



TUPPER  
BUTLER  
LAW

WE KNOW THE POWER OF PLANNING

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# YOUR FAMILY EMERGENCY ORGANIZER

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*Before serious illness strikes you or your family –  
Get organized; be prepared; help your family cope.*

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# INTRODUCTION

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These are extraordinary times. The staggering toll of the coronavirus pandemic reminds us daily of the fragility of the human condition. The pandemic has shattered any illusions of invincibility we may have had.

We see clearly that anything can happen to anyone at any time. You or a loved one may contract COVID-19, the illness caused by the coronavirus. The illness may be mild, severe, or life threatening. Or your family may be fortunate to avoid the virus. Even so, eventually, you or another family member will experience a serious illness or injury.

There is little you can do to mitigate the fear and worry that family members will feel for a suffering loved one. However, you can alleviate the stress and confusion that can be caused by lack of planning.

When serious illness or injury strikes, the family member who takes charge will need certain information:

What people should be informed and how can they be reached?

- Who are the patient's health care providers?
- What is the patient's medical history?
- What medications is he or she taking?
- What kind of medical insurance is available?
- Where are the patient's health care directives, will, and other important legal documents?
- Who are the important family advisors—pastor, attorney, financial advisor, etc. and how can they be reached?

If the patient is the family money manager:

- What bills need to be paid and how are they to be paid?
- Where are the financial accounts and how can they be accessed?
- This organizer provides worksheets to assist in gathering and consolidating this important information pertaining to you and your family.

# PART ONE

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## INSTRUCTIONS

### NOTIFICATION LIST (WORKSHEET A)

If you or a family member is diagnosed with COVID-19 or other serious illness, you will want some people to be notified immediately. Prepare your list now while everyone is healthy. If you are the person stricken, you may be too ill to furnish names and numbers. If a loved one is the victim, your immediate concern is to see that he or she gets the best care and treatment possible. You won't want the added stress of looking through a cell phone or old address book to figure out whom to call.

Worksheet A allows you to list the persons to be notified in order of priority. It contains space for you to provide names, addresses, phone numbers, and email addresses. In preparing your list, include names of those who will be able to assist you and your family physically, mentally, spiritually, and emotionally. This list will likely include family and friends but can include others.

### LIST OF HEALTH CARE PROVIDERS (WORKSHEET B)

If you or a family member is diagnosed with COVID-19 or other serious illness, the urgent care, emergency department, or other health care facility and the examining or treating physician will likely require a list of the patient's existing health care providers. Worksheet B permits you to list information concerning the patient's primary care physician (and other doctors), hospital(s), urgent care center(s), and emergency department(s) in the near geographic area or that have been previously used. Provide the names, addresses, phone numbers, and email addresses of those health care providers.

An additional worksheet is provided for you to list your family members' medications for the treating physician's information and use.

### CELL PHONES AND EMAIL ADDRESSES (WORKSHEET C)

This section provides a place to list family members' cell phone numbers, together with the unlock code for each phone. This worksheet also includes a section for the family email addresses and passwords for checking email account(s) of the patient.

**WARNING: do not store this information on your computer or cell phone unless encrypted.**

## LIST OF CREDITORS AND/OR BILLS (WORKSHEET D)

If the family money manager is incapacitated with a COVID -19 infection or other serious illness, a spouse, domestic partner, or some other trusted person will need to know about the family's regular bills.

On Worksheet D you can compile a list of bills that come due monthly or periodically. This list is intended for the spouse or another person who does not regularly manage the family affairs of the ill/hospitalized patient. Include on the list the bill (water bill, cell phone bill, house payment, cable TV, electric bill, etc.), together with biller's payment mailing address, account number, phone number, website, the approximate date the bill is received, the approximate due date, and the approximate amount, and whether the invoice is received by regular U.S. Mail or email, whether the bill is paid by bank draft or electronically and whether it is automatically withdrawn from a financial account. If paid online, include the creditor's website for login, and the username and password to be used for bill payment.

## LIST OF FINANCIAL INSTITUTIONS AND BANKS (WORKSHEET E)

This worksheet must include a list of all financial institutions with account numbers and bank account (checking, savings, credit cards) numbers and investment accounts. If you use online banking, provide the bank's or institution's website for logon, with account numbers, usernames and passwords.

**NOTE: This is CONFIDENTIAL information and data. SAFEGUARD IT ALWAYS!**

## LIST OF HEALTH CARE AND LIFE INSURANCE INFORMATION (WORKSHEET F)

On this worksheet you can list all health care insurance information for Medicare, Medicaid, Medicare Advantage, and private or group health insurance coverage, together with account numbers, website, logon information (usernames and passwords), phone numbers, and mailing addresses. Also useful is making a photocopy of insurance cards for use by your health care provider.

## NOTIFICATION LIST OF MISCELLANEOUS PERSONS OR ENTITIES (WORKSHEET G)

This is a list of persons and entities to be notified or contacted for assistance at the appropriate time of need. The list should include the names, addresses, phone numbers, and email addresses for the following: your attorney, your spouse's attorney, your employer, your spouse's employer, extended family members, close neighbors, close friends, pastor or minister, certified public accountant (CPA) or tax preparer, financial advisor, alumni association, social or charitable associations (if a member) like AmVets, VFW, etc., and state professional licensing bodies for licenses held by you and immediate family members.

## LOCATION OF LEGAL DOCUMENTS (WORKSHEET H)

On this worksheet you identify a legal document and provide the location where the document is stored. Include the deed to your home, titles to vehicles, military records, wills, and other legal documents discussed in Part 3.

## STORING YOUR ORGANIZER

You can create a hard copy of your organizer that you place in a binder, folder, or envelop; or a digital version that you save on a flash drive or in online storage. In deciding which, bear in mind that you want the organizer to be 1) easy to prepare and revise; 2) stored in a secure place because it will contain personal and confidential information; and 3) easily accessible to the trusted person or persons who will take charge in a family crisis.

## CONCLUSION

With the number of COVID-19 infections and deaths in the United States, throughout the world, and in our individual states, we cannot avoid the reality that this coronavirus is highly contagious and potentially deadly. Until an effective treatment is discovered and designated “safe and effective” by the FDA or a vaccine is found, our reality of COVID-19 should not be ignored. Important information gathered, compiled, and kept in a secure location (at your immediate disposal) will give you the comfort and peace of mind knowing you are prepared, organized, and in control.

# PART TWO

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## WORKSHEETS

### WORKSHEET A – FAMILY AND FRIENDS

NAME:	ADDRESS:
PHONE:	EMAIL:

NAME:	ADDRESS:
PHONE:	EMAIL:

NAME:	ADDRESS:
PHONE:	EMAIL:

NAME:	ADDRESS:
PHONE:	EMAIL:

NAME:	ADDRESS:
PHONE:	EMAIL:

NAME:	ADDRESS:
PHONE:	EMAIL:

NAME:	ADDRESS:
PHONE:	EMAIL:

NAME:	ADDRESS:
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NAME:	ADDRESS:
PHONE:	EMAIL:

NAME:	ADDRESS:
PHONE:	EMAIL:

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

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<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>



<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
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<b>NAME:</b>	<b>ADDRESS:</b>
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<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>EMAIL:</b>

## WORKSHEET B – DOCTORS, HOSPITALS, URGENT CARE CENTER, EMERGENCY DEPARTMENT

<b>DOCTOR:</b>	<b>SPECIALTY:</b>
Hospital	
Address	
Phone	

<b>DOCTOR:</b>	<b>SPECIALTY:</b>
Hospital	
Address	
Phone	

<b>DOCTOR:</b>	<b>SPECIALTY:</b>
Hospital	
Address	
Phone	

<b>DOCTOR:</b>	<b>SPECIALTY:</b>
Hospital	
Address	
Phone	

<b>DOCTOR:</b>	<b>SPECIALTY:</b>
Hospital	
Address	
Phone	

### URGENT CARE

<b>ADDRESS</b>	<b>CITY, STATE, ZIP</b>	<b>PHONE</b>

### EMERGENCY DEPARTMENT

<b>ADDRESS</b>	<b>CITY, STATE, ZIP</b>	<b>PHONE</b>

MEDICATION LIST

FAMILY MEMBER	MEDICATION	STRENGTH	DOSAGE	PER DAY/WEEK?

# WORKSHEET C – FAMILY CELL PHONES

NAME	RELATIONSHIP	PHONE	UNLOCK CODE

## WORKSHEET D – CREDITORS, BILLS

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	



<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

<b>CREDITOR:</b>	
Type of Bill	
Account Number	
Payment Address	
Phone Number	
Date Received	
Pay by mail or electronic w/d	
Date Due	
Approximate Amount	
Website	
Login Username	
Password	

## WORKSHEET E – BANKS AND FINANCIAL INSTITUTIONS

<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	

<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	

<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	

<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	

<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	

<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	

<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	

<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	

## WORKSHEET F – HEALTH CARE INSURANCE AND LIFE INSURANCE

<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	

<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	

<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	

<b>NAME:</b>	
Account Number	
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Phone Number	
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Login Username	
Password	
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<b>NAME:</b>	
Account Number	
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Phone Number	
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Login Username	
Password	
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<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	

<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	

<b>NAME:</b>	
Account Number	
Address	
Phone Number	
Website	
Login Username	
Password	
Notes	



## WORKSHEET G – MISCELLANEOUS PERSONS, ENTITIES

<b>NAME:</b>	
Relationship	
Address	
Phone Number	
Email	
Notes	

<b>NAME:</b>	
Relationship	
Address	
Phone Number	
Email	
Notes	

<b>NAME:</b>	
Relationship	
Address	
Phone Number	
Email	
Notes	

<b>NAME:</b>	
Relationship	
Address	
Phone Number	
Email	
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<b>NAME:</b>	
Relationship	
Address	
Phone Number	
Email	
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<b>NAME:</b>	
Relationship	
Address	
Phone Number	
Email	
Notes	

<b>NAME:</b>	
Relationship	
Address	
Phone Number	
Email	
Notes	

<b>NAME:</b>	
Relationship	
Address	
Phone Number	
Email	
Notes	

<b>NAME:</b>	
Relationship	
Address	
Phone Number	
Email	
Notes	

<b>NAME:</b>	
Relationship	
Address	
Phone Number	
Email	
Notes	

## WORKSHEET H – DOCUMENT LOCATION

(Include vehicle titles, leases, DD Form 214, Birth Certificate, LWT, POA, etc.)

<b>DOCUMENT: HOUSE DEED</b>	
Location	
Additional Info	

<b>DOCUMENT: MORTGAGE</b>	
Location	
Additional Info	

<b>DOCUMENT:</b>	
Location	
Additional Info	

<b>DOCUMENT:</b>	
Location	
Additional Info	

<b>DOCUMENT:</b>	
Location	
Additional Info	

<b>DOCUMENT:</b>	
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<b>DOCUMENT:</b>	
Location	
Additional Info	

<b>DOCUMENT:</b>	
Location	
Additional Info	

<b>DOCUMENT:</b>	
Location	
Additional Info	

# PART THREE

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## ESSENTIAL LEGAL DOCUMENTS

This part explains the legal documents every adult should put in place to prepare for a serious or life-threatening illness or injury. Preparation now is the key to sound decision-making in a health crisis later. An estate planning attorney can help you get these documents in place promptly. During the pandemic, many attorneys are conducting consultations by phone and video conferencing. An estate planning attorney in your state will be able to advise you on the best way to execute your documents while shelter-at-home orders are in place.

### Incapacity Planning

These documents empower a trusted person to make financial and medical decisions for you if you are unable to make them for yourself.

#### DURABLE POWER OF ATTORNEY

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If you contract COVID-19 or any other serious illness or suffer a major injury, you can become incapacitated; your ability to conduct your (or your family's) financial affairs can be affected temporarily, perhaps permanently. With a durable power of attorney, you can choose an agent, perhaps your spouse or adult child, to make financial and legal decisions for your benefit and your family's.

A durable power of attorney is a special type of power of attorney used to plan for incapacity. With it, the principal gives another person, the agent or attorney-in-fact, the authority to conduct financial and legal transactions.

An ordinary power of attorney ceases to be valid if the principal becomes incapacitated. A durable power of attorney continues in effect and allows the attorney-in-fact to manage the principal's affairs if he or she is no longer able to do so (hence the term "durable").

The attorney-in-fact can be empowered to make these and other transactions:

- Real and personal property transactions.
- Banking transactions.
- Business operating decisions.
- Application for military and veteran benefits.
- Securities transactions, including stock, bond, and commodities sales and purchases.
- Decisions regarding retirement plans.
- Claims and litigation.
- Gifts.

The principal need not grant authority to the attorney-in-fact to exercise all these powers but may choose those powers consistent with his or her needs. Unless revoked by the principal before becoming incapacitated, a durable power of attorney remains in effect for the duration of the principal's incapacity, whether weeks, months, or years.

## HEALTH CARE POWER OF ATTORNEY (OR DESIGNATION OF HEALTH CARE SURROGATE)

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A health care power of attorney is a document in which you name a person to make health care decisions for you when you are not able to make your own decisions. Depending on where you live, the health care power of attorney may instead be called designation of health care surrogate, statutory power of attorney for health care, medical power-of-attorney, or similar designation. The person you name may be called your medical agent, surrogate, proxy, or representative.

The health care durable power of attorney allows you to outline your philosophy about the types of treatment you want to receive or decline while you are incapacitated or unable to communicate your wishes. It is broader than a living will (see below), which only expresses your desires regarding the use of life-prolonging procedures if you are terminally ill or permanently unconscious.

You could be unconscious from anesthesia, in coma, or sedated and on a ventilator due to COVID-19 when a decision must be made about a medical procedure or administration of a drug. Your health care agent has the power to make the medical decision. A health care agent typically has the power to:

- Consent to or refuse most types of medical and mental health treatment.
- Access the patient's medical records.
- Decide in which medical facilities the patient will receive care.
- Choose the patient's health care providers.
- Visit the patient in a hospital or medical facility.

Every state has requirements for a valid health care power of attorney. Some states provide a preprinted form that may be optional or mandatory. Typically the document must be in writing signed by you and notarized or witnessed by two competent adults. Certain persons may be disqualified as witnesses such as relatives, beneficiaries of your estate, the person named in the health care power of attorney as your agent, and your health care providers.

Most health care durable powers of attorney allow for a second or third choice of agent if the person initially designated is unable to act. It is advisable to name at least one back-up.

## LIVING WILL

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A living will (also known as an advance directive, directive to physicians, or health care declaration) is a document in which you set forth the types of medical care and treatment you want to receive or don't want to receive when you can no longer speak for yourself because you are terminally ill or permanently unconscious. A living will helps to ensure your wishes are followed while relieving your loved ones of the burden of making end-of-life decisions without knowing what you would have wanted.

Living wills vary from state to state but all cover similar topics related to end of life care and death. Some spell out particular treatments that you can choose or decline. For example, if you are terminally ill, do you want doctors to attempt to resuscitate you if your heart stops? Do you want to be placed on a ventilator and fed and hydrated artificially? Or do you want to be permitted to die naturally with only medication and other treatment needed to keep you comfortable? Others living wills simply allow you to choose between requesting life-prolonging treatment and refusing life-prolonging treatment.

Discussing these decisions with your doctor before making your living will is a good idea. Your doctor can explain the risks, benefits, and consequences of various treatments so you can make a more informed decision.

The requirements for a valid living will vary from state to state. Some states provide a pre-printed form that may be mandatory or optional. Typically you must sign your living will and your signature must be notarized or witnessed by two competent adults. Certain persons may be disqualified from serving as witnesses, such as relatives, beneficiaries of your estate, and your health care providers.

## Estate Planning

These documents plan for the disposition of your estate on your death.

### WILL

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A will is a document in which you state to whom you would like to give your property on your death. A will transfers property that you own at the time of your death that does not pass by some other means such as joint ownership with right of survivorship, a pay-on-death or transfer-on-death designation, or a beneficiary designation.

In a will, you can name an executor (also called a personal representative) to oversee the administration of your estate. Estate administration includes giving notice to your heirs, beneficiaries and creditors; paying valid debts; filing your tax returns and paying your taxes; and distributing estate property to your named beneficiaries.

You can also name a guardian to care for your minor children and manage their property if their other parent is also deceased or unable to care for them. Courts will typically appoint the guardian named in a will unless it would not be in the children's best interests.

A will should be typed or printed, dated, and executed according to your state's law. Although details differ from state to state, in all states a will must be signed by the testator (person making the will) and by two witnesses.

Many states allow self-proved wills. If a will is self-proved, it can be probated without the testimony of the subscribing witnesses. Because making the will self-proved saves time and money when the time comes to probate the will, your will should be self-proved if that is an option in your state. A self-proved will requires the addition of an affidavit that the testator and witnesses sign in front of a notary who then also signs.

## JOINT TENANCY WITH RIGHT OF SURVIVORSHIP FOR SPOUSES

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Joint ownership of property between spouses can function as an inexpensive, efficient estate planning tool. For example, a certificate of title to a vehicle in the joint names of John and Mary Doe, husband and wife, gives each spouse title as a joint tenant with right of survivorship. When John dies, title passes automatically by operation of law to Mary, the survivor. Real property deeds, joint bank accounts, other financial accounts, and investment accounts can also be in the name of both spouses as joint tenants with right of survivorship. Property owned this way does not pass through probate on the first spouse's death. Ownership automatically passes to the surviving spouse.

Be cautious about using joint tenancy with right of survivorship with persons other than your spouse. When you create a joint tenancy with right of survivorship with another person, that person has equal rights to the property. You will need his or her cooperation to sell the property or borrow against it. If the property is a bank account, the other joint tenant can withdraw all the funds without your knowledge or permission. You cannot revoke a joint tenancy with right of survivorship if you later decide you have made a mistake.

If avoiding probate is an important estate planning goal, you may instead want to consider adding a revocable living trust to your basic estate planning documents.

## REVOCABLE LIVING TRUST

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A revocable living trust is a tool that allows you to both plan for incapacity and pass your assets to your beneficiaries when you die while avoiding probate. A revocable living trust is created between the trust maker (called the settler or the grantor) and the trustee for the benefit of the trust beneficiaries.

The trust maker is you (or you and your spouse). The trustee is the person or persons whom you designate to manage your trust, typically you (or you and your spouse) during your lifetime and a successor on your death. Your trust beneficiaries are the individuals and/or organizations whom you designate in the trust document to receive your assets on your death.

Once your revocable living trust is created, you transfer your assets into the trust. The trust assets are still considered yours to be used for your benefit throughout your lifetime. You can change, modify, or terminate the living trust whenever you want so long as you are mentally competent.

Your designated successor trustee will manage your trust when you die or if you become incapacitated. On your death, your trustee distributes the property in the trust to your beneficiaries under the terms of the trust document without need for probate.

If you are interested in a revocable living trust, discuss its advantages and disadvantages with an estate planning attorney.