Planning and Resource Guide for Putting Your Affairs in Order
Our lives are not always predictable. Events and emergencies occur for which we cannot fully plan, but for which we can prepare. No matter one’s age and health, questions and conversations regarding illness and death are never easy to begin with loved ones. Recognizing how important it is for you to provide information about yourself in case of emergency, and to make your wishes known, we hope you will use the resources provided to help you and your family plan ahead.

The information and forms in this booklet will 1) allow you to make decisions concerning you and your care and 2) to choose those who will make decisions in case you cannot. We encourage you to complete the forms and to arrange for the execution of any pertinent legal documents. The task may appear formidable, but take the first steps now.

These forms do not take the place of a will. They will not override any instructions in your will. If completing these forms provokes new thinking regarding creating or revising your will, you should consult an attorney.

The information you provide can be given to your attorney, family members, executor of your will, the person holding your power of attorney, and even to The Brick Church. You do not necessarily need to share this information with anyone. However, have it available in case of an emergency.
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**DISCLAIMER**

This pamphlet is provided because we perceive a need and want to help you fill it. It does not take the place of legal or other appropriate advice. We expect to keep any forms you give The Brick Church in a private place until they may be needed, but we cannot make a legal commitment of any kind with regard to the retention, safekeeping, disclosure, or use of the information you supply. Neither The Brick Presbyterian Church nor any of its officers, members, or employees, nor the Presbyterian Church general, have undertaken any duty of care or other legal responsibility in that regard and reserve the right in any case or circumstances to withhold, suspend, or discontinue the provision of any and all services or facilities based on these forms at any time, in whole or in part, and with or without notice. Providing this pamphlet, answering questions or keeping copies of your forms or information, creates no liability or contractual or legal obligation to you.
Most people will have a difficult time locating critical documents and information when a major life event occurs.

You are invited to fill out this information for your own use, your family, your attorney, even your pastors if you wish. Some of the items may have only one space per contact. Please take the time to add information on additional sheets if you need more space, for family members, doctors or medicines.

You must decide what to put on these forms and how many of them you may want to complete. We encourage you to talk to an attorney regarding wills, living wills, and health care proxies – information to be covered in Section Two.
## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Family Name</th>
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<td>Address</td>
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<td>Telephone</td>
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<td>Date of Birth</td>
<td>Place of Birth</td>
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<td>Employer’s Name</td>
<td>Address</td>
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<td>Office Telephone</td>
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## PEOPLE TO NOTIFY IN CASE OF EMERGENCY (IF POSSIBLE, INCLUDE A RELATIVE)

### Family Contact 1

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship:</th>
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<tr>
<td>Home Telephone</td>
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<td>Cell</td>
<td>Office Telephone</td>
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### Family Contact 2

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<th>Name</th>
<th>Relationship:</th>
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<td>Home Telephone</td>
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### Friend or Other

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<td>Home Telephone</td>
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<td>Cell</td>
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<td><strong>Friend or Other</strong></td>
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<td>Name</td>
<td>Address</td>
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<td>Home Telephone</td>
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<table>
<thead>
<tr>
<th><strong>Person with a key to your apartment</strong></th>
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<td>Name</td>
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<td>Home Telephone</td>
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<thead>
<tr>
<th><strong>Who will know where any safety deposit keys are?</strong></th>
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<td>Name</td>
<td>Address</td>
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<tr>
<th><strong>Person(s) who will know if you are out of town</strong></th>
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<td>Name</td>
<td>Address</td>
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<td>Home Telephone</td>
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<td>Cell</td>
<td>Email</td>
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<table>
<thead>
<tr>
<th><strong>Person with whom communicate almost every day</strong></th>
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<tbody>
<tr>
<td>Name</td>
<td>Address</td>
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<td>Home Telephone</td>
<td>Office Telephone</td>
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<td>Cell</td>
<td>Email</td>
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</table>
### Do you have a will?

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<tr>
<th>Yes/No</th>
<th>Where is it kept?</th>
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<table>
<thead>
<tr>
<th>Executor’s Name</th>
<th>Address</th>
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<tr>
<th>If trustee is a bank, name of officer</th>
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</table>

### Are there any trust agreements?

<table>
<thead>
<tr>
<th>Trustee(s)</th>
<th>Where are they kept?</th>
</tr>
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<tbody>
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<th>Cell</th>
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<table>
<thead>
<tr>
<th>If trustee is a bank, name of officer</th>
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### My lawyer is

<table>
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<tr>
<th>Name</th>
<th>Address</th>
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<th>Home Telephone</th>
<th>Office Telephone</th>
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<th>Cell</th>
<th>Email</th>
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### Citizenship Status

<table>
<thead>
<tr>
<th>U.S. citizen Yes/No</th>
<th>If not citizen, alien #</th>
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**SECTION ONE  MEDICAL INFORMATION**

You should never go anywhere without (1) identification with your name and address on it (A Medic Alert bracelet is excellent), and (2) proof of medical insurance.

If you need to be admitted to a hospital, the following information, to the extent it applies to you, will be useful (some of it will be absolutely necessary):
## MEDICAL INFORMATION

<table>
<thead>
<tr>
<th>Social Security #</th>
<th>Insurance Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan ID#</td>
<td>ID#</td>
</tr>
<tr>
<td>Medicare #</td>
<td>Prefix</td>
</tr>
<tr>
<td>Suffix</td>
<td>Part B</td>
</tr>
<tr>
<td>Card Holder</td>
<td>Card Holder’s Social Security #</td>
</tr>
<tr>
<td>Plan card holder’s employer</td>
<td>Other/Supplemental Insurance</td>
</tr>
<tr>
<td>Other insurance card holder</td>
<td>Other card holder’s social security #</td>
</tr>
<tr>
<td>Other card holder’s employer</td>
<td>Veteran</td>
</tr>
<tr>
<td>Claim #</td>
<td>Blood type</td>
</tr>
<tr>
<td>Medications</td>
<td></td>
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<tr>
<td>Allergies (including allergies to medication)</td>
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<tr>
<td>Post-surgical procedures</td>
<td></td>
</tr>
<tr>
<td>Hospitalizations</td>
<td></td>
</tr>
<tr>
<td>Diet information (i.e. low sodium)</td>
<td></td>
</tr>
<tr>
<td>Do you have a life alert system   Yes/No</td>
<td>If yes, which company?</td>
</tr>
<tr>
<td>Contact Name</td>
<td>Phone</td>
</tr>
<tr>
<td><strong>Physician(s)</strong></td>
<td></td>
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<td>---</td>
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</tr>
<tr>
<td>Name</td>
<td>Address</td>
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<tr>
<td>Telephone</td>
<td>Specialty</td>
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<td></td>
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<tr>
<td><strong>Physician(s)</strong></td>
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<tr>
<td>Name</td>
<td>Address</td>
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<tr>
<td>Telephone</td>
<td>Specialty</td>
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<td></td>
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<tr>
<td><strong>Other physicians</strong></td>
<td></td>
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<tr>
<td>Preferred hospital</td>
<td>Please attach additional sheet</td>
</tr>
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<td></td>
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<tr>
<td><strong>Disability or long-term care insurance</strong></td>
<td></td>
</tr>
<tr>
<td>Carrier</td>
<td>Contact</td>
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<tr>
<td>Phone</td>
<td>Contact Number</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Citizenship Status</strong></td>
<td></td>
</tr>
<tr>
<td>U.S. citizen Yes/No</td>
<td>If not citizen, alien #</td>
</tr>
<tr>
<td>CHILDREN AND GUARDIANS</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td></td>
</tr>
<tr>
<td>Names of children</td>
<td>Date of birth</td>
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<tr>
<td>______________________</td>
<td>______________________</td>
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<td>______________________</td>
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</table>

School/University (for contact if away from home)

Nanny or caretaker(s)

Address

Phone

Who has permission to take your child from school?

Phone

If there is an emergency, where do you wish your child(ren) to be taken?

Have you named a guardian in your will?

Name

Address

Home Telephone

Cell Phone

Are there others for whom you are responsible?

Who depends upon you, i.e. relatives, friends?

Name

Address

Home Telephone

Cell Phone
SECTION TWO  THE IMPORTANCE OF A WILL

Leaving your affairs in good order is one of the most considerate things you can do for those you love. Part of putting those affairs in order involves legal issues. We cannot give you legal advice, but we can provide you with some general answers to some common questions. If you need a lawyer and do not have one, we can also give you some references for additional help.

WHAT IS A WILL?
A will is a writing that documents your wishes concerning the disposition of your property when you die. Different states have slightly different requirements for the formalities needed to make a will enforceable. But in general, it needs to be in writing, reasonably specific, dated, signed by you, and witnessed by others.

WHY SHOULD YOU HAVE A WILL?
If you do not have a will, state law (it differs from state to state) will decide who gets what from your estate. This may be very different than what you would want. (For instance, state law will not distribute anything to friends, churches, or charities about which you may care.)

WHAT CAN YOU DO IN YOUR WILL?
- You can use your will to specify which people and organizations will get specific property or assets you own in your own name at the time you die.
- You can name a guardian or guardians for your minor children.
- You can use your will to set up a trust or trusts to benefit one or more people or institutions over time.
- You can use your will to specify who gets anything left over after all of the specific bequests you make.
- You can use your will to specify who the executor or executors of your estate will be.
- You can use your will to specify that your executor or executors can spend money from your estate for specific funeral or memorial services.
- You can use your will to describe how you would like to be buried or cremated and details of any arrangements. While these requests may not be binding at your death, a will is still a good place to record them.
- You can use your will to express preferences regarding how your e-mail and any social media accounts such as Facebook should be handled. You may need to make arrangements for your passwords to be shared with your executor or a “social media executor.”

WHAT CAN YOU NOT DO IN YOUR WILL?
- You cannot use your will to say who gets the proceeds of life insurance, annuity, pension, or retirement funds, unless those contracts or policies themselves specify in writing that the money will be paid into your estate or as you may specify in your will.
- You cannot use your will to override choices prescribed by law as to who gets government benefits (such
as Social Security, Railroad Retirement, certain merchant marine benefits, or Veterans’ benefits) upon your death.
- You cannot use your will to specify who gets jointly-held property with right of survivorship.
- You cannot use your will to say who gets property held in a trust, unless there are specific terms in the trust document to that effect.
- You cannot use your will to specify who gets property held in Totten Trust bank accounts in New York (these are not true trusts, but bank accounts where you as the depositor can say the account is “in trust for” or “i/t/f” a beneficiary).
- You cannot use your will to say who gets bank accounts or bonds held by you “payable upon death” or “POD” to a beneficiary.
- You cannot use your will to say who gets assets you may have placed in your name as custodian for a minor under a state’s law concerning transfers or gifts to minors.
- You cannot use your will to pass your debts or other obligations on to others. Many debts survive death. Generally your executor (or an administrator if you do not have a will) deals with paying them from your estate.
- You cannot use your will to say what medical treatment you may want, or how you want to live as you get older. Provisions as to your lifetime care should never appear in a will.

**What If I Do Not Leave A Valid Will?**

If you do not have a valid will, a court will appoint an “administrator” or the equivalent (depending on where you are living when you die) to distribute your property according to statute. This will likely cause delay and expense. It also means your wishes for that property will not ordinarily be followed.

**How Does A Will Relate To My Funeral And Burial Plans?**

You can say in your will how you would like to be buried or cremated. You can also say how you would like a funeral or memorial service to be held. These will not be binding requests because a will does not acquire legal force until it is “admitted to probate”, which rarely occurs before a funeral, memorial service, burial, or cremation. (You may make prior arrangements with a funeral home, a crematory, or burial society which will have immediate legal force, however.)

Normally your next of kin will try to carry out your wishes concerning funeral and burial plans. Letting them or others know your wishes in your will can help. You can reinforce this by having your will direct your executor to pay for non-routine requests (such as expensive arrangements like building a mausoleum, being buried far away, or scattering your ashes at a favorite spot). This can remove certain legal questions as to whether the executor may make those expenditures and deduct them for federal and state estate tax purposes. Not having a will or failing to name an executor can also complicate making funeral arrangements because funeral directors often look to a named executor in making decisions.
What Else Can A Will Do?

The best answer to this question is to ask a lawyer who specializes in wills (the type of law practice often called “trusts and estates”, “estate planning”, or “probate” law). That said, in addition to the general examples above of giving property or money to people or organizations, appointing a guardian, naming an executor, and describing your funeral and burial preferences, there are many specific details a lawyer can help you include in a will. For example, you could provide for people subject to certain disabilities in ways that do not deprive them of access to government benefits and services (“special needs trusts”), you could provide for your pets, or you could do many other things. There are some legal restrictions on what you can do but they are unlikely to impinge on most people’s wishes.

What Would An Appointment of a Guardian in My Will Do for My Minor Children?

If you have minor children and appoint a guardian in your will, that guardian would act as your children’s parent if you die and they have no surviving parent. For those with children under the age of eighteen this can be the most important thing you can do in a will. The guardian you name (and any substitute guardian you name) will be deemed a recommendation to the court with jurisdiction over your will and your child and will ordinarily be followed unless “the best interest of the child” would dictate otherwise (for example, if the named guardian was a convicted felon, was not in physical or mental condition to carry out a guardian’s duties or was a chronic substance abuser). You should consult a lawyer if you have a family structure involving child custody issues.

Who Or What Is An Executor?

An executor carries out the temporary functions after you die of identifying and collecting your assets; paying your bills, funeral, and burial or cremation expenses; arranging for the preparation of your final tax returns and your estate’s tax returns; and winding up your affairs and disposing of your property as provided in your will. An executor can be an individual or it can be a bank or trust company. You can appoint more than one executor if you want. This includes appointing more than one to be co-executors, or specifying an executor or executors to take over if your first choice or choices cannot serve, or both.

What Are Bequests?

Bequests are the results of the directions you give in your will as to who or what should receive money or property from your estate after your death. You should use full names if possible in making bequests to avoid confusion. If you wish to leave money or other assets to Brick Church, for example, you would leave it to “The Brick Presbyterian Church in the City of New York”—because there may be other “Brick Churches” elsewhere in the world.

The Session of the Brick Presbyterian Church created the Henry van Dyke Association to recognize those making bequests or planned gifts to the church. Anyone who makes a bequest or planned gift in any amount is included. Each person may choose to be recognized in the list published in the Annual Report
of the Congregation or to be an anonymous member. Generous bequests and other planned gifts made over the last two centuries have created our endowment that enables the church to extend its mission through good times and bad. Your planned gifts to the church help to ensure its future. If you wish to make a bequest to The Brick Church, please let the Director of Finance and Administration know about your planned gift, and indicate whether you would like to be listed by name or anonymously in the Annual Report of the Church.

**What Is A “Living” Or “Inter Vivos” Trust?**
A “living” or “inter vivos” trust involves the transfer of money or property by you into a trust (that is, out of your own name) and specifying uses of the investment income and principal during your remaining life that are different than the uses after your death. While this arrangement may be set up so as to avoid certain legal procedures (such as probate), to reduce certain taxes, and to combine a way to handle your financial affairs in the event of incapacity as well as disposition of your assets after your death, you really need to consult an attorney for this purpose. For example, many cooperative apartment buildings will not permit apartments (your shares and proprietary lease) to be held in a trust’s name and if they do, certain tax benefits are not available. In a rental apartment, it is unlikely the landlord will rent to a trust. Setting up a trust like this would not eliminate the need for a power of attorney, a health care proxy, or a living will. For example, it would not empower anyone to execute a contract with a nursing home, sign a tax return, endorse a check made out to you individually, file an insurance claim, or make health care decisions for you.

**What Is A Power of Attorney?**
A power of attorney is a legal document that gives one or more other people the power to act for you for almost any purpose (other than making health care decisions). Such powers may be limited to provide power to act for you only in limited ways (example, signing checks). They can be effective immediately (so that the person you appoint could, for example, immediately sign your checks right after you execute the power of appointment) or they can take effect at a later time (sometimes known as a “springing power of attorney”), such as on a specific future date or upon the occurrence of a specific event (such as “in the event I am admitted to a nursing home or long-term care facility” or “in the event that two doctors who have examined me determine in writing that I can no longer handle my financial affairs”).

**What Is A “Durable” Power Of Attorney?**
A “durable” power of attorney is one which remains effective if you lose mental capacity. It contains language such as “This power of attorney shall remain in effect in the event I become incapacitated.” Almost all powers of attorney today have the required durability language, but it is wise to check that your power of attorney has such language if your purpose in executing the power is to allow someone to act for you in the event of your inability to act for yourself.
Is One Power Of Attorney Enough?
Banks and other financial institutions often want a separate power of attorney on their own forms together with signature cards from you and the person you are appointing. While some financial institutions must accept a general or “statutory” power of attorney, they may still reject it if they feel there is some irregularity or they may require a signature card signed by you and your agent. Having your agent show up at the bank with a perfectly valid statutory power of attorney after you are incapacitated, only to be told you need to sign a new signature card to make it effective, defeats the whole purpose of having someone able to act when you cannot do so. In other words, multiple powers of attorney are not unusual.

What Is A Health Care Proxy?
A health care proxy is a legal document which allows someone (in New York just one person at a time, although you may name substitutes) to make health care decisions for you if you cannot make those decisions yourself. A power of attorney cannot do this. A sample health care proxy is attached at the end of this Section.

What Is A Living Will?
A living will is a legal document that states your wish that under certain circumstances you do not want to be kept on life support or have certain specific measures taken to keep you alive. A sample living will is attached at the end of this Section. While a person you appoint under a health care proxy could make these decisions for you, a living will can make it easier for him or her to make a difficult decision. It can also be helpful if you have no health care proxy or the person appointed under your health care proxy is not available, or if you are being treated in a jurisdiction that has no health care proxy law but would honor your written wish concerning extraordinary medical care.

What Is Long Term Care Insurance?
Long term care insurance generally makes financial sense for people who want to protect their assets for their heirs, who have more assets and income than the minimal amounts that would allow eligibility for Medicare, and whose assets and income are not so large that annual nursing home expenses, currently in the range of $150,000 to $200,000 per year in New York, would not endanger what they want to pass on to heirs or have available for themselves if they get out of nursing home care. Such insurance often provides for homecare and includes the services of care advisors. Cost variables typically include age and health at time coverage is obtained, lapse periods before coverage is effective, limits of coverage, and inflation indexing. Insurance professionals, lawyers, and sometimes your employer can give you information on such policies.
**What If I Am Appointed An Executor For Someone Else’s Estate?**

You should feel honored that such trust and confidence has been placed in you. But at the same time, it may be hard to deal with the death of that friend, relative, or loved one. Here are a few things you might want to do immediately upon the death of someone who has named you as an executor:

1. Immediately request a credit report on the deceased. This will give you a broad overview of most of their open accounts.
2. Get a good number of “Letters Testamentary.” This is a document from the court showing that you are the proper executor or administrator of the estate.
3. Stock up on death certificates. You will need to send them in to prove your family member or friend has passed away and their accounts should be closed. Including them with any cancellation requests will greatly expedite the matter. Survey all accounts and get as many as you think you will need, then at least a dozen more. These should be originals and not photocopies.
4. As soon as possible, file requests to close every account shown in the credit report, along with any bank or utility accounts.
5. File an obituary in a newspaper that also publishes them online. This will help if a service company or credit bureau tries to verify if the departed is really departed.
6. Politely ask the phone company to let you change the message on any voicemail managed by the phone company (including cellphone voicemail). You may want to record the voicemail message of the deceased first, however.
7. While contracts expire upon death, debts do not. The estate is responsible for any remaining balances. However, debts do not transfer to the next generation, so do not let any debt collectors try to trick you or any survivors into thinking you or they are personally responsible for paying them back. Debts should be paid out of the estate monies.
8. If there are any assets of note, it is probably worthwhile retaining a lawyer. Letters and calls from them come in handy when dealing with recalcitrant and suspicious companies as well.
9. Take steps to close down e-mail accounts of the deceased and to either memorialize or close down social media accounts (such as Facebook) in accordance with the wishes of the deceased. Note that the treatment of online issues relating to a user's death is evolving.
NEW YORK HEALTH CARE PROXY, LIVING WILL AND ANATOMICAL GIFT ELECTION

HEALTH CARE PROXY

I, ___________________, residing at __________________, appoint:

Name: _______________________
Address: _____________________
_________________________________
Telephone: _____________________

as my health care agent to make any and all health care decisions for me. This health care proxy shall take effect in the event that I become unable to make my own health care decisions, as determined by my attending physician (with such confirmations as may be required by law).

I direct my agent to make health care decisions in accordance with my wishes and instructions (and to abide by any limitations) stated in my Living Will (which is incorporated in this document) or as are otherwise known to my agent. My Living Will specifically states my wishes regarding the administration of artificial nutrition and hydration so as to meet the special statutory decision making standards imposed by law with respect to that aspect of my care.

If my attending physician determines that the person I have appointed above is not qualified, able, willing, or reasonably available to act as my health care agent, and is not expected to become so in time to make a necessary decision given my medical circumstances, then I appoint:

Name: _______________________
Address: _____________________
_________________________________
Telephone: _____________________

as my alternate health care agent to act with all the authority granted to the agent until such time as my first choice as agent is again acting under this Health Care Proxy.

In order to enable my agent to fulfill his or her duties under this Health Care Proxy, I authorize all health care providers, health plan sponsors, insurers, and any other individuals or entities to disclose to my agent any and all “health information” as that term is defined in the Health Insurance Portability and Accountability Act and its implementing regulations (“HIPAA”) which they may have relating to me, including, but not limited to, claim, membership and benefit information and physician, hospital and case management records, including any information which may be protected under HIPAA and state law.

This Health Care Proxy shall remain in force unless and until I revoke it in writing, and shall be recognized as effective by all persons not having actual knowledge of revocation.
I further make this instrument as a Living Will, to operate independently of my Health Care Proxy and to survive its expiration or revocation, in order to record my decisions regarding my health care or withdrawal of care in certain circumstances and to ask all interested parties to carry these decisions into effect on my behalf if I become unable to make my own health care decisions.

1. Permanent Unconsciousness or Dementia
My eventual death is a certainty. I do not fear death as much as I fear the indignity of deterioration, dependence, or hopeless pain. After thoughtful consideration I have decided that if I should be in a persistent vegetative state, a state of unconsciousness, or a state of dementia severe enough that I am unable to recognize people I should know and am unable to take care of my own feeding, toilet, and other routine bodily functions, any of which states is expected to be permanent to a reasonable degree of medical certainty as determined by my attending physician, all health care (except basic personal hygiene care) is to be withheld or withdrawn. I do not wish artificial cardiac or breathing assistance or to have medications or nourishment forced upon me. Therefore, dialysis, cardiac or breathing assistance or resuscitation, antibiotics, chemotherapy, blood products, and other agents or medications, surgery and other procedures, and nutrition and hydration shall be withheld or withdrawn unless necessary for my comfort or to alleviate unacceptable pain. Medication necessary for my comfort or to alleviate unacceptable pain shall be administered to me even if my life may be shortened thereby. I recognize that when a life sustaining substance or treatment is withheld or withdrawn from me, I will surely die within a short time from disease, asphyxiation, malnutrition or otherwise, and that the process of that natural death may be characterized as involving some acceptable degree of pain or discomfort.

2. Terminal Condition
I have further decided that if I should have an incurable or irreversible condition which will, in my attending physician’s opinion, result in my death within a relatively short period of time, then there shall be administered no treatments, services or procedures (such as any of the health care referred to above) that are only designed to prolong the process of dying rather than applied with a reasonable medical hope that they might stabilize or improve the condition in a way that will permit me to regain a mental and physical state sufficiently alert and comfortable to permit a relatively pleasant existence, albeit expected to be short. “Alert” shall mean at least my regaining the capacity to make and communicate my own informed medical decisions.

3. Reasonable Trials
I assume that health care of the type referred to above will be chosen by me or by my agent, or condoned by my family or others who care for me, in a reasonable effort to help my condition or as a trial to see if something can help, but no inference whatever shall be drawn from such reasonable trials that I in any way am less firmly resolved that once my condition is in one of the irreversible states described in this Living Will, all such care should cease.
4. **Judgment of Providers and of Agent**
I recognize that there are countless instances other than those described above in which the compassionate practice of good medicine dictates that life sustaining treatment be withheld or withdrawn, and I do not intend that this instrument be construed as an exclusive list of the circumstances under which I have decided to forgo life sustaining treatment or the types of treatment that might be considered to be covered. To the contrary, it is my express direction that whenever the compassionate practice of good medicine dictates that life sustaining treatment should not be administered, that practice is to be followed in regard to my care and treatment. I similarly direct that in the event that I shall have been able to personally communicate a decision to forgo life sustaining treatment in other circumstances than those described herein, nothing in this Living Will shall be taken to limit such other communication. Further, I do now and may from time to time execute documents naming one or more persons as my agent to make health care decisions for me when I have not the capacity to do so, and I do not wish a limiting construction of this document to limit the broader power of my health care agent to make and implement informed decisions applying my philosophy to the actual circumstances at hand.

5. **Protection from Liability for Health Care Providers**
No physician, hospital or other health care provider who administers life shortening care or withholds or withdraws life sustaining treatment in reliance upon this instrument or upon my other personally communicated instructions, or pursuant to the directions of my duly appointed health care agent, without actual knowledge that I have revoked this instrument or agent's appointment or countermanded my decision regarding such care or treatment, shall have any liability or responsibility to me, my estate or any other person for having administered such care or withdrawn or withheld such treatment.

6. **Presumption Against Artificial Means**
I direct that my family, all physicians, hospitals, and other health care providers, and any court, judge, or agency honor my decision that my life not be extended by artificial means and that if there is any doubt as to whether or not life sustaining treatment is to be administered to me after I have sustained substantial and irreversible loss of mental capacity such doubt is to be resolved in favor of withholding or withdrawing such treatment.

I have made this instrument while in full command of my faculties in order to furnish clear and convincing proof of the strength and durability of my determination to forgo life sustaining treatment in any of the circumstances referred to herein, of my firm and settled conviction that I am entitled to forgo such treatment in the exercise of my right to determine the course of my medical treatment, and of my belief that my right to forgo such treatment is paramount to any responsibility of any health care provider or the authority of any court or judge to attempt to force unwanted medical care upon me.
7. Organ and Tissue Donation

I hereby make the following anatomical gift or gifts for lawful purposes, to take effect on the date of my death:

[ ] my body
[ ] any needed organs and tissues
[ ] the following specific organs and tissues

________________________________________

To: [ ] such done or donees for such utilization as shall be directed by my attending physician
[ ] the hospital in which I die
[ ] the following specific institution:

________________________________________

Further, I declare that I [ ] do [ ] do not oppose performance of any autopsy (if that is deemed appropriate by my attending physician).

In my Living Will, I have expressed my wish to forego life-sustaining treatment under certain circumstances. I hereby modify that Living Will to authorize sustaining my life for a reasonably short time, if free from unreasonable pain, if such time is needed to permit suitable recipient matching or to otherwise make this anatomical gift more effective or more socially valuable.

Signed this ______ day of ___________________, 2013.

Principal’s Signature: ____________________________

WITNESSES: I declare that the person who signed this Health Care Proxy and Living Will (or who asked another to sign on his or her behalf) is personally known to me, that he or she signed or asked another to sign this document in my presence, that he or she appeared to execute it willingly and free from duress, and that he or she directed me to sign this Proxy and Living Will as witness. I am an adult and am not the person appointed as agent or alternate by this document.

First Witness: ____________________________ Second Witness: ____________________________
Signature: ____________________________ Signature: ____________________________

Residing at: ____________________________ Residing at: ____________________________
SECTION THREE  PASTORAL AND SPIRITUAL CONCERNS

Know your pastors will tend to your needs and are available to support and guide. They are also willing to speak with you regarding your own death or the death of a family member or friend. This section will answer questions about the time of death, provide guidance for funeral or memorial services, and next steps.

WHEN DEATH OCCURS, WHO ARE THE APPROPRIATE PERSONS TO BE CALLED INITIALLY?

Your pastors will provide support and guidance. If the death occurs at home, 911 and the funeral home are the first to be called along with next of kin. In addition, the deceased’s physician should be notified. The police may arrive before the paramedics or funeral home as indicated by the caller. If a family member is under care of hospice, first call hospice. They will call the doctor and attending nurse. The funeral home is then called. If the deceased is in a nursing home, the attending physician is notified by the staff and a call is made to next of kin.

WHAT SERVICES DOES THE FUNERAL DIRECTOR PROVIDE?

As many or as few as a family wishes. In addition to various matters having to do with the transportation and disposition of the body, the funeral director will provide the family with the use of the funeral home, rental of cars for service and burial, the placement of death notices in local newspapers, or the opening of the grave. The director will also provide the family with copies of the death certificate. The number of original copies of death certificates should be coordinated with your attorney and/or executor of the estate.

WHAT IF I WOULD RATHER NOT EMPLOY A FUNERAL DIRECTOR?

There are a variety of direct cremation services in the city. Please contact the church if you would like further information in pursuing this.

IS IT POSSIBLE TO MAKE FUNERAL ARRANGEMENTS BEFORE ONE’S DEATH?

Absolutely. Such pre-planning with your pastor and/or a funeral director of one’s choice is now quite common. In many cases, one may even pre-pay all the costs of the services desired.

WHAT INFORMATION IS NEEDED FOR A DEATH CERTIFICATE?

1. First, middle and last names of deceased, address and phone number
2. Date and place of birth
3. Country of citizenship
4. Marital status and name of spouse, if married
5. Next of kin (if other than spouse) and relationship
6. Name and birthplace of father of deceased
7. Maiden name and birthplace of mother of deceased
8. Last occupation of deceased; employing firm: how long? if retired?
9. Social Security number
10. If veteran: rank, branch and dates of service, serial number

**WHAT INFORMATION IS IN A DEATH NOTICE?**
A death notice is a public announcement. Usually included in a death notice: the name of the deceased; age and date of death; names of survivors; date, time, and place of religious services; designation of memorial gifts (if any).

**WHAT INFORMATION IS CONTAINED IN AN OBITUARY?**
An obituary contains more biographical information than a death notice. A newspaper does not charge a fee for running an obituary, although it may choose or not choose to run it. It is usually the responsibility of the family to submit it unless otherwise arranged with the funeral director.

**WHAT ARE NAMES AND PHONE NUMBERS OF NEW YORK NEWSPAPERS?**
- New York Times 212-354-3900
- Daily News 212-949-2000
- New York Post 212-930-8139

The funeral director can offer guidance on newspaper placements.

**WHAT ABOUT MEMORIAL GIFTS?**
Many families request that in lieu of flowers, friends make contributions to the Church or to a favorite charity of the deceased. Oftentimes it is the family who decides the charities of choice, unless one makes arrangements beforehand.

**WHAT PROCEDURES ARE FOLLOWED IN DONATING ONE’S BODY (OR CERTAIN BODY PARTS) FOR MEDICAL PURPOSES?**
In case of certain organs, consult your local transplant program or hospital. For total body donation, contact a local medical school. This is a complicated issue, marking one’s driver’s license is not enough. These arrangements must be made while one is alive.

**WHAT CHOICES ARE THERE IN THE DISPOSITION OF THE BODY?**
Apart from donating it for medical purposes, there are two choices:
1) body burial (or entombment in a mausoleum)
2) cremation

Once the decision has been made, the funeral director will make all arrangements. It is always helpful to family members if this decision is decided while one is still living.

**IN THE CASE OF CREMATION, MUST A CASKET BE PURCHASED?**
No. The body can be transported to the crematory in a pine box or other simple container.
**WHAT HAPPENS TO THE CREMATED REMAINS?**
The urn containing them may be placed in our columbarium located directly adjacent to the sanctuary. If you are interested in this please consult our Columbarium brochure on the details of reserving and purchasing a niche. As well, the urn can be placed in a cemetery or kept in a home.

**WHAT ABOUT VIEWING THE BODY?**
Often it is helpful for members of the family to view the body at least once to assist in the process of accepting the fact that death has occurred. This can be arranged at the funeral home or at the time of death.

**WHAT RESOURCES ARE THERE IN COPING WITH GRIEF?**
Your pastors are available to counsel family and friends in times of death. Books are also available.
INFORMATION THAT WILL BE HELPFUL TO FAMILY AND FRIENDS

INFORMATION REQUIRED FOR DEATH CERTIFICATE

Full name _____________________________________________________
Address and Phone _____________________________________________
Date of birth __________________________________________________
Place of birth _________________________________________________
Citizenship ____________________________________________________
Social security number _________________________________________
Full name of spouse or partner __________________________________
Next of Kin, if not spouse _______________________________________
Relationship of next of kin ______________________________________
Full name of father _____________________________________________
Father’s Birthplace _____________________________________________
Mother’s Maiden Name _________________________________________
Mother’s Birthplace _____________________________________________
Last Occupation _______________________________________________
Employing Firm ________________________________________________
How Long _____________________________________________________
Retired _______________________________________________________
Veteran discharge papers with serial number _______________________

Friend or relative you wish to oversee arrangements at time of death
Name _________________________________________________________
Relationship __________________________________________________

Phone _________________________________________________________
Email _________________________________________________________
Address _______________________________________________________

Add others if you wish
ARRANGEMENT PREFERENCES
( ) Funeral director (if pre-planned or prepaid, give location of document)
( ) Cremation with ashes placed in a niche in the Columbarium, or buried or scattered on:
( ) Burial in casket or cemetery (location of deed or plot)
( ) Donation of body to medical school or organs to a transplant program
   (note name and location of document)
( ) Information for obituary (make sure family or friends know what is important to you)
( ) Other arrangements: _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   Name _____________________________________________________________
   Signature _____________________________________________________________
   Date _____________________________________________________________

(This information may be kept with your will and also given to the executor of your will. It is also a good idea
for a family member or a friend to know your wishes ahead of time. Your may consult with your attorney
about this process.)

POST-FUNERAL TO-DO CHECKLIST
This list is provided to help you keep track of the many tasks that you may need to complete following
your loss.

FILING FOR BENEFITS
• Social Security Administration
• Retirement or Pension Funds
• Professional or Fraternal Organizations
• Wills and Estates

Additional Paperwork (notification of death and name changes)
• Banking
• Checking Account
• Savings Account
• Safe Deposit Boxes
• Charge/credit cards
• Utilities, Telephone and Other Household Accounts

• Department of Veterans Affairs
• Union Benefits
• Life Insurance

• Insurance (change of beneficiary/update policies)
  Health
  Auto
  Homeowners

• Personal property
• Investments/Financial Institutions
• Mortgages (savings and loan/titles and deeds to property) • Trusts and Trust Funds
• Automobile Title and Licensing • Estate, Inheritance and Other Taxes
(federal and state taxes: estate and inheritance)

**WORSHIP SERVICE FOR THE THANKSGIVING OF LIFE**

“The service on the occasion of death ordinarily should be held in the usual place of worship in order to join
this service to the community’s continuing life and witness to the resurrection. The service shall be under the
direction of the pastor. Others may be invited to participate as leaders in the service as the discretion of the
pastor.”

—“Directory for Worship.” *Book of Order Presbyterian Church (U.S.A.)*

Know that you can pre-arrange your own funeral or memorial service. This is most helpful to family members
who are often left not aware of your wishes. Favorite hymns, scripture passages, special music can all be
determined beforehand. This section can assist you in making decisions about your own service. If a family
member has died, this section can also assist you in creating a worship service which celebrates their life.

**WHAT IS THE DIFFERENCE BETWEEN A FUNERAL AND A MEMORIAL SERVICE?**

A memorial service is without the presence of a casket and a funeral service is when the casket is present.
If the casket is present, it will be closed and covered with a pall (one of the funeral home or Brick Church has
its’ own pall which is often chosen) in order that the attention of those attending maybe directed toward God.
At Brick Church we support the decision of the family and friends as to which type of service is preferable.

**WHAT THE COSTS OF A FUNERAL OR MEMORIAL SERVICE?**

Please inquire at the church office.

**FLOWERS**

Flowers add beauty, color, and remind of us of the goodness of God’s creation. Ordinarily one or two
arrangements are sufficient; although bouquets delivered can be placed in both the Narthex and in the
Chapel to further commemorate one’s life. Families are encouraged to take any or all of the flowers with
them. Note cards need to be collected by one person in the family for their own response.
**CONTENT OF SERVICE**

In consultation with the family, the pastor(s) plan the service. The purpose is to offer thanksgiving for the life of the deceased, to provide comfort and strength to mourners, and above all, to bear witness to the resurrection and to the hope of the Christian faith.

Music and hymns are appropriate and should direct worshippers to the presence and power of God. Our Minister of Music will meet with families to assist in selecting sacred music for the service. A list of suggested hymns is appended although favorite hymns of the deceased may be sung as appropriate.

Scripture is always read at a funeral or memorial service. Scriptures often used are appended. Family or friends are welcome to assist in reading scripture.

Prayers are offered. A meditation may be preached and words of reflection may be spoken by the pastor(s), family members, friends or colleagues. We recommend that no more than 20 to 30 minutes be used for reflections. With the other elements in the service, this will bring the service to approximately one hour.

**SUGGESTED SERVICE OUTLINE**

- Organ Prelude
- Call to Worship or Sentences of Scripture
- Hymn
- Old Testament Readings/Psalm
- Music (soloist, organ; instrumental)
- New Testament Readings
- Reflections
- Meditations
- Affirmation of Faith
- Prayers
- The Lord’s Prayer
- Hymn
- Benediction
- Organ Postlude

Note: Not everyone will wish to include all the elements as listed – music or hymns may shift order or number depending upon the wishes of the deceased, the family members, or the service itself.

**SUGGESTIONS FOR SCRIPTURE**

*Scripture is often used in a service although favorite readings of the deceased may also be chosen as appropriate.*

**New Testament**

<table>
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<tr>
<th>Scripture</th>
<th>Message</th>
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<tbody>
<tr>
<td>Luke 18:15-17</td>
<td>We enter the kingdom only as children</td>
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<tr>
<td>Luke 23:33, 39-43</td>
<td>Today you will be with me in Paradise</td>
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<tr>
<td>John 3:16-21</td>
<td>God so loved the world</td>
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<tr>
<td>John 5:24-29</td>
<td>Whoever hears and believes has eternal life</td>
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<tr>
<td>John 6:47-58</td>
<td>Whoever believes in me has eternal life</td>
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<tr>
<td>John 11:17-27</td>
<td>I am the resurrection and the life</td>
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<tr>
<td>John 11:38-44</td>
<td>Lazarus raised from the dead</td>
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<tr>
<td>John 14:1-6, 25-27</td>
<td>Let not your hearts be troubled</td>
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Epistles
Rom. 8:14-23, 31-39  Nothing can separate us from the love of God
Rom. 14:7-9, 10b-12  Whether we live or die, we are the Lord’s
1 Cor. 15:50-57   We shall all be changed
2 Cor. 4:16-5:1   Visible things are temporary, invisible things eternal
2 Cor. 5:1-10   From God we have a house not made with hands
1 Cor. 15:20-26, 35-38   Death is swallowed in victory
Rev. 21:1-4, 22-25; 22:3-5   A new heaven and a new earth

Old Testament
Job 19:23-27   I know that my redeemer lives
Isa. 40:1-11, 28-31   Comfort my people
Isa. 40:28-31   Those who wait for the Lord shall renew their strength
Isa. 65:17-25   I create new heavens and a new earth

Psalms
Ps. 23   The Lord is my shepherd
Ps. 27:1, 4-9a, 13-14   The Lord is my light and my salvation
Ps. 42:1-6a   As a deer longs for flowing streams
Ps. 46:1-5, 10-11   A very present help in trouble
Ps. 90:1-10, 12   Teach us to number our days
Ps. 103   Bless the Lord, O my soul
Ps. 106:1-5   O give thanks to the Lord
Ps. 121   I lift up my eyes to the hills
Ps. 130   Out of the depths I cry to the Lord
Ps. 139:1-12   Where shall I go from your spirit?
**SUGGESTIONS FOR HYMNS**
The Presbyterian Hymnal includes a selection of appropriate hymns. One will be available for your use upon request. The Minister of Music is available for consultation.

**SERVICE REQUEST**
Please share this information with your family or a close friend who will be involved with your service. The Brick Church is willing to hold your requests. Your pastors are available to help you plan.

<table>
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<tr>
<th>Scripture Passages:</th>
<th>Hymns:</th>
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Music: If applicable, you might wish to request those who eulogize.

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*Blessed are the dead who die in the Lord, says the Spirit. Rev 14:13*

*I am the resurrection and the life, says the Lord. Those who believe in me, even though they die, will live, and everyone who lives and believes in me will never die. John 11:25-26*