

# Life Planning Guide

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Life can be hectic. While taking care of the day-to-day, we put off planning for the future. But the future won't take care of our loved ones. Only our compassionate planning will make life easier for the ones we love. What if you become disabled? Accidental deaths occur at any age. And, if a long illness or dementia strike, then your thoughtful planning NOW will assist those who love and care for you.

At the time of a person's sudden illness or death, family members or friends are often faced with the need for certain information. It is extremely helpful for them to have access to a record of insurance papers, marriage and birth certificates, military service, bank account numbers, investments, etc. This **Life Planning Guide** offers practical ways you and your family can prepare and make decisions about what is to happen to your assets and your corporal self at the time of incapacitation or death. It also provides a place to make and keep a record of the information others will need.

We suggest that each individual utilize a three-ring binder with binder dividers for the various sections. This system is designed for updates and changes. Compile all the appropriate information in the binder sections outlined. As a safeguard, some original documents should be kept in a fireproof place or your safety deposit box. Copies can be inserted in the binder under the appropriate section. Indicate where the original is on the binder copy of the document! It is important to keep the information up-to-date and in a place known by your Executor/Trustee. Review the information periodically, preferably with the person(s) who must use the information. For married couples, each spouse should compile separate information and prepare a separate binder, although many of the materials will be the same.

**The completion of this "Guide" is a gift to those you love.**

*In gathering the information contained in this "Guide," every effort has been made to assure accuracy. Should there be any discrepancies, please let us know. Your input is greatly appreciated.*

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# Life Planning Guide

## Section I

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# **BASIC INFORMATION**

## Life Planning Guide

*Death, taxes and childbirth! There's never any  
convenient time for any of them.*

*~Margaret Mitchell, Gone with the Wind*

## Basic Information

Your survivors will be faced with many challenges. The following information and documents will help them in dealing with all the details required when a loved one dies. When appropriate, please give the location of each item listed.

Your name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Location of legal proof of age/birth certificate: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Father's birthdate: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Date of death: \_\_\_\_\_ Place of death: \_\_\_\_\_

Mother's full name: \_\_\_\_\_

Mother's birthdate: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Date of death: \_\_\_\_\_ Place of death: \_\_\_\_\_

Location of citizenship papers: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Location of card: \_\_\_\_\_

Post Office Box: Yes ☐ No: ☐ Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Location of key: \_\_\_\_\_

Military Service: Yes ☐ No: ☐ Branch: \_\_\_\_\_

Date inducted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

Where did you serve? \_\_\_\_\_

Serial Number: \_\_\_\_\_ Rank: \_\_\_\_\_

Location of Discharge Papers/Certificate: \_\_\_\_\_

## Life Planning Guide

VA Resources:

- All types of Veteran's Benefits: [www.ebenefits.va.gov](http://www.ebenefits.va.gov)
- Regional VA Offices: [www.va.gov/statedva.htm](http://www.va.gov/statedva.htm)
- VA Benefits Hotline: 800-827-1000

Location Marriage License(s): \_\_\_\_\_

Location Divorce Papers: \_\_\_\_\_

Employer: \_\_\_\_\_

Boss' Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Passwords and Instructions:

Computer: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

ATM: \_\_\_\_\_

Other Gadgets and Accounts (Blogs, Linked-In, Facebook, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of all current bills and receipts (include debts you owe to others):

\_\_\_\_\_

\_\_\_\_\_

Location of Warranties: \_\_\_\_\_

Location of Home Improvement Receipts: \_\_\_\_\_

Location of Home Insurance: \_\_\_\_\_

Other: \_\_\_\_\_

## Health Information

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As of (date): \_\_\_\_\_

Physicians:

Primary Care Physician

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other:

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone#: \_\_\_\_\_

Dentist - Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

My proxy for health care decisions is: Name: \_\_\_\_\_

(See Section VI)

#1. Healthcare Insurance - Name: \_\_\_\_\_

Information located: \_\_\_\_\_

#2. Healthcare Insurance - Name: \_\_\_\_\_

Information located: \_\_\_\_\_

#3. Healthcare Insurance - Name: \_\_\_\_\_

Information located: \_\_\_\_\_

Other:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Section II

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# **ASSETS – HOW TO FIND THEM**

## Life Planning Guide

*There is always death and taxes; however, death  
doesn't get worse every year.*

*~Author Unknown*

## Life Planning Guide

Assets – How to Find Them

Last Will executed on: \_\_\_\_\_ Location of Will: \_\_\_\_\_

Trust executed on: \_\_\_\_\_ Location of Trust: \_\_\_\_\_

The Executor/Trustee of my Will/Estate/Trust is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

If they are unable or unwilling to serve, then the Executor/Trustee of my Will/Estate/Trust is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

The Guardian I have selected for my children is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Attorney

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Financial Advisor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

## Life Planning Guide

Accountant/CPA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Location of Income Tax returns: \_\_\_\_\_

Years Covered: \_\_\_\_\_

Safety Deposit Box: Yes ☐ No ☐

Box Number: \_\_\_\_\_

Location: \_\_\_\_\_

Location of Key: \_\_\_\_\_

# List All Assets

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Include approximate value, history, beneficiary, location, copies of important papers, appropriate contact people (these change), and other helpful information for:

- All Trusts
- Bank accounts, location of bank books, passwords
- Insurance Policies
- Investments, Stocks, Bonds, CD's, Mutual Funds, passwords, date and value at purchase, etc.
- Pension Information, death benefit, survivor benefits?
- Other retirement income, death benefit, survivor benefits?
- Real property (location of deeds, any loans on the property, other critical information). Is there life insurance on the mortgage?
- Business ownership interests, supporting documentation, partner information
- Patents and copyrights
- Income tax returns, receipts/canceled checks
- Debts owed to you
- Etc.

For sample information lists please see next page.

## Sample

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### **Damson Gas and Oil - Limited Partnership**

Stock Certificates - 36 shares - from Parker & Parsley Petroleum Company (in back of binder #1)

Currently is under name of Pioneer Natural Resources

#### **History:**

Purchased \$10,000 in shares in 1983.

Exchanged Damson for Parker Parsley 1991

Got rid of half but don't remember when.

#### **Current:**

Receive no tax information

No designated beneficiary

Now named:

Pioneer Natural Resources

5205 North O'Connor Boulevard, # 200

Irving, Texas 75039

Pays dividends of \$3.84 twice a year.

### **New England Mutual Insurance**

An insurance policy purchased by Grandmother Hanes

I cashed it in many years ago.

### **Consolidated Capital Properties IV - Limited Partnership**

Mail currently comes from ISTC in Greenville, SC

#### **History:**

Purchased 20 units for \$10,000 in 1983

In 2005 paid approx \$800.

Receive offers to purchase my units ranging from \$208.10 per Unit (\$4162) in 1999 to \$145 per unit in 2007 (\$2900). Full list of offers in front of binder #2.

#### **Current:**

Unknown Value

No designated beneficiary

Sold 2012

Section III

**PERSONAL PROPERTY**

## Life Planning Guide

*"Death's got an Invisibility Cloak?" Harry interrupted again.  
"So he can sneak up on people," said Ron.  
"Sometimes he gets bored of running at them, flapping his arms and shrieking..."*

*~J.K. Rowling, Harry Potter  
and the Deathly Hallows*

# Information About Personal Property Distribution

**(Note: This list expresses your preferences but has no legal standing, it can, however, be included in your will or trust.)**

Vehicle information for cars, boats, motor homes, ATV's, etc.:

#1. Description: \_\_\_\_\_ Give to: \_\_\_\_\_

Location of bill of sale /title: \_\_\_\_\_

Location of registration: \_\_\_\_\_

Insured by: \_\_\_\_\_ Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

#2. Description: \_\_\_\_\_ Give to: \_\_\_\_\_

Location of bill of sale /title: \_\_\_\_\_

Location of registration: \_\_\_\_\_

Insured by: \_\_\_\_\_ Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

#3. Description: \_\_\_\_\_ Give to: \_\_\_\_\_

Location of bill of sale /title: \_\_\_\_\_

Location of registration: \_\_\_\_\_

Insured by: \_\_\_\_\_ Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Instructions for my pets:

The following person has agreed to take \_\_\_\_\_ (cat)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

The following person has agreed to take \_\_\_\_\_ (dog)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Veterinarian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

### SAMPLE

### Furniture Information and Instructions

Consider a similar list for your jewelry, your art, and your collections. Be sure to include: where it came from, how you got it and other personal information for your family and friends. Remember all the information in your head will be lost if you don't write it down!

1. Walnut Spool Bed – Give to *TREV*

History:

Very old hand carved (you can see the irregularities); came from mom's family, always was mom and dad's bed until we moved to 212 Clay Street, when I got it. I had the double bed converted to a queen. The original side rails are stored in the garage.

2. Walnut chest with mirror, three large drawers, and 2 small drawers – Give to *TREV*

History:

This was always Mom's dresser as far back as I can remember. It came from mom's family. Howard has the mate which was purchased with 212 Clay and it became Dad's dresser so we had the pair.

3. Eastlake Victorian love seat and two chairs, walnut in lemon yellow velvet – Give to *JENNY*

History:

Acquired with 212 Clay Street, was found in the barn. I refurbished after I moved back to Sacramento, (70's) remained in my garage or attic until then. Teeth marks came from Triska Elizabeth, my Great Dane, who slept on it in the garage when I lived in Seattle, late 60's early 70's.

## Section IV

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# PEOPLE TO NOTIFY

## Life Planning Guide

*“Love is how you stay alive,  
even after you are gone.”*

*~Mitch Albom*

## People/Organizations to Notify

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**This is a sample. Do your own lists and insert in this section.  
Don't forget to date your lists!**

Names, addresses, phone numbers and emails of living brothers and sisters.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Names, addresses, phone numbers and relationship of people to notify: (don't forget the Rabbi, your friends, hair dresser, gardener!)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Organizations/Associations/Societies/Unions/Lodges/Professional Associations, phone number, address etc. (include your office or position--past/present)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Also keep an up-to-date address and telephone book. This can be a big help in notifying others in times of emergency. Note their relationships in the address book.

Location of Address Book: \_\_\_\_\_

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## Section V

## Life Planning Guide

*“I want a priest, a rabbi, and a Protestant  
clergyman. I want to hedge my bets.”*

*~Wilson Mizner*

# Life Planning Guide

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## Page Two – Member Information Record

Where were you born? \_\_\_\_\_

Parents' Names

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

### Updates

I have reviewed the above information and it is all accurate to my knowledge.

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

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

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

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

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

Section VI

**DURABLE POWER OF  
ATTORNEY FOR  
HEALTH CARE,  
ADVANCE HEALTH CARE  
DIRECTIVE,  
POLST**

## Life Planning Guide

*“I'm not afraid of death; I just don't  
want to be there when it happens.”*

*~Woody Allen*

The subject of death remains very frightening for many individuals and their families. Some don't want to think about death, as if thinking about it will hurry the process. Some resist end-of-life discussions because such discussion means looking at the fact that each of us will have to die at some point.

The fact remains – not talking about it doesn't make it go away. The best time to talk about end-of-life is before you are ill. Share your wishes with family members and complete your advance directive.

If you are young, start talking about it NOW; middle aged, start talking about it NOW; a senior, start talking about it NOW. Do your own research so that you understand what is available to you and your family. If end-of-life issues have been discussed, and decisions and wishes are understood by family, friends and physicians, it will be easier for your loved ones if something happens. If an unexpected tragedy occurs, if an unwanted disease strikes, if your time comes, **YOU** will have made the decisions that control how your medical care will proceed and the burden of deciding what you wanted will not be placed on your loved ones.

**Your family will find comfort in actually knowing what your wishes are rather than having to guess.**

## Durable Power Of Attorney For Health Care

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It is important to give authority to someone else to make health care decisions in case of your incapacitation. It is essential to specify in advance how you want decisions to be made about life-sustaining treatment, should you become unable to make your own health care decisions. The Durable Power of Attorney for Health Care allows you to do both – Name someone you trust and specify what you want.

The Durable Power of Attorney for Health Care takes effect anytime you lose the ability to make your own health care decisions. The Durable Power of Attorney for Health Care is sometimes referred to as a “Living Will” or Advance Health Care Directive, but prepared properly, it serves the purpose of all these documents.

# Advance Health Care Directives

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An Advance Health Care Directive is a written expression of what you do and do not want if you become ill and can't communicate or make decisions. The directive contains written instructions concerning future medical care and/or names your healthcare decision-maker who will act on your behalf when you are not able to act for yourself. Advance directives only take effect when you lose the ability to make your own decisions. Before that time, your current expressed wishes will be followed. Physicians and health care providers are immune from civil, criminal, and disciplinary action if they follow the advance directive statute in good faith and meet its provisions. Anyone over the age of 18 can be named as the proxy, except for the doctor (or those employed by the doctor) who is providing your care.

## **FREQUENTLY ASKED QUESTIONS**

### **1. WHAT IS AN ADVANCE HEALTH CARE DIRECTIVE?**

An Advance Health Care Directive is a written expression of what you do and do not want if you become ill and can't communicate or make decisions. The directive contains written instructions concerning future medical care and/or names your healthcare decision-maker who will act on your behalf when you are not able to act for yourself.

### **2. WHERE CAN I GET AN ADVANCE HEALTH CARE DIRECTIVE FORM?**

You don't have to use a special form as long as it meets legal requirements in the state where you live. For the form to be legal in California, it requires a signature, date and two witnesses (plus special requirements for residents of skilled nursing facilities). If you choose to use a form, it is available at no cost from many sources including, physicians and hospitals, insurance plans, and the Internet. If you visit another state often or move, make sure your form is legal there.

### **3. WHEN SHOULD I COMPLETE AN ADVANCE HEALTH CARE DIRECTIVE FORM?**

There's no time like the present. You don't have to wait until you're facing a medical procedure or hospitalization. In fact, it is far better to talk about your preferences when you are well so that you and others are not under pressure or in the emotional turmoil caused by an accident or sudden aggressive illness. Advance planning can give everyone concerned peace of mind; an opportunity to discuss very difficult issues; and shared decision making.

### **4. TALKING ABOUT THE POSSIBILITY OF DEATH MAKES ME AND OTHERS UNCOMFORTABLE. WHY SHOULD I DO THIS?**

Any questions, conversations and discussions about end-of-life issues are difficult and often complicated. But to avoid thinking about these questions, to avoid thinking about dying, does not mean that, by some unknown magic, all will disappear. If you don't find the time to make these decisions, it only means that someone else will make those decisions for you. The key question for this discussion is simple.

***What do you want?*** Don't let that question go unanswered. Talk about what you want, talk about what they want. Talk to your spouse, your friends, your older kids (they have things they want also!). Take the time for each of you to complete an Advance Health Care Directive. Letting those closest to you know what you want, and helping others to express what they want is one of the most loving acts you can perform.

### **5. DO I NEED AN ATTORNEY TO COMPLETE AN ADVANCE HEALTH CARE DIRECTIVE?**

No. Any type of form is legal in California as long as it has your signature, date and the signature of two qualified witnesses. If you live in a skilled nursing facility in California, there are special witnessing requirements including the signature of the patient advocate or ombudsman. You might want to consult an attorney if you live out of state for part of the year or have other specific concerns.

### **6. IS IT ENOUGH TO COMPLETE AN ADVANCE HEALTH CARE DIRECTIVE FORM?**

Completing the Advanced Health Care Directive paperwork will not guarantee that your wishes will be followed. Having what you want in writing is a great beginning. Your diligence in talking with your family and your physician about what you want is also very important. In addition, the Advance Health Care Directive form allows you to name someone who can advocate for your wishes if you become unable to communicate them yourself. It is essential that this person is

completely aware of your wishes and that they be prepared to speak on your behalf.

### **7. HOW DO I CHOOSE A HEALTH CARE AGENT TO SPEAK FOR ME? DO I HAVE TO APPOINT A HEALTH CARE AGENT?**

You don't have to appoint a health care agent, but it can be very comforting to know that someone you trust will speak for you, if needed. If you lose capacity to make decisions, someone will have to make decisions on your behalf. Your agent must be an adult and should be a person who knows you well enough to be able to make healthcare decisions for you. Make sure that your agent knows what you want and that they can stand up for your wishes, if needed. Can they actually make the hard decisions you want them to make? Will they be able to deal with the health care system? Will they be able to make very difficult decisions? Some examples of those decisions include: selection and discharge of health care providers and institutions, approval or disapproval of tests, procedures, and medication; directions to withdraw or withhold all forms of healthcare, including hydration and nutrition.

### **8. DO I HAVE TO HAVE A WRITTEN FORM TO MAKE MY WISHES LEGAL?**

No. Oral instructions to your family or physician are just as legal as written instructions. However, oral instructions only apply to the duration of your stay in a health care facility. Keep in mind that many disputes arise because a health care agent, physician and family have different interpretations of oral instructions. Physicians are required to note any instructions that you give them in your medical record. The more clear you are about your wishes and the more you reinforce them in writing, the more likely that disagreements will be avoided.

### **9. MAY I CHANGE OR REVOKE MY ADVANCE HEALTH CARE DIRECTIVE FORM?**

Yes. The Advance Health Care Directive can be changed or revoked at any time. This is usually a process, not a single event. You and your family, your legally recognized healthcare decision maker (also known as your proxy, agent or surrogate) and your health care provider should periodically talk about your wishes. For example, if your health status should change or if you are diagnosed with a particular disease, ask your physician what to expect. Ask about treatment options. Discuss the benefits and the possible problems with treatment. Review your Advance Health Care Directive and change it accordingly. To revoke your form, notify your appointed health care agent and your physician, verbally or in writing, and every individual who has a copy of your Advance Health Care

Directive form. To change your health care agent, tell your physician, verbally or in writing. Executing a new Advance Health Care Directive is the easiest way to officially change your wishes, as this is a dated witnessed form.

### **10. WHERE SHOULD I KEEP MY COMPLETED ADVANCE HEALTH CARE DIRECTIVE FORM?**

Make copies for your family, your agent, your physician, your hospital medical record, even your church or spiritual advisor. Keep a list of everyone who has a copy so you can notify them if you update your Advance Health Care Directive. Keep your original in an easily accessible place.

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## Advance Health Care Directive

Name \_\_\_\_\_

Date \_\_\_\_\_

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form also lets you write down your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or change all or any part of it. You are free to use a different form.

*You have the right to change or revoke this advance health care directive at any time.*

### Part 1 — Power of Attorney for Health Care

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

Name of individual you choose as agent: \_\_\_\_\_

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: (Indicate home, work, cell) \_\_\_\_\_

ALTERNATE AGENT (Optional): If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

Name of individual you choose as alternate agent: \_\_\_\_\_

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: (Indicate home, work, cell) \_\_\_\_\_

SECOND ALTERNATE AGENT (optional): If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

Name of individual you choose as second alternate agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: (Indicate home, work, cell) \_\_\_\_\_

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(1.2) AGENT'S AUTHORITY: My agent is authorized to 1) make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, 2) choose a particular physician or health care facility, and 3) receive or consent to the release of medical information and records, except as I state here:

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(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I initial the following line.

If I initial this line, I want my agent to make health care decisions for me immediately even though I am still able to make them for myself. \_\_\_\_\_

(1.4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POST DEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

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(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named. \_\_\_\_\_ (initial here)

## Part 2 — Instructions for Health Care

If you fill out this part of the form, you may strike out any wording you do not want.

(2.1) END-OF-LIFE DECISIONS: I direct my health care providers and others involved in my care to provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

- ☐ a) Choice Not To Prolong  
I do not want my life to be prolonged if the likely risks and burdens of treatment would outweigh the expected benefits, or if I become unconscious and, to a realistic degree of medical certainty, I will not regain consciousness, or if I have an incurable and irreversible condition that will result in my death in a relatively short time.
- Or
- ☐ b) Choice To Prolong  
I want my life to be prolonged as long as possible within the limits of generally accepted medical treatment standards.

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(2.2) OTHER WISHES: If you have different or more specific instructions other than those marked above, such as: what you consider a reasonable quality of life, treatments you would consider burdensome or unacceptable, write them here.

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(Add additional sheets if needed.)

## Part 3 — Donation of Organs at Death (Optional)

(3.1) Upon my death (mark applicable box):

- ☐ I give any needed organs, tissues, or parts
- ☐ I give the following organs, tissues or parts only: \_\_\_\_\_
- ☐ I do not wish to donate organs, tissues or parts.

My gift is for the following purposes (strike out any of the following you do not want):

Transplant      Therapy      Research      Education

## Part 4 — Primary Physician (Optional)

(4.1) I designate the following physician as my primary physician:

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Part 5 — Signature

(5.1) EFFECT OF A COPY: A copy of this form has the same effect as the original.

(5.2) SIGNATURE: Sign name: \_\_\_\_\_ Date: \_\_\_\_\_

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly nor an employee of an operator of a residential care facility for the elderly.

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## FIRST WITNESS

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## SECOND WITNESS

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

(5.4) ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate on his or her death under a will now existing or by operation of law.

Signature of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

## Part 6 — Special Witness Requirement if in a Skilled Nursing Facility

(6.1) The patient advocate or ombudsman must sign the following statement:

### STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by section 4675 of the Probate Code:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

## Certificate of Acknowledgement of Notary Public (Not required if signed by two witnesses)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

State of California, County of \_\_\_\_\_

On this \_\_\_\_\_ (date) before me \_\_\_\_\_,

Notary Public, personally appeared \_\_\_\_\_ (name(s) of signer(s), who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/ her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Seal

Signature of Notary \_\_\_\_\_

# Physician Orders For Life Sustaining Treatment (POLST)

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POLST clarifies an individual's wishes regarding life sustaining medical care, including CPR, antibiotics, artificial nutrition, intubation, mechanical ventilation, pain management, and other medical interventions. The form is completed and signed by both the patient and the physician.

It is different from the Advance Directive because it has the force of a physician's medical order and the original of this highly visible, bright pink document remains with the patient wherever they go.

AB3000 requires that POLST forms be honored across all settings of care in California and provides immunity to clinicians who honor a POLST document in good faith.

This law took effect January 1, 2009. POLST is intended to improve the quality of care people receive at the end of life. It is based on an honest discussion between the patient and a health care professional regarding the patient's wishes, and then it is signed by the physician. POLST brings clarity to difficult decisions for end of life care.

## Frequently Asked Questions

### **WHO SHOULD HAVE A POLST FORM?**

The POLST (Physician Orders for Life-Sustaining Treatment) form is important for people with serious health conditions. It is used to make a person's wishes for medical care known to doctors, nurses, emergency medical personnel and other healthcare staff. The POLST form is a bright pink medical order form. Your doctor uses the POLST form to write orders that indicate the treatment you want in the last stages of an illness.

### **WHY SHOULD I COMPLETE A POLST FORM?**

If you have a serious medical condition, you can help to make certain that your wishes for care in the future are known and respected.

- The POLST form makes clear what medical care you would or would not want if you become unable to make the decisions yourself.

## Life Planning Guide

- It provides a doctor's order so that healthcare workers can follow your plan.
- A POLST form increases the chances of living out your days as you and your family wish.

### **WHAT DOES THE POLST FORM DO?**

The POLST form is voluntary and is intended to:

- Help you and your doctor discuss and develop plans to reflect your wishes.
- Assist doctors, nurses, healthcare facilities and emergency personnel in honoring your wishes.
- Make sure that your wishes are followed as you are moved from one healthcare facility to another (for example, from hospital to nursing home).

### **HOW IS THE POLST FORM USED?**

A nurse, social worker or your doctor completes the form making sure the treatments are what you want. The doctor signs the orders, making them official immediately. The orders are kept near you at all times, usually on your refrigerator or by your bed if you are home or in your medical chart, if you are in a care facility. The form is then easily found in emergencies. The POLST form will remain with you if you are transported between care settings (from home to hospital or from hospital to a skilled nursing facility).

### **WHAT MIGHT HAPPEN TO ME IF I DO NOT HAVE A POLST FORM?**

Without a POLST form, emergency medical personnel, nurses and doctors would not know your treatment wishes. You most likely would receive all possible treatments, whether you want them or not, even if they are unlikely to achieve the result you would hope for, and even if these treatments cause pain or complications. Thinking through treatment choices with your family and doctor before a problem occurs can guide and provide the kind of care you want during difficult times.

### **WHAT IF I WANT TO CHANGE SOMETHING ON MY POLST FORM?**

The POLST orders can be changed by you and your doctor at any time.

### **WHAT ARE SOME OF THE MEDICAL TERMS USED WHEN TALKING ABOUT END-OF-LIFE-CARE?**

- **Resuscitation:** Resuscitation, also known as CPR, attempts to restart breathing and the heartbeat of a person who has no heartbeat or has stopped breathing. It typically involves "mouth to mouth" breathing and forceful pressure on the chest to try to restart the heart. Resuscitation may also involve electrical shock (defibrillation) or a plastic tube down the throat into the windpipe to assist

breathing (intubation). When a person is not breathing on his or her own, a machine pumps air in and out of the lungs through the plastic breathing tube (mechanical ventilation/respiration).

- **DNR:** Do Not Resuscitate or DNR, is a medical order not to attempt resuscitation because the patient does not want it or it is unlikely to help the patient.

### WHY WOULD I CHOOSE DNR?

Resuscitation may benefit healthy people. However, success with resuscitation is frequently very poor for people with a serious medical condition or more than one medical condition. If they live, these people can have broken ribs, punctured lungs or brain damage after receiving resuscitation. Resuscitation does not ensure that the person will have the same quality of life as before their heart stopped beating or breathing stopped.

- **Comfort Measures:** Medical care focused on the main goal of keeping a person comfortable (rather than focused on medical procedures that may prolong life). On the POLST form, a person who requests comfort measures only would be moved to the hospital only if it is needed to provide comfort. The goal of managing pain and uncomfortable symptoms is always important. Food and fluids are always offered.
- **Antibiotics:** Antibiotics fight infections (such as pneumonia). Antibiotics may only prolong the death of a person who is terminally ill and may prolong their suffering.
- **Intravenous (IV Fluids):** A small plastic tube (catheter) is placed directly into the vein and fluids are given through the tube. Usually, IV fluids are given only for a short time, as IV fluids only help a person get through an acute illness.
- **Tube Feeding:** Fluids and liquid nutrients (formula) can be given through a tube in the nose that goes into the stomach or through a tube placed directly into the stomach (by a surgical procedure).

### When are feeding tubes not useful?

1. It is controversial if giving nutrition by a feeding tube near the end of life may be beneficial or if it is actually harmful. People with serious illnesses such as a stroke or Alzheimer's disease may lose the ability to eat or drink. Feeding tubes can be harmful because they can cause pneumonia, ulcers, swelling and infections.
2. The patient may feel more comfortable without a feeding tube or IV. When someone can no longer eat or drink, hand-feeding may be better. Hand-feeding offers a personal touch that does not happen with medically administered fluids and liquid nutrients. Food and fluids by hand feeding are always offered for comfort and patient enjoyment.

### **WHAT IF I HAVE MORE QUESTIONS OR CONCERNS?**

We encourage you to talk with your doctor and your healthcare team about your illness and your treatment choices. The POLST form and this information can help guide discussions with your healthcare team.

### **WHO CAN HELP ME COMPLETE THE POLST FORM?**

Social workers, nurses and other healthcare professionals can complete the POLST form with you, but it **MUST** be reviewed and signed by a doctor. You or your healthcare representative, your healthcare agent or surrogate must also sign the form.

### **WILL HAVING A POLST FORM CAUSE ANY PROBLEMS FOR MY FAMILY OR MY DOCTOR?**

Not at all. In fact, the POLST form helps you, your family and your doctor. The form shares your treatment wishes with your caregivers and helps keep you comfortable.

### **IF I HAVE A POLST FORM, DO I NEED AN ADVANCE DIRECTIVE TOO?**

Yes, it is recommended that you also have an Advance Healthcare Directive (AHCD). The POLST form reinforces the wishes that you express in your AHCD. The POLST form presents those wishes in an easy to understand way.

- The AHCD is written instructions stating how you want future medical decisions made in the event you become unable to make or to communicate those decisions for yourself.
- The AHCD states who you want to make healthcare decisions for you if you are unable to make them for yourself.

**This information is provided courtesy of California Coalition for Compassionate Care. For more information on POLST in California visit their website at [www.CoalitionCCC.org](http://www.CoalitionCCC.org)**

## Life Planning Guide

Original form may be printed from the following website:  
<http://capolst.org/wp-content/uploads/2014/08/Final-2014-ENG-CA-POLST-Form.pdf>

**In order to maintain continuity throughout California, please follow these instructions:**

*\*\*\* Copy or print POLST form on 65# Cover Ultra Pink cardstock. \*\*\**

Mohawk BriteHue Ultra Pink cardstock is available online and at some retailers. See below for suggested online vendors.

Ultra Pink paper is used to distinguish the form from other forms in the patient's record; however, the form will be honored on any color paper. Faxed copies and photocopies are also valid POLST forms.

### **Suggested online vendors for Ultra Pink cardstock:**

**Med-Pass - [www.med-pass.com/](http://www.med-pass.com/)**

(also carries pre-printed POLST forms on Ultra Pink card stock)

**Boyd's Imaging Products - [www.iboyds.com](http://www.iboyds.com)**

**Amazon – [www.Amazon.com](http://www.Amazon.com)**

**Paper-Papers - [www.paper-papers.com](http://www.paper-papers.com)**

**Staples – [www.staples.com](http://www.staples.com)**

# Life Planning Guide

# Life Planning Guide

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY



EMSA #111 B  
(Effective 4/1/2011)

## Physician Orders for Life-Sustaining Treatment (POLST)

**First follow these orders, then contact physician.** This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. A copy of the signed POLST form is legal and valid. POLST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect.

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: (optional)

### **A** **CARDIOPULMONARY RESUSCITATION (CPR):** *If person has no pulse and is not breathing. When NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

Check One

- ☐ **Attempt Resuscitation/CPR** (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)
- ☐ **Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

### **B** **MEDICAL INTERVENTIONS:** *If person has pulse and/or is breathing.*

Check One

- ☐ **Comfort Measures Only** Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Transfer to hospital only if comfort needs cannot be met in current location.**
- ☐ **Limited Additional Interventions** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.  
☐ **Transfer to hospital only if comfort needs cannot be met in current location.**
- ☐ **Full Treatment** In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/ cardioversion as indicated. **Transfer to hospital if indicated. Includes intensive care.**

Additional Orders: \_\_\_\_\_

### **C** **ARTIFICIALLY ADMINISTERED NUTRITION:** *Offer food by mouth if feasible and desired.*

Check One

- ☐ No artificial means of nutrition, including feeding tubes. Additional Orders: \_\_\_\_\_
- ☐ Trial period of artificial nutrition, including feeding tubes. \_\_\_\_\_
- ☐ Long-term artificial nutrition, including feeding tubes. \_\_\_\_\_

### **D** **INFORMATION AND SIGNATURES:**

- Discussed with:** ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker
- ☐ Advance Directive dated \_\_\_\_\_ available and reviewed → Health Care Agent if named in Advance Directive:  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_
- ☐ Advance Directive not available
- ☐ No Advance Directive

#### **Signature of Physician**

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name:	Physician Phone Number:	Physician License Number:
Physician Signature: (required)		Date:

#### **Signature of Patient or Legally Recognized Decisionmaker**

By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name:	Relationship: (write self if patient)	
Signature: (required)	Date:	
Address:	Daytime Phone Number:	Evening Phone Number:

**SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**

# Life Planning Guide

## HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

### Patient Information

Name (last, first, middle):	Date of Birth:	Gender: <b>M</b> <b>F</b>
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### Health Care Provider Assisting with Form Preparation

Name:	Title:	Phone Number:
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### Additional Contact

Name:	Relationship to Patient:	Phone Number:
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## Directions for Health Care Provider

### Completing POLST

- Completing a POLST form is voluntary. California law requires that a POLST form be followed by health care providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician who will issue appropriate orders.
- POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- Certain medical conditions or treatments may prohibit a person from residing in a residential care facility for the elderly.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

### Using POLST

- Any incomplete section of POLST implies full treatment for that section.
- Section A:*
- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a person who has chosen "Do Not Attempt Resuscitation."
- Section B:*
- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
  - Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
  - IV antibiotics and hydration generally are not "Comfort Measures."
  - Treatment of dehydration prolongs life. If person desires IV fluids, indicate "Limited Interventions" or "Full Treatment."
  - Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

### Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

### Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment.
- A patient with capacity can, at any time, revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the individual or, if unknown, the individual's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.  
For more information or a copy of the form, visit [www.caPOLST.org](http://www.caPOLST.org).

**SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**

# **SECTION VI**

## **ORGAN, TISSUE OR BODY DONATION**

## Life Planning Guide

*“Death is no more than passing from one room into another. But there's a difference for me, you know. Because in that other room I shall be able to see.”*

*~Helen Keller*

## Organ Donation

*If any human being saves a single soul, Scripture regards him as if he had saved an entire world.*

*Babylonian Talmud Sanhedrin 37a*

Countless examples of Jewish texts tell us that the preservation of life (*pikuach nefesh*) supersedes all other commandments. Indeed, Maimonides tells us that “He who is sick and in danger of death, and the physician tells him that he can be cured by a certain object or material which is forbidden by the Torah, must obey the physician and be cured.”<sup>9</sup> [Exceptions are limited to materials connected to idolatry, immorality, and bloodshed.<sup>10</sup>]

Though this might seem as though we have carte blanche for organ donation, the Jewish tradition of *kavod ha-meit*, or “honoring the dead” must be taken into consideration as well. Some worry that organ donation might be seen as desecration of the body, or are concerned about the donated organs not being buried with the body. However, former Chief Rabbi of Israel, Isser Yehudah Unterman states that the transplanted tissue is “restored to life and thus not requiring burial with the donor’s remains.”<sup>11</sup>

Others worry that organ donation would violate the law of *met asur bahana’ah*, which prohibits using the body of the dead for the benefit of the living.<sup>12</sup> However, examination of the word *hana’ah* (benefit) reveals that it connotes a sense of “satisfaction,” specifically the kind of satisfaction one gets from food. As organ transplants do not enter our bodies in the same manner as food, we do not receive “satisfaction” from them in that way; rather we “benefit” from the organ in the broader sense of the word.

Thus, we may understand organ donation not as a violation of Jewish law, but rather an affirmation of Jewish law under the auspices of *pikuach nefesh*. Indeed, Jewish responsa from all of the major sects of Judaism encourage organ donation. In a 1991 decision, the Rabbinical

Council of America (Orthodox) encourages organ donation:

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*continued*



<sup>9</sup> Maimonides, Hilchot Yesodei Torah 5.6

<sup>10</sup> Babylonian Talmud Pesachim 25a <sup>11</sup>

<sup>12</sup> Based on Babylonian Talmud Sanhedrin 47a

"Contemporary Jewish Opinions on Organ Donation and Transplantation." *UAHC Committee*



*on Bio-Ethics--Program Guide IX, Organ Donation and Transplantation (UAHC, 1997), 6.*



*"...no halachic barriers exist to donation of the deceased if they are harvested in accord with the highest standard of dignity and propriety....since organs that can be life saving may be donated, the family is urged to do so. When human life can be saved, it must be saved....The halacha therefore looks with great favor on those who facilitate that procurement of life- saving organ donations."*

The Reform Movement has long since supported organ donation and transplantation. In

1996, the Union for Reform Judaism initiated the program, "Matan Chaim: The Gift of Life"

to promote organ and tissue transplantation.

*“The advances in medical technology have allowed us the choice to dignify, sanctify, and*

*sustain lives in ways that were impossible just a few years ago. We encourage you to imbue*

*this miracle of transplantation with a sense of holiness, purpose and life. Jewish tradition*

*teaches that we are partners with God in continuing and sustaining the daily miracles of*

*creation. Organ and tissue donations are an extension of this partnership. Through donation,*

*you have the unique and holy opportunity to bestow the gift of life and wellness from one of*

*God’s creations—you—to another. With your gift, you are responding Hineini (Here I Am!) to*

*God’s call.”<sup>13</sup>*

### **Guiding Questions:**

☐ Do you wish to become an organ and/or tissue donor? ☐ Which specific organs and/or tissues would you like to donate?

## Organ Or Body Donation

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I want my body/organs donated: Yes ☐ No ☐

I have completed the organ donation card provided by DMV: Yes ☐ No ☐

Location of donor card: \_\_\_\_\_

I am registered with the Sierra Donor Services: Yes ☐ No ☐

## Life Planning Guide

I am registered with - Name: \_\_\_\_\_

Location of Registration information: \_\_\_\_\_

I am registered with - Name: \_\_\_\_\_

Location of Registration information: \_\_\_\_\_

### **What Parts Of The Body Can Be Recovered For Transplantation?**

A: Vital organs for transplantation (8 of them) include the heart, liver, pancreas, intestine, 2 kidneys, and 2 lungs. Also, tissues can be recovered, including corneas (to help blind people see), bone (to help those who might otherwise face amputation), skin (to help burn patients heal), heart valves (many times used for newborns with heart problems), tendons and veins.

### **Why Should Someone Consider Organ Donation?**

A: There is a severe shortage of organ donations in the United States and here in California. Nationally, about 120,000 people are on the waiting list, many will die before an organ can be found..

### **Who is Eligible to Be a Donor?**

Anyone is eligible, from newborns to 80 year olds. However, everyone who wants to be a donor should sign up on the Donate Life California Organ and Tissue Donor Registry, or through the DMV when you apply or renew your driver's license, or through Sierra Donor Services, our regional federally designated program. Transplant coordinators along with transplant surgeons evaluate each potential donor, and the viability of each organ. They do a thorough evaluation of a donor's social and medical history as well as blood tests. But, upfront, everyone is a potential donor, and is encouraged to sign up on the registry.

*Donate Life California Organ and Tissue Donor Registry,*

*Should you wish to donate your entire body for the purposes of medical education, you may contact your nearest University. (For UC Davis,)*

Section VII

**END-OF-LIFE CHOICES  
HOSPICE**

## Life Planning Guide

*“Life is pleasant. Death is peaceful.  
It's the transition that's troublesome.”*

*~Isaac Asimov*

# Hospice

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**Hospice services are available to individuals who can no longer benefit from treatment that is directed at curing their disease.**

The typical hospice patient has a life expectancy of six months or less. Most receive care at home. Services are provided by a team of trained professionals and volunteers who make a full range of services available to the patient and the family. Under the direction of a physician, the team strives for pain and symptom control to enable the patient to live as fully and comfortably as possible. Hospice does not act as the primary caregiver; rather, hospice supports the family or caregiver in providing care. Hospice help is always a phone call away.

### **How Is Hospice Different?**

- Hospice is not a place; rather, it's a philosophy of care.
- Hospice offers palliative rather than curative treatment.
- Hospice treats the person, not the disease.
- Hospice emphasizes quality rather than length of life.
- Hospice considers the entire family, not just the patient.
- Hospice offers help and support to the patient and family on a 24-hour-a-day, seven-day-a-week basis.

### **Hospice may be the right choice when:**

- The treatments for a disease are not working or are debilitating in their own right.
- ER visits or hospitalizations become more frequent and result in no real improvement.
- The business of daily living, with all the necessary chores and tasks, becomes increasingly difficult with no hope for getting any better.
- There is a progressive, unintentional weight loss of more than 10% of the body weight over the past 6 months.
- Recurrent or intractable infections are present.

# Frequently Asked Questions

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The following are some basic answers to frequently asked questions about hospice. The best time to learn about hospice and ask about hospice, is before hospice services are needed.

### **1. WHAT IS HOSPICE?**

Hospice is available to people living with an end-stage disease including: cancer, pulmonary disease, ALS, heart disease, dementia, Alzheimer's, HIV-AIDS, and any other life-threatening illness. Hospice care is available to patients who no longer wish treatment directed at curing their disease. The hospice benefit is flexible. Initially, a physician certifies that the patient has a life expectancy of six months or less, if the disease follows its normal course. The first two certifications are for 90 days each. Thereafter, the physician re-certifies eligibility every 60 days. As long as the patient is re-certified, he/she remains eligible for hospice, even when it exceeds six months. Programs are available for adults, children and infants. When cure is no longer a real possibility, hospice focuses on and treats the person, not the disease. A primary goal is to control pain and other symptoms so the patient can remain as alert and comfortable as possible. Hospice includes all of the services needed to manage an individual's medical care, and also provides emotional and spiritual support for the whole family. Hospice stresses quality of life and is an alternative to extended medical or curative treatments. Many people actually live longer under hospice because their symptoms are managed and treated based on their unique needs and preferences.

### **2. HOW DOES HOSPICE WORK?**

Individuals are usually referred to hospice by their personal physician, although individuals can be referred by their families or even by themselves. Hospice usually begins within 48 hours after a referral and can begin sooner based on the circumstances. The hospice nurse evaluates what the person and family needs and develops a plan of care. The plan addresses the entire family's needs: medical, emotional, psychological, spiritual and support services. The nurse then coordinates the care with a physician and the full team of health professionals. Under the direction of a physician, hospice provides an all-inclusive set of services needed to manage all of a person's symptoms and complications. Medical care is given, symptom relief is provided, and the patient and family receive the support and understanding they need.

### 3. WHAT SERVICES ARE INCLUDED?

Services are provided by a coordinated team that draws upon many different kinds of professionals who provide medical care and support services. The team also ensures that services and resources are available and provided when needed without the family having to locate and arrange for them. When staying at home, family and friends are encouraged to participate in the patient's care as much as possible. When someone doesn't have family who can serve as caregivers, the team may be able to help identify friends and people in the community who volunteer to help. The hospice team remains available for help and support to the patient and family.

#### **Services are provided by:**

- Chaplains
- Pharmacists
- Home Health Aides
- Physicians\*\*
- Hospice Aides
- Social Workers
- Nurses
- Trained Volunteers

*\*\*Your personal physician is also a welcome part of the hospice team and may continue to bill for professional services.*

#### **Other services include:**

- Bereavement counseling and support is provided to the family after the death of their loved one (up to 13 months or longer, if needed).
- All medications related to the terminal diagnosis.
- Medical supplies and appliances related to the terminal illness.
- Patient and family education i.e. the team teaches the family caregivers how to provide care.
- Short-term inpatient care, including respite care.
- Other services as required, including: physical, occupational, dietary and speech-language therapy.

### 4. WHAT IS NOT COVERED?

Hospice insurers, including Medicare, don't pay for round-the-clock home nursing. In addition, experimental treatments, clinical trials or other medical services aimed at curing the disease are not covered. Many people think so, but funeral services are also not covered by hospice.

### **5. HOW DO I ASK FOR HOSPICE?**

You don't have to wait until your physician brings up hospice. You can take the initiative, and begin the discussion with your personal physician, or you can request an evaluation directly from a hospice program at any time. Hospice care begins with a referral, usually from your physician, but referrals can be made by you, family members or even friends. If you are not sure you are ready or if you think you want hospice but need more specific information to help you decide, you can ask for a hospice consultation.

### **6. ARE THERE DIFFERENT TYPES OF HOSPICE PROGRAMS?**

Hospice programs differ in size, scope of care and organization. Programs may range from volunteer hospices that rely heavily on professional and lay volunteers to organizations that provide comprehensive palliative and support services through professional employees, with support from lay volunteers.

### **7. WHO PAYS FOR HOSPICE CARE?**

Hospice is covered by Medicare, Medi-Cal and most commercial insurance. It pays for a wide range of support services that are aimed at keeping the patient as comfortable as possible. While each hospice has its own policies concerning payment for care, it is a principle of hospice to offer services based upon need rather than the ability to pay. While hospice care is a covered benefit under many insurance plans, many hospices also rely heavily, if not entirely, upon community support for donations to provide care to those who cannot otherwise afford it.

### **8. CAN I CHANGE MY MIND?**

Yes, a person may elect to end their hospice care at any time and then may receive hospice care again, if desired, at a later date. For example, an individual can leave hospice to try a new curative treatment and return to hospice if they still meet program criteria of a six-month life expectancy.

Section VIII

**WILLS AND TRUSTS,  
DURABLE POWER OF  
ATTORNEY**

## Life Planning Guide

*“Our death is not an end if we can live on in our  
children and the younger generation.”*

*~Albert Einstein*

## Wills And Trusts

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The origin of all wills in this country began with Henry the Eighth and the passage of the “**Statute of Wills**” in 1540. It made it possible, for the first time in English history, for landholders to determine who would inherit their land upon their death by permitting bequest by will. Prior to the enactment of this statute, land could be passed by descent only if and when the landholder had competent living relatives who survived him. When a landholder died without any living relatives, his land would go to the Crown. The **Statute of Wills** created a number of requirements for the form of a will, many of which survive in common law today. Specifically, most jurisdictions still require that a will must be in writing, signed by the testator, the person making the will, and witnessed by at least two other persons.

### **What happens if I don't have a Will or Living Trust?**

More than half of Americans die without a will. Dying without a will - known as dying "intestate" - means you have no say over who receives your assets, and can leave your heirs and the court system the complex and costly job of wrangling over who should get what. This may or may not be what you intended. Your assets go into what's called "probate" - an expensive and drawn out legal process which determines who inherits your estate, and can take anywhere from a few months to a few years, depending on how complicated the estate is. Furthermore, if you fail to nominate a guardian for your minor children, the state could appoint someone you don't trust as a legal guardian of your minor children. So-called intestacy laws vary considerably from state to state. In general, if you die and leave a spouse and kids, your assets will be split between your surviving mate and children. If you're single with no children, then the state is likely to decide who among your blood relatives will inherit your estate.

### **What is Probate?**

Probate is a fancy term for the legal process that occurs after a person dies. The probate court system must first validate that the will is authentic, and then proceed to distribute the estate among the heirs. When a person leaves no will, the probate court must decide, according to the laws of the state, who gets what. Probate is an expensive process and can take anywhere from a few months to a few years, depending on how complicated the estate is. If you want to spare your heirs the hassle of probate, there are a few ways to avoid the process, such as a revocable living trust.

### What does a Will do?

- A will is a legal document that lets you tell the world who should receive which of your assets after your death. A will allows you to designate beneficiaries to receive specific items from your estate, and other beneficiaries to receive everything else.  
For example, if you want your house, your car, or your antique thimble collection to go to a certain person or organization, you designate that person or organization as the beneficiary.
- A will gives parents of minor children the chance to nominate a guardian. The court makes the final decision when appointing a guardian for your children after your death, but the court will usually accept your nomination. A guardian's legal responsibility is to provide for your child's physical welfare.
- A will allows you to name your executor, the person who will be in charge of your estate. Before you select an executor, make sure you understand the tasks he or she will need to perform, which include distributing your property, filing tax returns and processing claims from creditors. Your executor should be someone you trust completely - and don't forget to ask if he or she is willing to take on such a big responsibility.

Wills do have limitations. In particular, the beneficiary designations on financial accounts, insurance policies and other assets take precedence over wills, so it's important to make sure your beneficiary designations are up to date and reflect your wishes. For example, your husband is the primary beneficiary on your retirement plan at work; you get divorced and marry someone else. If your first husband is listed as the account beneficiary, he will receive those assets at your death - even if your will says otherwise.

### What kinds of trusts are there?

There are two basic types of trusts: living trusts and testamentary trusts. A living trust or an "inter-vivos" trust is set up during the person's lifetime. A Testamentary trust is set up in a will and established only after the person's death when the will goes into effect.

Living trusts can be either "revocable" or "irrevocable."

- **Revocable trusts** allow you to retain control of all the assets in the trust, and you are free to revoke or change the terms of the trust at any time.
- With **irrevocable trusts**, the assets in it are no longer yours and typically you can't make changes without the beneficiary's consent, but the appreciated assets in the trust aren't subject to estate taxes.

There are many more complicated types of trusts, too, that apply to specific situations. Trusts are flexible, varied and complex. Each type has advantages and disadvantages, which you should discuss thoroughly with your estate-planning attorney before setting one up.

### **What does a Living Trust do?**

A will comes into play only after you die, but a living trust can actually start benefiting you while you are still alive. A living trust is a trust established during your lifetime. It is revocable, which allows for you to make changes. You transfer substantially all of your property into your living trust during your lifetime. A living trust will be used as the mechanism to manage your property before and after your death, as well as provide how those assets and the income earned by the trust are distributed after your death. If you should become incapacitated or disabled, the trust is in place to manage your financial affairs, usually by a successor trustee, if you were serving as trustee. A living trust is not subject to probate, and therefore, all provisions of the trust will remain private.

### **How often should I update my Will or Trust?**

You can only be certain that your wishes will be carried out as you intend if you make a will/trust and update it every few years or every time your situation changes significantly, such as when you move to another state, your children mature, your marital status changes, a family member is born or dies, you retire, you develop a life threatening illness, etc. Most attorneys recommend that you review your will/trust every few years.

### **Do I need a Durable Power of Attorney?**

In addition to the Durable Power of Attorney for Health Care, an estate plan should include a General Durable Power of Attorney. This gives another person the ability to handle your financial issues should you become unable to do so for yourself. It provides the broad powers to oversee your money, sell your property, or do the other things necessary to manage your affairs in a time of incapacity. It can be created to take immediate effect, or it can be delayed until you become incapacitated. This is called a "Springing Durable Power of Attorney."

## What is the difference between a Will and a Trust?

	Will	Living Trust
<b>Probate</b>	<p>Subject to probate proceedings. Out-of-state property requires probate proceedings in that state, as well.</p> <p>Provides court supervision for handling beneficiary challenges and creditor disputes.</p> <p>Becomes public record at the time of your death.</p>	<p>Not subject to probate proceedings.</p> <p>Avoids the cost of a second-state probate proceeding where there is out-of-state property.</p> <p>No automatic court supervision to deal with disputes.</p> <p>Remains private.</p>
<b>Management of your Assets</b>	<p>In addition to the will, must use a Power of Attorney or Conservatorship to manage assets.</p>	<p>Allows you as the grantor to manage the trust assets as long as you are willing and able.</p> <p>Makes provisions for a successor trustee to take over in your place.</p>
<b>Costs</b>	<p>Costs less to prepare a will than a trust. Cost to probate a will can be substantial.</p>	<p>Costs more to prepare, fund and manage a trust than to prepare a will, but avoids probate costs if all assets were held by the trust.</p>

## Do I need a Trust?

If you're concerned about how **all** your assets are going to be distributed after your death, or how much tax your heirs will have to pay, you might want to look into opening a trust. You don't have to be a Rockefeller to need a trust. A trust can be a useful estate-planning tool for many people, but given the expenses associated with opening one, it's probably not worth it unless you have a certain amount of assets.

Here's a good rule of thumb: If you have a net worth of at least \$150,000, have a substantial amount of assets in real estate, or have very specific instructions on how and when you want your estate to be distributed among your heirs after your death, then a trust could be for you. Trusts are also great for minimizing estate taxes or protecting the estate from lawsuits and creditors.

**Take note:** Assets you want protected by the trust must be retitled in the name of the trust. Anything that is not titled to the trust at the time of your death will have to go through probate.

Section IX

**PLANNED GIVING**

## Life Planning Guide

See insert

*“I look at life as a gift of God. Now that he wants it  
back I have no right to complain.”*

*~Joyce Cary*

# Life Planning Guide

## Section X

*“Good men must die, but death  
cannot kill their names.”*

*~Proverbs*

Section XI

**LOVING LETTERS**

## Life Planning Guide

*“To live in hearts we leave behind is not to die.”*

*~Thomas Campbell*

# Loving Letters

*Used by permission by the Rev. Debra Warwick-Sabino*

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A will or living trust is a legal document that lets you direct the distribution of your material assets. Often it is also the last communication from you to those you love. In order for you to leave a warmer last communication, we suggest that you also prepare one or more “loving letters” (or audiotapes, videos, CD’s, etc.) to say the loving things you would like your family and friends to know.

A *Loving Letter* is a very special gift. It comes from the heart and becomes a lasting legacy that the recipient can treasure forever. The letter(s) can be as simple or as extensive as you want it to be. Letters can be written to many people or to individuals.

Ideas of what you can include:

- Expression of faith
- Expression of love
- Values and Principles
- Hopes and desires for the recipient
- Philosophies about life, love, etc.
- Remembrances of special times
- Lessons learned
- Giving and asking forgiveness
- Explanation of certain acts, behavior that may not have been clear or that may have been misinterpreted
- Regrets “If I had my life to live over”

**See a sample on the next page...the background information is as follows:**

**Insert pgs 41 7 42 FROM IEGACY**

“

# Life Planning Guide

Section XII

**OBITUARY  
INFORMATION**

From Rabbi

## Life Planning Guide

*“Every man's life ends the same way. It is only the details of how he lived and how he died that distinguish one man from another.”*

*~Ernest Hemingway*

# Obituary Information

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It is very helpful to write your obituary or at least to have all the pertinent factual information assembled. The obituary is needed quickly after death, and it is often overwhelming for those left behind to gather all the needed information in a short time.

The structure of the obituary may vary: birth to death, death to birth, or perhaps a theme. Make a list of all the information that falls within each subsection below. It's great to liven it up with some levity and happy details. When you are done you should have a fairly complete record of your life. Compiling this information will be helpful to you as you write your obituary or to the person who prepares it after you are gone. This is also information that your family will want to know.

Consider the following points:

- Your name
- Date of birth
- Date of death
- Location of death
- Cause of death (if appropriate)
- Parents names
- Career information and highlights
- Professional memberships
- Organizations, Societies, Lodges
- Volunteer activities
- Church activities
- Dates of military service and rank achieved
- Special honors or awards
- Schools/Universities attended
- Things you have done in your life that make you proud
- Hobbies and special interests
- Particular passions
- Survived by: (include relationship and town where they lived for parents, spouse, children, in-laws, grandchildren, special friends and pets.)
- Preceded by: (include relationship and town where they live for parents, spouse, children, in-laws, grandchildren)

## Life Planning Guide

- Schedule of ceremonies: (list time and place of all viewings, wakes and services)
- Memorials (how to honor your wishes, including flowers, contributions in lieu of flowers. Give complete names and addresses, websites of charities that you want memorials to go to)

After you have made lists for all the subsections, write a first draft, reflect on it and then revise. 350 words should be sufficient.

The obituary should be supplied to the following newspapers and organizations.  
Newspapers:

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Organizations:

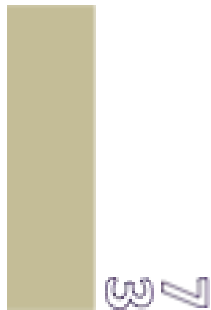
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# Burial & Interment Resources

A. My Burial and Interment Wishes B. Directory of Jewish Funeral Chapels and Cemeteries



## My Burial and Interment Wishes

1. I would like my body to be: (a) \_\_\_\_\_ Buried (b) \_\_\_\_\_  
Cremated

2. If you chose cremation, would you like your cremains to be:

\_\_\_\_\_

(a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_

3. Location of (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_

4. Attendees: (a) \_\_\_\_\_ (b) \_\_\_\_\_

5. Flowers: (a) \_\_\_\_\_ (b) \_\_\_\_\_

Buried Placed in an urn to be kept with the family Other

\_\_\_\_\_

\_\_\_\_\_

the service: The funeral home The synagogue The graveside

Public Private

## Life Planning Guide

Yes No

6. Donations in my memory should be made to:

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7. Things I would like to be buried with (jewelry, possessions, soil from Israel, etc.):

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8. Casket: (a) \_\_\_\_\_ Wooden Casket (b) \_\_\_\_\_ Other, specifically

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9. I would like to have *taharah* (ritual washing and purification of the body): (a) \_\_\_\_\_ Yes (b) \_\_\_\_\_ No

10. I would like to have *tachrichim* (dressing the body in traditional shrouds): (a) \_\_\_\_\_ Yes (b) \_\_\_\_\_ No, I would like to be dressed in \_\_\_\_\_

## Life Planning Guide



11. I would like to have a *shomer* (guard) with me during the time between death and burial: (a) \_\_\_\_\_ Yes (b) \_\_\_\_\_ No
12. I would like to have *kevurah* (covering of the grave with dirt by family and friends): (a) \_\_\_\_\_ Yes (b) \_\_\_\_\_ No
13. I would like mourners to observe *keriah* (symbolic tearing of the clothes or ribbon): (a) \_\_\_\_\_ Yes (b) \_\_\_\_\_ No
14. Gravemarker: (a) Material (stone, bronze, etc.)  
\_\_\_\_\_  
\_\_\_\_\_ (b) Decoration  
\_\_\_\_\_  
\_\_\_\_\_ (c) Inscription  
\_\_\_\_\_  
\_\_\_\_\_
15. Gravesite: (a) \_\_\_\_\_ Family Plot, located  
\_\_\_\_\_  
\_\_\_\_\_ (b) \_\_\_\_\_ Family Tomb, located  
\_\_\_\_\_  
\_\_\_\_\_ (c) \_\_\_\_\_ Previously purchased, located  
\_\_\_\_\_
16. I have made funeral preparations: (a) \_\_\_\_\_ Yes , at  
\_\_\_\_\_  
\_\_\_\_\_ (b) \_\_\_\_\_ No
17. Other Wishes (for funeral or burial):

# Life Planning Guide

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18. Obituary details to be included:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

11.



Section XIII

**BURIAL/FUNERAL  
PREFERENCES**

*“There are things that we don’t want to happen but  
have to accept, things we don’t want to know but  
have to learn, and people we can’t live without but  
have to let go.”*

*~Anonymous*

## Life Planning Guide

*“I want to write my own eulogy, and I want to write it in Latin. It seems only fitting to read a dead language at my funeral.”*

*~Jarod Kintz, I Want*

# Burial & Interment Wishes

*And when the time approached for Israel to die, he summoned his son Joseph and said to him, “Do me this favor, place your hand under my thigh as a pledge of your steadfast loyalty: please do not bury me in Egypt. When I lie down with my fathers, take me up from Egypt and bury me in their burial-place.”*

The Torah provides the basis for many of the Jewish customs surrounding death and

taken, for dust you are, and to dust you shall return.”<sup>14</sup>

*Genesis 47:29-30*

Just as advance directives provide a structure for the way in which we wish to pass from

this world to the next, so too do advance preparations for funeral services and interment

provide a structure for how we understand the concept of *kavod ha-meit* (honoring the

dead).

mourning. From Genesis, we learn that we will return to the earth, “for from it you were

Traditional Judaism provides instructions for how the body should be handled from the

end of one’s life until burial. These customs (many of which will be

discussed in subsequent

pages of this section), are numerous and meticulously detailed. Again, we encourage you to

give these traditional practices “a vote but not a veto;” if you do not derive meaning from

these customs, offer alternatives that exemplify your values. Reform Judaism supports the

principle of autonomy, as illustrated in the UAHC’s Committee on Bio-Ethics,

*“In contrast to our heteronomous tradition, Reform Jews have held that individuals have a*

*direct, personal relationship with God in addition to their relationship via the Jewish people’s*

*covenant with God.”<sup>15</sup>*

It is important to let your loved ones know how you would like your body to be handled

after death. The following pages will present you with the traditional views of these

traditions and rituals, and then ask you to consider which (if any) of these would be

appropriate for you.<sup>16</sup> We encourage you to speak with your loved ones regarding these

choices, so they will have record of your preferences when the need arises.



<sup>14</sup> Genesis 3:19

<sup>15</sup>

<sup>16</sup> Worksheet questions adapted from Rabbi Richard Address, 6.

Rabbi James Stone Goodman, Virginia Horowitz, Lisa Orden-Zarin, Rabbi Susan Talve, and Susan Weissman.

*What Do I Want to Leave Behind: A Workshop on Living and Ethical Wills.* St. Louis: Central Reform Congregation,

1998.



## Burial vs. Cremation

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*Let me pay the price of the land; accept it from me, that I may bury my dead there...And then Abraham buried his wife Sarah in the cave of the field of Machpelah, facing Mamre—now Hebron—in the land of Canaan.*

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*Genesis 23:12-20*

Traditional Jewish law maintains that the dead must be buried in the earth, a belief that is

evidenced by the commandment, “you shall surely bury him.”<sup>17</sup>

Historically, the purchase

of land for a cemetery was often one of the first acts of establishing a Jewish community.

Traditional Jews read the Torah to say that it “absolutely and unqualifiedly insists on the

natural decomposition of the remains. The wood of the casket, the cloth of the shrouds, the

un-embalmed body to decompose in nature’s own steady way. No artificiality—and no

slowing or hurrying of this process—is permitted. The world goes on at its own pace. Those

who die follow the flow of nature and the world.”<sup>18</sup>

As the Rabbis believe that burial is non-negotiable, naturally they prohibit cremation. How-

ever, the Torah, the Talmud, and the classical halakhic literature do not explicitly prohibit

cremation; likely this was because it was not a normative practice at the time these sources

were written. In the nineteenth century, however, this practice became more widespread

in western culture prompting rabbinic authorities to examine the practice. Halakhic

authorities prohibit cremation on the grounds that it a) does not fulfill the commandment

to bury the dead, and b) desecrate the body and does not show the proper

*kavod ha-meit*

(respect for the dead).

The Reform Movement, however, has had mixed responses to cremation, but ultimately

declares it to be entirely permissible. Reform Responsa summarizes the shift in attitude

toward cremation as follows:

*“While our earlier pronouncements accept cremation as permissible or even as “entirely proper,” the Conference since 1979 has pulled back from that affirmative stance. Although acknowledging that the 1892 resolution remains on the books and that Reform Jewish practice “permits” cremation, our more recent statements call upon rabbis to actively “discourage” the practice. This negative position is based upon two threads of argument: that burial is the normative traditional Jewish practice and that, after the Holocaust, cremation has become associated with one of the darkest periods in Jewish and human history.”<sup>19</sup>*

However, cremation has become an increasingly popular choice in recent years among liberal Jews. We recognize the validity of either option; the choice of burial or cremation is highly personal and we encourage you to make the decision that is right for you.

<sup>17</sup> Deuteronomy 21:23 <sup>18</sup> Maurice Lamm, *The Jewish Way in Death and Mourning*. Revised Edition ed (New York: J. David, 2000), 55. <sup>19</sup> CCAR Responsa 5766.2 “When a Parent Requests Cremation.”

## The Casket

*[They heard the sound of God moving about in the garden at the breezy time of day; and the man and his wife hid from Adonai among the trees*

*of the garden (Gen. 3:8)]. ‘Amongst the trees of the Garden,’ Rabbi Levi said, ‘This was a sign for his descendants that they would be placed within wooden coffins.’*

*Genesis Rabbah 19:8*

Just as all people are buried in the same shrouds so as to affirm death as the great equal- izer, so too does tradition specify that Jews should be buried in wood caskets. The Talmud illustrates this desire for democracy in death through a story:

*“Formerly, they used to bring out the deceased for burial the rich on a tall state bed, orna- mented and covered with rich coverlets; the poor on a plain bier. The poor felt ashamed. Therefore, a law was established that all should be brought out on a plain bier...”<sup>21</sup>*

Similar to that which was discussed with regards to cremation, Jewish tradition emphasizes the importance of the natural decomposition of the remains. A wooden casket will decom- pose at a rate similar to that of the body and the shroud; metal (or similar materials) would delay the process.

The type or quality of the wood is not important. Many use the traditional “plain pine box,” however this is left to individual discretion, as is the choice of polished or unpolished wood.

There are cemeteries that require a cement vault. In keeping with Jewish tradition, holes are drilled in the bottom of the vault to allow for the natural return to the earth.

Section XIV

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# RESOURCES

# Resources

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- Coalition for Compassionate Care of California – [coalitionccc.org](http://coalitionccc.org)  
POLST Forms, Advance Health Care Directive Forms – current and in many languages, Conversation Guide and other helpful information ALL downloadable at no cost
- California Medical Association – [www.cmanet.org/resource-library](http://www.cmanet.org/resource-library)  
Advance Health Care Directive Kit, Physician Orders for Life-Sustaining Treatment Kit (POLST) and information. Cost \$6 each.
- Donate Life California Organ and Tissue Donor Registry  
[www.donateLIFECalifornia.org](http://www.donateLIFECalifornia.org)
- UC Davis Body Donation Program: (916) 734-9560 or  
[dbpinfo@ucdavis.edu](mailto:dbpinfo@ucdavis.edu)
- Five Wishes – [www.agingwithdignity.org](http://www.agingwithdignity.org)  
An 11 page booklet designed to assist you in deciding how you want to be treated if you are seriously ill. Cost \$5 each.
- VA Resources:  
All types of Veteran's Benefits: [www.ebenefits.va.gov](http://www.ebenefits.va.gov)  
Regional VA Offices: [www.va.gov/statedva.htm](http://www.va.gov/statedva.htm)  
VA Benefits Hotline: (800) 827-1000
- The Episcopal Foundation of Northern California  
350 University Avenue, Suite 280

*"I am ready to meet my Maker. Whether my Maker is prepared for the great ordeal of meeting me is another matter."*

*~Winston Churchill*

## Life Planning Guide

Sacramento, CA 95825

(916) 283-8216

[www.norcalepiscopalfoundation.org](http://www.norcalepiscopalfoundation.org)

- Creating A Legacy: CRC'S Guide to Living and Ethical Wills

Edited by Deana Sussman, RabbinicIntern

# Life Planning Guide

## Acknowledgements

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And finally, thank you to the many wise individuals who have willingly shared their real experiences, including cautions and warnings! They have helped make this Guide very real and very practical.

Marcie Larkey, The Episcopal Foundation of Northern California

Linda Wolf

Minda Parrish

Rabbi Aron

Central Reform Congregation, 2012, Creating A Legacy