies _____ Promissory Notes, Loans _____

Stocks and Bonds _____ Birth and Adoption Certificates _____

Marriage Certificate _____ Divorce Papers _____

Retirement Documents _____ Pension Information _____

Trust Agreements _____ Notes and Obligations _____

Diplomas _____ Bills of Sale, Titles _____

Military Papers _____ Title to Car(s), Registration(s) _____

Social Security Cards _____ Business Records _____

Medicare, Medicaid cards _____ Power of Attorney _____

Living Will _____ Health Care Proxy _____

Deed(s) to Home, Title(s) _____ Deed(s) to Property, Title(s) _____

Bank Account Information _____ Tax Returns _____

Are you an Organ Donor ? _____ Where is that stated? _____

The Living Will

Completing Your New York Living Will

Remember the Living Will only becomes effective if you are determined to have a terminal illness or are at the end-of-life and are unable to speak for yourself. In NYS, the living will was authorized by the courts not by legislation so there are no requirements guiding its use. But, a Living Will can serve an important role to provide clear evidence of your wishes.

You can add personal instructions in Item 3 on the form if there are specific treatments that you wish to refuse but are not listed on the document.

You can also add a statement referring to your health care agent such as, "Any questions about how to apply my Living Will are to be decided by my health care agent."

Print out a copy of the Living Will Form based on the form developed by the NYS Attorney General.

Item 1: Print your name

Item 2: Cross out any of the statements that do NOT reflect your wishes

Item 3: Write in any personal instructions

Item 4: Date and sign the document and include your address

Item 5: Two witnesses must sign the document and print their addresses.

Note: This form does not need to be notarized.

NEW YORK LIVING WILL

This Living Will has been prepared to conform to the law in the State of New York, as set forth in the case In re Westchester County Medical Center, 72 N.Y. 2d 517 (1988). In that case the Court established the need for "clear and convincing" evidence of a patient's wishes and stated that the "ideal situation is one in which the patient's wishes were expressed in some form of writing, perhaps a 'Living Will'."

I, [1] _____, being of sound mind, make this statement as a directive to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated below:

I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying, if I should be in an **incurable or irreversible mental or physical condition with no reasonable expectation of recovery**, including but not limited to: (a) **a terminal condition**; (b) **a permanently unconscious condition**; or (c) **a minimally conscious condition in which I am permanently unable to make decisions or express my wishes**.

I direct that my treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment. While I understand that I am not legally required to be specific about future treatments **if I am in the condition(s) described above I feel especially strongly about the following forms of treatment:**

[2]

I do not want cardiac resuscitation.

I do not want mechanical respiration.

I do not want artificial nutrition and hydration.

I do not want antibiotics.

However, I **do want** maximum pain relief, even if it may hasten my death.

[3] Other directions:

These directions express my legal right to refuse treatment, under the law of New York. I intend my instructions to be carried out, unless I have rescinded them in a new writing or by clearly indicating that I have changed my mind.

[4]

Signed _____ Date _____

Address _____

I declare that the person who signed this document appeared to execute the Living Will willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence.

[5]

Name of Witness 1 (please print, sign and date)

_____ Date _____

Address _____

Name of Witness 2

_____ Date _____

Address _____

Power of Attorney

New York State Bar Association

Statutory Short Form Durable Power of Attorney, 8/18/10, Eff. 9/12/10

Power of Attorney New York Statutory Short Form

(a) CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the “principal,” you give the person whom you choose (your “agent”) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are not specific instructions, in your best interest. “Important Information for the Agent” at the end of this document describes your agent’s responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a “Health Care Proxy” to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.senate.state.ny.us or www.assembly.state.ny.us.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

(b) DESIGNATION OF AGENT(S):

I, _____
[name of principal] _____
(address of principal)

hereby appoint:

[name of agent] _____
(address of agent)

(name of second agent) _____
(address of second agent)

as my agent(s).

If you designate more than one agent above, they must act together unless you initial the statement below.

(____) My agents may act SEPARATELY.

Power of Attorney

(c) **DESIGNATION OF SUCCESSOR AGENT(S): (OPTIONAL)**

If every agent designated above is unable or unwilling to serve, I appoint as my successor agent(s):

(name of successor agent)

(address of successor agent)

(name of second successor agent),

(address of second successor agent)

Successor agents designated above must act together unless you initial the statement below.

My successor agents may act SEPARATELY.

You may provide for specific succession rules in this section. Insert specific succession provisions here:

(d) **This POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under “Modifications”.**

(e) **This POWER OF ATTORNEY DOES NOT REVOKE any and all prior Powers of Attorney previously executed by me unless I have stated otherwise below, under “Modifications”**

If you do NOT intend to revoke your prior Powers of Attorney, and if you have granted the same authority in this Power of Attorney as you granted to another agent in a prior Power of Attorney, each agent can act separately unless you indicate under “Modifications” that the agents with the same authority are to act together.

(f) **GRANT OF AUTHORITY:**

To grant your agent some or all of the authority below, either

- (1) Initial the bracket at each authority you grant, or
- (2) Write or type the letters for each authority you grant on the blank line at (P), and initial the bracket at (P). If you initial (P), you do not need to initial the other lines.

I grant authority to my agent(s) with respect to the following subjects as defined in sections 5-1502A through 5-1502N of the New York General Obligations Law:

- (A) real estate transactions;
- (B) chattel and goods transactions;
- (C) bond, share, and commodity transactions;
- (D) banking transactions;
- (E) business operating transactions;
- (F) insurance transactions;
- (G) estate transactions;
- (H) claims and litigation;
- (I) personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five hundred dollars;
- (J) benefits from governmental programs or civil or military service;
- (K) health care billing and payment matters; records, reports, and statements;
- (L) retirement benefit transactions;
- (M) tax matters;
- (N) all other matters;

Power of Attorney

- (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;
- (P) EACH of the matters identified by the following letters: _____.
You need not initial other lines if you initial line (P)

(g) MODIFICATIONS: (OPTIONAL)

In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent. However, you cannot use this Modifications section to grant your agent authority to make gifts or changes to interests in your property. If you wish to grant your agent such authority, you MUST complete the Statutory Gifts Rider.

(h) CERTAIN GIFT TRANSACTIONS: STATUTORY MAJOR GIFTS RIDER (OPTIONAL)

In order to authorize your agent to make gifts in excess of an annual total of \$500 for all gifts described in (I) of the grant of authority section of this document (under personal and family maintenance), you must initial the statement below and execute a Statutory Gifts Rider at the same time as this instrument. Initialing the statement below by itself does not authorize your agent to make gifts. The preparation of the Statutory Gifts Rider should be supervised by a lawyer.

(SGR) I grant my agent authority to make gifts in accordance with the terms and conditions of the Statutory Gifts Rider that supplements this Statutory Power of Attorney.

(i) DESIGNATION OF MONITOR(S): (OPTIONAL)

If you wish to appoint monitor(s), initial and fill in the section below:

I wish to designate _____, whose address(es) is (are) _____, as monitor(s). Upon the request of the monitor(s), my agent(s) must provide the monitor(s) with a copy of the power of attorney and a record of all transactions done or made on my behalf. Third parties holding records of such transactions shall provide the records to the monitor(s) upon request.

(j) COMPENSATION OF AGENT(S): (OPTIONAL)

Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. If you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, initial the statement below. If you wish to define "reasonable compensation", you may do so above, under "Modifications".

My agent(s) shall be entitled to reasonable compensation for services rendered.

(k) ACCEPTANCE BY THIRD PARTIES:

I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

Power of Attorney

Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest.

You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

(o) AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I/we _____, have read the foregoing Power of Attorney, I am/we are the person(s) identified therein as agent(s) for the principal named therein.

I/we, acknowledge my/our legal responsibilities.

Agent(s) sign(s) here: ==> _____

==> _____

STATE OF NEW YORK)

)

COUNTY OF _____)

SS:

On the ___ day of _____, 20___, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

Power of Attorney _____

(p) SUCCESSOR AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

It is not required that the principal and the SUCCESSOR agent(s), if any, sign at the same time, nor that multiple SUCCESSOR agents sign at the same time. Furthermore, successor agents can not use this power of attorney unless the agent(s) designated above is/are unable or unwilling to serve.

I/we _____, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as SUCCESSOR agent(s) for the principal named therein.

Successor Agent(s) sign(s) here: ==> _____

==> _____

STATE OF NEW YORK)
) ss.:
COUNTY OF _____)

On the ___ day of _____, 20___, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

Power of Attorney

New York State Bar Association

Statutory Gifts Rider, 8/18/10, Eff. 9/12/10

POWER OF ATTORNEY NEW YORK STATUTORY GIFTS RIDER AUTHORIZATION FOR CERTAIN GIFT TRANSACTIONS

CAUTION TO THE PRINCIPAL: This OPTIONAL rider allows you to authorize your agent to make gifts in excess of an annual total of \$500 for all gifts described in (I) of the Grant of Authority section of the statutory short form Power of Attorney (under personal and family maintenance), or certain other gift transactions during your lifetime. You do not have to execute this rider if you only want your agent to make gifts described in (I) of the Grant of Authority section of the statutory short form Power of Attorney and you initialed “(I)” on that section of that form. Granting any of the following authority to your agent gives your agent the authority to take actions which could significantly reduce your property or change how your property is distributed at your death. “Certain gift transactions” are described in section 5-1514 of the General Obligations Law. This Gifts Rider does not require your agent to exercise granted authority, but when he or she exercises this authority, he or she must act according to any instructions you provide, or otherwise in your best interest.

This Gifts Rider and the Power of Attorney it supplements must be read together as a single instrument.

Before signing this document authorizing your agent to make gifts, you should seek legal advice to ensure that your intentions are clearly and properly expressed.

(a) GRANT OF LIMITED AUTHORITY TO MAKE GIFTS

Granting gifting authority to your agent gives your agent the authority to take actions which could significantly reduce your property.

If you wish to allow your agent to make gifts to himself or herself, you must separately grant that authority in subdivision (c) below.

To grant your agent the gifting authority provided below, initial the bracket to the left of the authority.

(____) I grant authority to my agent to make gifts to my spouse, children and more remote descendents, and parents, not to exceed, for each donee, the annual federal gift tax exclusion amount pursuant to the Internal Revenue Code. For gifts to my children and more remote descendants, and parents, the maximum amount of the gift to each donee shall not exceed twice the gift tax exclusion amount, if my spouse agrees to split gift treatment pursuant to the Internal Revenue Code. This authority must be exercised pursuant to my instructions, or otherwise for purposes which the agent reasonably deems to be in my best interest.

(b) MODIFICATIONS:

Use this section if you wish to authorize gifts in amounts smaller than the gift tax exclusion amount,

Power of Attorney

New York Bar Association

Statutory Gifts Rider, 8/18/10, Eff. 9/12/10

in amounts in excess of the gift tax exclusion amount, gifts to other beneficiaries, or other gift transactions. Granting such authority to your agent gives your agent the authority to take actions which could significantly reduce your property and/or change how your property is distributed at your death. If you wish to authorize your agent to make gifts to himself or herself, you must separately grant that authority in subdivision (c) below.

() I grant the following authority to my agent to make gifts pursuant to my instructions, or otherwise for purposes which the agent reasonably deems to be in my best interest:

(c) GRANT OF SPECIFIC AUTHORITY FOR AN AGENT TO MAKE GIFTS TO HIMSELF OR HERSELF: (OPTIONAL)

If you wish to authorize your agent to make gifts to himself or herself, you must grant that authority in this section, indicating to which agent(s) the authorization is granted, and any limitations and guidelines.

() I grant specific authority for the following agent(s) to make the following gifts to himself or herself.

This authority must be exercised pursuant to my instructions, or otherwise for purposes which the agent reasonably deems to be in my best interest.

(d) ACCEPTANCE BY THIRD PARTIES:

I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Statutory Gifts Rider.

(d) SIGNATURE OF PRINCIPAL AND ACKNOWLEDGMENT:

In Witness Whereof I have hereunto signed my name on _____, 20__

PRINCIPAL signs here: ==> _____

STATE OF NEW YORK)

) ss.:

COUNTY OF _____)

On the ___ day of _____, 20__, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

Power of Attorney

New York Bar Association

Statutory Gifts rider, 8/18/10, Eff. 9/12/10

(f) SIGNATURES OF WITNESSES:

By signing as a witness, I acknowledge that the principal signed the Statutory Gifts Rider in my presence and the presence of the other witness, or that the principal acknowledged to me that the principal's signature was affixed by him or her or at his or her direction. I also acknowledge that the principal has stated that this Statutory Gifts Rider reflects his or her wishes and that he or she has signed it voluntarily. I am not named herein as a permissible recipient of gifts.

Signature of witness 1

Signature of witness 2

Date

Date

Print Name

Print Name

Address

Address

City, State, Zip code

City, State, Zip code

(g) This document prepared by:

Health Care Proxy

Appointing Your Health Care Agent in New York State

The New York Health Care Proxy Law allows you to appoint someone you trust — for example, a family member or close friend – to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent’s decisions as if they were your own. You may give the person you select as your health care agent as little or as much authority as you want. You may allow your agent to make all health care decisions or only certain ones. You may also give your agent instructions that he or she has to follow. This form can also be used to document your wishes or instructions with regard to organ and/or tissue donation.

About the Health Care Proxy Form

This is an important legal document.

Before signing, you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, including the decision to remove or provide life-sustaining treatment, unless you say otherwise in this form. "Health care" means any treatment, service or procedure to diagnose or treat your physical or mental condition.
2. Unless your agent reasonably knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube or intravenous line), he or she will not be allowed to refuse or consent to those measures for you.
3. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.
4. You may write on this form examples of the types of treatments that you would not desire and/or those treatments that you want to make sure you receive. The instructions may be used to limit the decision-making power of the agent. Your agent must follow your instructions when making decisions for you.
5. You do not need a lawyer to fill out this form.
6. You may choose any adult (18 years of age or older), including a family member or close friend, to be your agent. If you select a doctor as your agent, he or she will have to choose between acting as your agent or as your attending doctor because a doctor cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. Ask staff at the facility to explain those restrictions.
7. Before appointing someone as your health care agent, discuss it with him or her to make sure that he or she is willing to act as your agent. Tell the person you choose that he or she will be your health care agent. Discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.
8. If you have named your spouse as your health care agent and you later become divorced or legally separated, your former spouse can no longer be your agent by law, unless you state otherwise. If you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.
9. Even though you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object, nor will your agent have any power to object.
10. You may cancel the authority given to your agent by telling him or her or your health care provider orally or in writing.
11. Appointing a health care agent is voluntary. No one can require you to appoint one.
12. You may express your wishes or instructions regarding organ and/or tissue donation on this form.

Frequently Asked Questions

Why should I choose a health care agent?

If you become unable, even temporarily, to make health care decisions, someone else must decide for you. Health care providers often look to family members for guidance. Family members may express what they think your wishes are related to a particular treatment. Appointing an agent lets you control your medical treatment by:

- allowing your agent to make health care decisions on your behalf as you would want them decided;
- choosing one person to make health care decisions because you think that person would make the best decisions;
- choosing one person to avoid conflict or confusion among family members and/or significant others.

You may also appoint an alternate agent to take over if your first choice cannot make decisions for you.

Who can be a health care agent?

Anyone 18 years of age or older can be a health care agent. The person you are appointing as your agent or your alternate agent cannot sign as a witness on your Health Care Proxy form.

How do I appoint a health care agent?

All competent adults, 18 years of age or older, can appoint a health care agent by signing a form called a Health Care Proxy. You don't need a lawyer or a notary, just two adult witnesses. Your agent cannot sign as a witness. You can use the form printed here, but you don't have to use this form.

When would my health care agent begin to make health care decisions for me?

Your health care agent would begin to make health care decisions after your doctor decides that you are not able to make your own health care decisions. As long as you are able to make health care decisions for yourself, you will have the right to do so.

What decisions can my health care agent make?

Unless you limit your health care agent's authority, your agent will be able to make any health care decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments and decide that treatments should not be provided, in accordance with your wishes and interests. However, your agent can only make decisions about artificial nutrition and hydration (nourishment and water provided by feeding tube or intravenous line) if he or she knows your wishes from what you have said or what you have written. The Health Care Proxy form does not give your agent the power to make non-health care decisions for you, such as financial decisions.

Why do I need to appoint a health care agent if I'm young and healthy?

Appointing a health care agent is a good idea even though you are not elderly or terminally ill. A health care agent can act on your behalf if you become even temporarily unable to make your own health care decisions (such as might occur if you are under general anesthesia or have become comatose because of an accident). When you again become able to make your own health care decisions, your health care agent will no longer be authorized to act.

How will my health care agent make decisions?

Your agent must follow your wishes, as well as your moral and religious beliefs. You may write instructions on your Health Care Proxy form or simply discuss them with your agent.

How will my health care agent know my wishes?

Having an open and frank discussion about your wishes with your health care agent will put him or her in a better position to serve your interests. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interest. Because this is a major responsibility for the person you appoint as your health care

Frequently Asked Questions, *continued*

agent, you should have a discussion with the person about what types of treatments you would or would not want under different types of circumstances, such as:

- whether you would want life support initiated/continued/removed if you are in a permanent coma;
- whether you would want treatments initiated/continued/removed if you have a terminal illness;
- whether you would want artificial nutrition and hydration initiated/withheld or continued or withdrawn and under what types of circumstances.

Can my health care agent overrule my wishes or prior treatment instructions?

No. Your agent is obligated to make decisions based on your wishes. If you clearly expressed particular wishes, or gave particular treatment instructions, your agent has a duty to follow those wishes or instructions unless he or she has a good faith basis for believing that your wishes changed or do not apply to the circumstances.

Who will pay attention to my agent?

All hospitals, nursing homes, doctors and other health care providers are legally required to provide your health care agent with the same information that would be provided to you and to honor the decisions by your agent as if they were made by you. If a hospital or nursing home objects to some treatment options (such as removing certain treatment) they must tell you or your agent BEFORE or upon admission, if reasonably possible.

What if my health care agent is not available when decisions must be made?

You may appoint an alternate agent to decide for you if your health care agent is unavailable, unable or unwilling to act when decisions must be made. Otherwise, health care providers will make health care decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

What if I change my mind?

It is easy to cancel your Health Care Proxy, to change the person you have chosen as your health care agent or to change any instructions or limitations you have included on the form. Simply fill out a new form. In addition, you may indicate that your Health Care Proxy expires on a specified date or if certain events occur. Otherwise, the Health Care Proxy will be valid indefinitely. If you choose your spouse as your health care agent or as your alternate, and you get divorced or legally separated, the appointment is automatically cancelled. However, if you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.

Can my health care agent be legally liable for decisions made on my behalf?

No. Your health care agent will not be liable for health care decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.

Is a Health Care Proxy the same as a living will?

No. A living will is a document that provides specific instructions about health care decisions. You may put such instructions on your Health Care Proxy form. The Health Care Proxy allows you to choose someone you trust to make health care decisions on your behalf. Unlike a living will, a Health Care Proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made.

Where should I keep my Health Care Proxy form after it is signed?

Give a copy to your agent, your doctor, your attorney and any other family members or close friends you want. Keep a copy in your wallet or purse or with other important papers, but not in a location where no one can access it, like a safe

Health Care Proxy Form Instructions

Item (1)

Write the name, home address and telephone number of the person you are selecting as your agent.

Item (2)

If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

Item (3)

Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.

Item (4)

If you have special instructions for your agent, write them here. Also, if you wish to limit your agent's authority in any way, you may say so here or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

If you want to give your agent broad authority, you may do so right on the form. Simply write: *I have discussed my wishes with my health care agent and alternate and they know my wishes including those about artificial nutrition and hydration.*

If you wish to make more specific instructions, you could say:

If I become terminally ill, I do/don't want to receive the following types of treatments....

If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/don't want the following types of treatments:....

If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don't want the following types of treatments:....

I have discussed with my agent my wishes about _____ and I want my agent to make all decisions about these measures.

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list:

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- surgical procedures
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

Item (5)

You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

Item (6)

You may state wishes or instructions about organ and /or tissue donation on this form. New York law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your health care agent, your decedent's agent, your spouse, if you are not legally separated, or your domestic partner, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death.

Item (7)

Two witnesses 18 years of age or older must sign this Health Care Proxy form. The person who is appointed your agent or alternate agent cannot sign as a witness.

Health Care Proxy

(1) I, _____

hereby appoint _____
(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby

appoint _____
(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. *(Optional: If you want this proxy to expire, state the date or conditions here.)* This proxy shall expire *(specify date or conditions)*: _____

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. *(If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.)* I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions *(attach additional pages as necessary)*: _____

In order for your agent to make health care decisions for you about artificial nutrition and hydration *(nourishment and water provided by feeding tube and intravenous line)*, your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

(5) Your Identification *(please print)*

Your Name _____

Your Signature _____ Date _____

Your Address _____

(6) Optional: Organ and/or Tissue Donation

I hereby make an anatomical gift, to be effective upon my death, of:
(check any that apply)

Any needed organs and/or tissues

The following organs and/or tissues _____

Limitations _____

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature _____ Date _____

(7) Statement by Witnesses *(Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)*

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date _____ Date _____

Name of Witness 1
(print) _____ Name of Witness 2
(print) _____

Signature _____ Signature _____

Address _____ Address _____

