

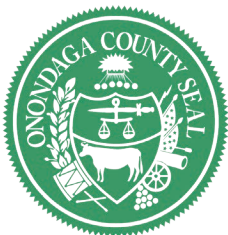
# Give Yourself Peace of Mind



## Essential Forms for Future Planning

### Living Will

### Power of Attorney and Health Care Proxy



J. Ryan McMahon, II  
County Executive

Onondaga County  
Department of Adult & Long Term Care Services

### Office for Aging

315-435-2362 [www.ongov.net/aging](http://www.ongov.net/aging)

JoAnne Spoto Decker, Commissioner  
Executive Director Office for Aging



## Onondaga County Office for Aging 315-435-2362 [www.ongov.net/aging](http://www.ongov.net/aging)

### Caregiver Services

Information and Consultation for people caring for older persons.

- Caregiver Information & Assistance
- Caregiver Discussion Groups

### HIICAP

Health Insurance Information, Counseling & Assistance

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

### EISEP

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

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

### HEAP

Home Energy Assistance Program

- Utility subsidy to those 60+ & income eligible

### Community Service Programs

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

### New York Connects

Information & Assistance On:

- Long-Term Care services & supports - any age
- Provides "No Wrong Door" Screens to assist families in choosing appropriate levels of service & support

### Long-Term Care Resource Center

- Provides on going, medically based care management for adults & children with disabilities
- Works with Adult Protective Services to provide nursing assessments
- Works with Medicaid Waiver Programs to provide personal & consumer directed home care services

### Nutrition Services

- Nutrition Counseling & Education
- County Dining Sites for age 60+
- Home Delivered Meals
- Senior Farmers Market Nutrition Program & Coupons



County of Onondaga  
Department of Adult & Long Term Care Services

Aging • NY Connects • Adult Protective Services  
John H. Mulroy Civic Center, 10<sup>th</sup> Floor  
421 Montgomery Street, Syracuse, NY 13202

J. Ryan McMahon, II  
County Executive

JoAnne Spoto Decker  
Commissioner

[www.ongov.net](http://www.ongov.net)

Dear Onondaga County Resident,

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

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

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

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

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

Sincerely,

JoAnne Spoto Decker  
Commissioner

Aging  
315.435.2362 Fax: 315.435.3129

NY Connects  
315.435.1400 Fax: 315.435.5615

Adult Protective Services  
315.435.2815 Fax: 315.435.2801

Long Term Care Resource Center  
315.435.5600 Fax: 315.435.5615

# How to Use This Booklet

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

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

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

Second, complete the important data forms:

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

Next, review the following to update additional important information:

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

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

- **The Living Will** pages 19-21
- **Power of Attorney** pages 22-29
- **Health Care Proxy** pages 30-37

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This form provides information regarding what to do, who to contact and what to pay for prior to or after your death.	
<b>2. Personal Statistics and History</b> .....	<b>4-5</b>
This form creates a brief overview of your (and your partner’s) important personal information.	
<b>3. Family</b> .....	<b>6</b>
This form allows you and your survivor(s) to have your family’s names and their contact information all on one document and in one safe place.	
<b>4. Friends</b> .....	<b>7</b>
This form allows you and your survivor(s) to have your friend’s names and contact information all on one document and in one safe place.	
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This form allows you and your survivor(s) to have a list of all your doctors, lawyers, accountants, and other important advisors all in one document and in one safe place.	
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This form is for you (and your partner) and provides information regarding what you would like for a memorial service/funeral.	
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This form explains important information regarding veteran’s benefits.	
<b>12. Important Document Locator</b> .....	<b>18</b>
This form allows you to indicate the location of all your important documents.	
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The first page of this form provides information regarding the Living Will, the 2nd and 3rd pages are the actual documents you (and your partner ) can fill out if you choose to do so.	
<b>14. Power of Attorney</b> .....	<b>22-29</b>
This form allows you to appoint someone to handle your property during your lifetime. This is a legal document and will continue if you become disabled or incompetent.	
<b>15. Health Care Proxy</b> .....	<b>30-37</b>
This form allows you to appoint someone to make health care decisions for you should you be unable to do so.	

# Checklist for Survivors

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

## Notify:

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

## Survivor Will Need To:

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

## Decide On: (or refer to Memorial Instructions page 13-14)

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

## Arrange Payment for:

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

# Personal Statistics and History (Person 1)

Last Name		First Name		M.I.
Residence Address		City	State	Zip
Birthplace		Birth Date		
Social Security Number		Partner's Maiden Name		
Marital Status		Name of Partner		
Date of Marriage		Place of Marriage		
Name and Birthplace of Parent 1				
Name and Birthplace of Parent 2				
Professional History - Company/Organization		Job Title	Employed From	To
Professional Achievements				
Schools Attended/Degrees Received (and Dates granted)				
Schools Attended/Degrees Received (and Dates granted)				
Civic or Public Offices Held and When				
Civic or Public Offices Held and When				
Organization Affiliations (Offices Held and When)				
Organization Affiliations (Offices Held and When)				
Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		Branch of Service		Serial Number
Name of War or Dates Served				
Organization		Rank		
Enlisted at		Date		
Discharged at		Date		
Location of Discharge Certificate				
Citations, Recognitions or Awards				
Citations, Recognitions or Awards				
Citations, Recognitions or Awards				

## Personal Statistics and History (Person 2)

Last Name		First Name		M.I.
Residence Address		City	State	Zip
Birthplace		Birth Date		
Social Security Number		Partner's Maiden Name		
Marital Status		Name of Partner		
Date of Marriage		Place of Marriage		
Name and Birthplace of Parent 1				
Name and Birthplace of Parent 2				
Professional History - Company/Organization		Job Title	Employed From	To
Professional Achievements				
Schools Attended/Degrees Received (and Dates granted)				
Schools Attended/Degrees Received (and Dates granted)				
Civic or Public Offices Held and When				
Civic or Public Offices Held and When				
Organization Affiliations (Offices Held and When)				
Organization Affiliations (Offices Held and When)				
Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		Branch of Service		Serial Number
Name of War or Dates Served				
Organization		Rank		
Enlisted at		Date		
Discharged at		Date		
Location of Discharge Certificate				
Citations, Recognitions or Awards				
Citations, Recognitions or Awards				
Citations, Recognitions or Awards				



# Family

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

# Friends

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

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Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

# Advisors (Doctors, Lawyers, Clergy, Accountants, Insurance Agents, Etc.)

Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

# Family Financial Information - Last Updated \_\_\_\_\_

<b>Assets</b>	<b>Date</b> _____	<b>Date</b> _____	<b>Date</b> _____
Cash on hand in banks (See Schedule F)	\$	\$	\$
US Gov't & Marketable Securities (Sched. A)	\$	\$	\$
Unlisted Securities e.g. Stocks (Sched. B)	\$	\$	\$
Accounts Receivable (See Schedule C)	\$	\$	\$
Real Estate (See Schedule D)	\$	\$	\$
Cash Value Life Insurance (See Page 13)	\$	\$	\$
Face Value Life Insurance	\$	\$	\$
Automobiles	\$	\$	\$
Personal Property	\$	\$	\$
Pension/401K (Schedule G)			
Other Assets (Itemize)	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total Assets</b>	\$	\$	\$

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

# Family Financial Information - Last Updated \_\_\_\_\_

## Schedule A - US Government and Marketable Securities

Number of Shares	Description	In Name Of	Cost	Market Value

## Schedule B - Unlisted Securities and Stocks

Number of Shares	Description	In Name Of	Cost	Market Value

## Schedule C - Accounts Receivable

Due From	Address	Phone	Amount	Notes

## Schedule D - Real Estate Owned

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

## Schedule E - Notes Payable and Other Debts

Payable To	Terms	Maturity Date	Loan Net Amount	Loan Total Amount

# Family Financial Information - Last Updated \_\_\_\_\_

## Schedule F- Bank Accounts

Bank Name and Address	Account Number	Account Type	Value

## Schedule G - Pension/401K

Plan Name and Address	Contact Person	Phone	Amount

# Insurance Information - Last Updated \_\_\_\_\_

<b>Life Insurance</b>				
<b>Company</b>	<b>Policy #</b>	<b>Insured</b>	<b>Beneficiary</b>	<b>Contact Info.</b>

<b>Health Insurance</b>				
<b>Company</b>	<b>Policy #</b>	<b>Subscriber</b>	<b>Contact Info.</b>	<b>Notes</b>

<b>Homeowners/Automobile Insurance</b>				
<b>Company</b>	<b>Policy #</b>	<b>Subscriber</b>	<b>Contact Info.</b>	<b>Notes</b>

<b>Long-Term Care Insurance</b>				
<b>Company</b>	<b>Policy #</b>	<b>Subscriber</b>	<b>Contact Info.</b>	<b>Notes</b>

<b>Disability Insurance</b>				
<b>Company</b>	<b>Policy #</b>	<b>Subscriber</b>	<b>Contact Info.</b>	<b>Notes</b>

# Memorial Instructions - Person 1

For (Name)	Place of Service
Memorial Chapel	Faith Community
Faith Leader's Name	
Faith Leader's Address/Phone	
(Participating Military/Fraternal)	
Type of Viewing (Open <input type="checkbox"/> Closed <input type="checkbox"/> ) Casket Type	
Flag Yes <input type="checkbox"/> No <input type="checkbox"/> Fold <input type="checkbox"/> Head of Casket <input type="checkbox"/> Drape on Casket <input type="checkbox"/>	
Type of Service (Full Mass, Religious, Secular etc.)	
Flowers - Type - Florist Name	
Musical Selections	
Musicians/Soloist	
Readings	
Clothing - Type - New or Existing	
Jewelry - Leave on or Give to (Name Person)	
Wedding Ring - Leave on or Give to (Name Person)	
Burial Plot (Deed Location)	
Cemetery/Address	
Type of Cemetery ( Mausoleum/Ground Space etc.)	
Memorial (Stone/Granite, etc.)	
Inscription	
Emblem	
Pall Bearers Names & Phone Numbers	
Special Instructions	
Burial Trust Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Signature/Date**



# Memorial Instructions - Person 2

For (Name)	Place of Service
Memorial Chapel	Faith Community
Faith Leader's Name	
Faith Leader's Address/Phone	
(Participating Military/Fraternal)	
Type of Viewing (Open <input type="checkbox"/> Closed <input type="checkbox"/> ) Casket Type	
Flag Yes <input type="checkbox"/> No <input type="checkbox"/> Fold <input type="checkbox"/> Head of Casket <input type="checkbox"/> Drape on Casket <input type="checkbox"/>	
Type of Service (Full Mass, Religious, Secular etc.)	
Flowers - Type - Florist Name	
Musical Selections	
Musicians/Soloist	
Readings	
Clothing - Type - New or Existing	
Jewelry - Leave on or Give to (Name Person)	
Wedding Ring - Leave on or Give to (Name Person)	
Burial Plot (Deed Location)	
Cemetery/Address	
Type of Cemetery ( Mausoleum/Ground Space etc.)	
Memorial (Stone/Granite, etc.)	
Inscription	
Emblem	
Pall Bearers Names & Phone Numbers	
Special Instructions	
Burial Trust Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Signature/Date**

# Wills

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

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

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

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

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

Person 1: \_\_\_\_\_ Person 2: \_\_\_\_\_

Date of Will: \_\_\_\_\_ Date of Will: \_\_\_\_\_

Location of Will: \_\_\_\_\_ Location of Will: \_\_\_\_\_

# Social Security Information and Benefits

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

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

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

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

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

You may also write to your local office, or the national Social Security Office at:

Social Security Administration  
Office of Public Inquiries  
Windsor Park Building  
6401 Security Blvd.  
Baltimore, MD 21235

# Veterans Information and Benefits

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

Types of benefits and criteria for qualification change from time to time, so it is important to obtain pertinent, up-to-date information.

You can contact the U.S. Department of Veteran's Affairs for current information on benefits and claims procedures by calling the VA Benefits Hotline at 1-800-827-1000.

In Onondaga County you can contact the Veterans Service Agency at 315-435-3219.

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

- Veteran's Discharge Papers
- Copy of Veteran's Marriage Certificate
- Birth Certificates of Veteran's minor children
- Receipt of itemized funeral bill for the Veteran
- Veteran's Death Certificate

To obtain a ceremonial U.S. Flag, consult with your local funeral director. World War II Veterans will need copies of Military Discharge Papers. Korean War Veterans, and later, will need form DD-214. If you do not have copies the Veterans Service Agency can assist; please contact them at 315-435-3219.

# Important Document Locator

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

Safe Deposit Box \_\_\_\_\_

Safe Deposit Key \_\_\_\_\_ Wills \_\_\_\_\_

Certificate of Ownership - Cemetery/Mausoleum/Stone/Property \_\_\_\_\_

Insurance Policies \_\_\_\_\_ Promissory Notes, Loans \_\_\_\_\_

Stocks and Bonds \_\_\_\_\_ Birth/Adoption Certificates \_\_\_\_\_

Marriage Certificate \_\_\_\_\_ Divorce Papers \_\_\_\_\_

Retirement Documents \_\_\_\_\_ Pension Information \_\_\_\_\_

Trust Agreements \_\_\_\_\_ Notes/Obligations \_\_\_\_\_

Diplomas \_\_\_\_\_ Bills of Sale, Titles \_\_\_\_\_

Military Papers \_\_\_\_\_ Title to Car(s)/Registration(s) \_\_\_\_\_

Social Security Cards \_\_\_\_\_ Business Records \_\_\_\_\_

Medicare/Medicaid Cards \_\_\_\_\_ Power of Attorney \_\_\_\_\_

Living Will \_\_\_\_\_ Health Care Proxy \_\_\_\_\_

Deed(s) to Home/Title(s) \_\_\_\_\_ Deed(s) to Property/Title(s) \_\_\_\_\_

Bank Account Information \_\_\_\_\_ Tax Returns \_\_\_\_\_

Are you an Organ Donor? \_\_\_\_\_ Where is that stated? \_\_\_\_\_

# The Living Will

## Completing Your New York Living Will

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

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

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

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

Item 1: Print your name

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

Item 3: Write in any personal instructions

Item 4: Sign and date the document and include your address

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

Note: This form does not need to be notarized.

## NEW YORK LIVING WILL

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

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

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

I direct that my treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment.

While I understand that I am not legally required to be specific about future treatments **if I am in the condition(s) described above I feel especially strongly about the following forms of treatment:**

[2]

I do not want cardiac resuscitation.

I do not want mechanical respiration.

I do not want artificial nutrition and hydration.

I do not want antibiotics.

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

[3] Other directions:

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

[4] Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Witness 2

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**POWER OF ATTORNEY**  
**NEW YORK STATUTORY SHORT FORM**

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

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. "Important Information for the Agent" at the end of this document describes your agent's responsibilities.

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

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

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

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, [www.nysenate.gov](http://www.nysenate.gov) or [www.nyassembly.gov](http://www.nyassembly.gov).

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

**(b) DESIGNATION OF AGENT(S):**

I, \_\_\_\_\_, with a mailing address of \_\_\_\_\_, City of \_\_\_\_\_, State of New York, hereby appoint: \_\_\_\_\_, with a mailing address of \_\_\_\_\_, City of \_\_\_\_\_, State of New York as my agent.

**INITIAL ONE (1)**

\_\_\_\_\_ - There shall be no other Agents.

\_\_\_\_\_ - There shall be another Agent known as \_\_\_\_\_, with a mailing address of \_\_\_\_\_, City of \_\_\_\_\_, State of New York as my agent.

If you designate more than one agent above, and you do not initial the statement below, they must act together.

\_\_\_\_\_ - My agents may act SEPARATELY.

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

\_\_\_\_\_ - There shall be no Successor Agents.

\_\_\_\_\_ - There shall be a Successor Agent known as \_\_\_\_\_, with a mailing address of \_\_\_\_\_, City of \_\_\_\_\_, State of New York.

\_\_\_\_\_ - There shall be a Successor Agent known as \_\_\_\_\_, with a mailing address of \_\_\_\_\_, City of \_\_\_\_\_, State of New York.

If you do not initial the statement below, successor agents designated above must act together.

\_\_\_\_\_ - My Successor Agents may act SEPARATELY.

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

\_\_\_\_\_

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

**(e) THIS POWER OF ATTORNEY DOES NOT REVOKE** any Powers of Attorney previously executed by me unless I have stated otherwise below, under "Modifications."

**(f) GRANT OF AUTHORITY:**

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

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

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

\_\_\_\_\_ - (A) real estate transactions;

\_\_\_\_\_ - (B) chattel and goods transactions;

\_\_\_\_\_ - (C) bond, share, and commodity transactions;

\_\_\_\_\_ - (D) banking transactions;

\_\_\_\_\_ - (E) business operating transactions;

\_\_\_\_\_ - (F) insurance transactions;

\_\_\_\_\_ - (G) estate transactions;

\_\_\_\_\_ - (H) claims and litigation;

\_\_\_\_\_ - (I) personal and family maintenance. If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five hundred dollars;

\_\_\_\_\_ - (J) benefits from governmental programs or civil or military service;

\_\_\_\_\_ - (K) health care billing and payment matters; records, reports, and statements;

\_\_\_\_\_ - (L) retirement benefit transactions;

\_\_\_\_\_ - (M) tax matters;

\_\_\_\_\_ - (N) all other matters;

\_\_\_\_\_ - (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;

\_\_\_\_\_ - (P) EACH of the matters identified by the following letters \_\_\_\_\_.

**You need not initial the other lines if you initial line (P).**

**(g) CERTAIN GIFT TRANSACTIONS: STATUTORY GIFTS RIDER (OPTIONAL)**

In order to authorize your agent to make gifts in excess of an annual total of \$5,000 for all gifts described in (I) of the grant of authority section of this document (under personal and family maintenance), and/or to make changes to interest in your property, you must expressly grant that authorization in the Modifications section below. If you wish to authorize your agent to make gifts to himself or herself, you must expressly grant such authorization in the Modifications section below. Granting such authority to your agent gives your agent the authority to take actions which could significantly reduce your property and/or change how your property is distributed at your death. Your choice to grant such authority should be discussed with a lawyer.

\_\_\_\_\_ - I grant my agent authority to make gifts in accordance with the terms and conditions of the Modifications that supplement this Statutory Power of Attorney.

**(h) MODIFICATIONS: (OPTIONAL)**

In this section, you may make additional provisions, including, but not limited to, language to limit or supplement authority granted to your agent, language to grant your agent the specific authority to make gifts to himself or herself, and/or language to grant your agent the specific authority to make other gift transactions and/or changes to interests in your property. Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. In this section, you may make additional provisions if you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, and you may define "reasonable compensation."

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

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

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

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

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

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

**(l) TERMINATION:** This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

**(m) SIGNATURE AND ACKNOWLEDGMENT:**

In Witness Whereof I have hereunto signed my name on \_\_\_\_\_, 20\_\_\_\_.

**PRINCIPAL'S SIGNATURE** \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_ before me, the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
**Notary Public Signature**

**(n) SIGNATURES OF WITNESSES:**

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

\_\_\_\_\_  
Signature of Witness 1

\_\_\_\_\_  
Signature of Witness 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

This document prepared by: \_\_\_\_\_

**(o) IMPORTANT INFORMATION FOR THE AGENT:**

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;

(2) avoid conflicts that would impair your ability to act in the principal's best interest;

(3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;

(4) keep a record of all transactions conducted for the principal or keep all receipts of payments and transactions conducted for the principal; and

(5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manners: (Principal's Name) by (Your Signature) as Agent, or (your signature) as Agent for (Principal's Name).

You may not use the principal's assets to benefit yourself or anyone else or make gifts to yourself or anyone else unless the principal has specifically granted you that authority in the modifications section of this document or a Non-Statutory Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest. You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

**Liability of Agent:**

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

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

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

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

I/we acknowledge my/our legal responsibilities.

In Witness Whereof I have hereunto signed my name on \_\_\_\_\_ 20\_\_\_\_.

**Agent(s) Signature** \_\_\_\_\_

**Agent(s) Signature** \_\_\_\_\_

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_ before me, the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual (s) acted, executed the instrument.

\_\_\_\_\_  
**Notary Public**

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

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

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

In Witness Whereof I have hereunto signed my name on \_\_\_\_\_ 20\_\_\_\_\_.

**Successor Agent(s) Signature** \_\_\_\_\_

**Successor Agent(s) Signature** \_\_\_\_\_

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_ before me, the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual (s) acted, executed the instrument.

\_\_\_\_\_  
**Notary Public**





# Health Care Proxy

## *Appointing Your Health Care Agent in New York State*

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

# About the Health Care Proxy Form

This is an important legal document. Before signing, you should understand the following facts:

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

# Frequently Asked Questions

## **Why should I choose a health care agent?**

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

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

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

## **Who can be a health care agent?**

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

## **How do I appoint a health care agent?**

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

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

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

## **What decisions can my health care agent make?**

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

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

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

## **How will my health care agent make decisions?**

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

## **How will my health care agent know my wishes?**

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

# Frequently Asked Questions Continued

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

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

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

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

## **Who will pay attention to my agent?**

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

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

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

## **What if I change my mind?**

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

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

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

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

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

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

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

# Health Care Proxy Form Instructions

**Item (1)** Write the name, home address and telephone number of the person you are selecting as your agent.

**Item (2)** If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

**Item (3)** Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.

**Item (4)** If you have special instructions for your agent, write them here. Also, if you wish to limit your agent's authority in any way, you may say so here or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

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

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

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

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

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

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

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

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

**Item (5)** You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

**Item (6)** You may state wishes or instructions about organ and /or tissue donation on this form. New York law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your health care agent, your decedent's agent, your spouse, if you are not legally separated, or your domestic partner, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death.

**Item (7)** Two witnesses 18 years of age or older must sign this Health Care Proxy form. The person who is appointed your agent or alternate agent cannot sign as a witness.



# HEALTH CARE PROXY

(1) I, \_\_\_\_\_  
hereby appoint \_\_\_\_\_  
*(name, home address and telephone number)*

\_\_\_\_\_

\_\_\_\_\_

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

**(2) Optional: Alternate Agent**

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint \_\_\_\_\_  
*(name, home address and telephone number)*

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

**(5) Your Identification** *(please print)*

Your Name \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Address \_\_\_\_\_

**(6) Optional: Organ and/or Tissue Donation**

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

Any needed organs and/or tissues

The following organs and/or tissues \_\_\_\_\_

Limitations \_\_\_\_\_

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

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

**Witness 1**

Date \_\_\_\_\_

Name *(print)* \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

**Witness 2**

Date \_\_\_\_\_

Name *(print)* \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_











# NY Connects

Your Link to Long Term  
Services and Supports

of ONONDAGA COUNTY

**(800) 342-9871      (315) 435-1400**

For people of all ages, any disability, and caregivers. NY Connects can work with anyone who needs information on long term care services and supports - children or adults with disabilities, older adults, family members and caregivers, friends or neighbors, veterans and helping professionals.

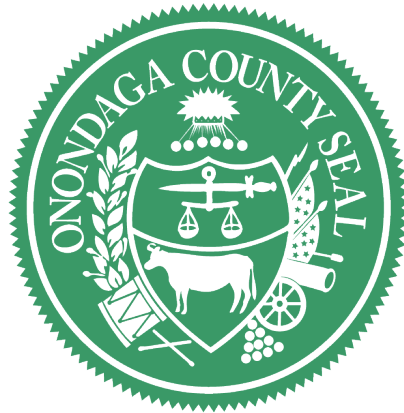


## **NY Connects can help you...**

- Find care and support
- Discuss long term care options
- Remain independent
- Understand community options
- Find transportation
- Access personal care services



Community long term care services and supports designed to help people remain healthy and independent.



**J. Ryan McMahon, II**  
County Executive

Onondaga County  
Department of Adult & Long Term Care  
Services

**Office for Aging**

**315-435-2362**

**[www.ongov.net/aging](http://www.ongov.net/aging)**

**JoAnne Spoto Decker**  
Commissioner and  
Executive Director Office for Aging