



**Give Yourself
Peace of Mind**

**Essential Forms & Documents
for
Getting Your Affairs in Order**

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ONONDAGA COUNTY
Department of Aging & Youth

315-435-2362

www.ongov.net/agingandyouth



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Onondaga County and the Department of Aging and Youth are pleased to provide this booklet of "Essential Forms and Documents."

Planning ahead for the inevitable will give you peace of mind and a sense of control over certain aspects of your future. You will know that your wishes will be followed even at those times when you may not be able to express them yourself.

Most particularly, this will be a gift to your loved ones during difficult times. They will not have to struggle with guessing what you would have wanted. They will know what your wishes would be if you could express them yourself.

To make it convenient for you to give that gift to them, we have gathered the forms and documents you will need and put them in this booklet. Please make as many copies as you need.

We hope this also provides an opportunity for you to discuss these issues with those close to you and that the completion of this booklet does give you peace of mind.

We thank the New York State Office for Aging and their Medication Management Program for the funding to be able to provide this to you at no cost.

A handwritten signature in black ink that reads "Nicholas J. Pirro".

Nicholas J. Pirro
County Executive

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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 4, completing any appropriate items.

Second, complete the important data forms:

- **Personal Statistics and History** page 5-6
- **Family** page 7
- **Friends** page 8
- **Advisors** page 9
- **Financial Information** page 10-12
- **Insurance Information** page 13
- **Memorial Instructions** page 14-15

Next, review the following to update additional important information:

- **Wills** page 16
- **Social Security Information and Benefits** page 17
- **Veteran's Information and Benefits** page 18
- **Important Document Locator** page 19

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

- **The Living Will** page 20-21
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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 9)
- Funeral Director (Pages 14-15)
- Cemetery or Memorial Park (Pages 14-15)
- Faith Community & Leader (Pages 14-15)
- Relatives (Page 7)
- Friends (Page 8)
- Organist and Singer (Pages 14-15)
- Pallbearers (Pages 14-15)
- Insurance Agents (Page 9)
- Unions/Fraternal Organizations (Pages 5-6)
- Attorney, Accountant or Executor of Estate (Page 9)
- Social Security (Page 17)
- Newspaper
- Pension Plan Administrator (Page 9)

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 14-15)

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

Arrange Payment for:

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

Personal Statistics and History (Person 1) _____

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

Personal Statistics and History (Person 2) _____

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

Family and Friends

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) _____

Advisors

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

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 _____

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

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

Family Financial Information

Last Updated _____

Schedule A - U.S. Government and Marketable Securities

Number of Shares	Description	In Name of	Cost	Market Value

Schedule B - Unlisted Securities and Other Assets

Number of Shares	Description	In Name of	Cost	Market Value

Schedule C - Accounts Receivable

Due From	Address	Phone	Amount

Schedule D - Real Estate Owned

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

Schedule E - Notes Payable and Other Debts

Payable to	Terms	Maturity Date	Loan Net Amount	Loan Total Amount

Family Financial Information

Last Updated _____

Schedule F - Bank Accounts			
Bank Name and Address	Account No.	Account Type	Value

Schedule G - Pension/401K			
Plan Name and Address	Contact Person	Phone	Amount

Insurance Information

Life Insurance				
Company	Policy #	Insured	Beneficiary	Contact info.

Health Insurance				
Company	Policy #	Subscriber	Contact Info.	

Homeowners /Automobile Insurance				
Company	Policy #	Subscriber	Contact Info.	

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

Disability Insurance				
Company	Policy #	Subscriber	Contact Info.	

Memorial Instructions (Partner 1)

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

Signature:

Date:

Memorial Instructions (Partner 2) _____

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

Signature: _____

Date: _____

Wills

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

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

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

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

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

Partner 1: _____ Partner 2: _____

Date of Will: _____ Date of Will: _____

Location of Will: _____ Location of Will: _____

Veteran's Information and Benefits

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

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

or writing:

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

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

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

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

Social Security Information and Benefits _____

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

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

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

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

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

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

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

Important Document Locator _____

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

Safe Deposit Box _____

Safe Deposit Key _____ Wills _____

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

Insurance Policies _____ Promissory Notes, Loans _____

Stocks and Bonds _____ Birth and Adoption Certificates _____

Marriage Certificate _____ Divorce Papers _____

Retirement Documents _____ Pension Information _____

Trust Agreements _____ Notes and Obligations _____

Diplomas _____ Bills of Sale, Titles _____

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

Social Security Cards _____ Business Records _____

Medicare, Medicaid cards _____ Power of Attorney _____

Living Will _____ Health Care Proxy _____

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

Bank Account Information _____ Tax Returns _____

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

The Living Will

Today more than ever, issues concerning “death with dignity” or the “right to die” have received increased attention. As advances in medical and scientific techniques find new ways to maintain bodily functions, keeping the human machine alive, more people have become concerned with “quality of life” issues, in contrast to simple continued existence.

On June 25, 1990, the Supreme Court ruled in the Nancy Cruzan case that Americans do have a constitutional “right to die,” and indicated that a Living Will or Health Care Proxy may be the best way to protect that right.

Issues concerning the use of “heroic measures” to sustain life, and quality of life issues, are very personal and very important to consider. We recommend that you and your family discuss these issues to avoid the uncertainty that could arise at the difficult time of a serious or prolonged illness.

On the next page is a sample of a Living Will drafted in general language. This document may or may not meet the specifications in your state, so you are encouraged to check further. As with all of your important decisions, we encourage you to consult with an attorney.

Instructions:

- A. This declaration sets forth your directions regarding medical treatment.
- B. You have the right to refuse treatment you do not want, and you may request the care you do want.
- C. You may list specific treatment you do not want. For example: cardiac resuscitation, mechanical respiration, artificial feeding/fluids by tube. Otherwise, your general statement in section “A” will stand for your wishes.
- D. You may want to add instructions or care you do want—for example pain medications, or that you prefer to die at home if possible.
- E. If you want, you can name someone to see that your wishes are carried out, but you do not have to do this.
- F. Sign and date in the presence of two adult witnesses, who should also sign.
- G. Keep the signed original with your personal papers at home. Give signed copies to doctors, family and proxy. Review your Declaration from time to time; initial and date it to show it still expresses your intent.

Living Will Declarations

A. I _____ being of sound mind, make this statement as a directive to be followed if I become unable to participate in decisions regarding my medical care.

If I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying. I further direct that treatment be limited to measures to keep me comfortable and to relieve pain.

B. These directions express my legal right to refuse treatment. Therefore I expect my family, doctors, and everyone concerned with my care to regard themselves as legally and morally bound to act in accord with my wishes, and in so doing to be free of any legal liability for having followed my directions.

C. I especially do not want: _____

D. Other instructions/comments: _____

E. **Proxy Designation Clause:** Should I become unable to communicate my instructions as stated above, I designate the following person to act in my behalf:

Name: _____

Address: _____

If the person I have named above is unable to act on my behalf, I authorize the following person to do so:

Name: _____

Address: _____

This Living Will Declaration expresses my personal treatment preferences. The fact that I may have also executed a document in the form recommended by state law should not be construed to limit or contradict this Living Will Declaration, which is an expression of my common-law and constitutional rights.

F. Signed: _____ Date: _____

Witness: _____

Address: _____

Witness: _____

Address: _____

Power of Attorney

Through this Power of Attorney New York State Statutory Short form, the powers you grant below continue to be effective should you become disabled or incapacitated.

(Caution: This is an important document. It gives the person whom you designate (Your "Agent") broad powers to handle your property during your lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to you or approval by you. These powers will continue to exist even after you become disabled or incompetent. These powers are explained more fully in New York General Obligations Law, Article 5, Title 15, Sections 5-1502A through 5-1503, which expressly permit the use of any other or different form of power of attorney. This document does not authorize anyone to make medical or other health care decisions for you. You may execute a health care proxy to do this. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.)

This document is intended to constitute a durable general Power of Attorney pursuant to Article 5, Title 15 of the New York General Obligations Law:

I do hereby appoint to act as my Attorney-in-Fact _____

In my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law to the extent that I am permitted by law to act through an agent.

(Directions: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you WANT to give your agent authority. If the blank space to the left of any particular lettered subdivision is **Not** initialed, **No authority will be granted** for matters that are included in that subdivision. Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line in subdivision "(Q)" and you may then put your initials in the blank space to the left of subdivision "(Q)" in order to grant each of the powers so indicated.)

- () (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 relationships and affairs;
- () (J) benefits from military service;
- () (K) records, reports and statements;
- () (L) retirement benefit transactions;
- () (M) making gifts to my spouse, children and more remote descendants, and parents, not to exceed in the aggregate \$10,000 to each of such persons in any year;

Power of Attorney

- () (N) tax matters;
 - () (O) all other matters;
 - () (P) full and unqualified authority to be my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select;
 - () (Q) each of the above matters identified by the following letters: _____
-

This durable Power of Attorney shall not be affected by my subsequent disability or incompetence.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument.

This durable general Power of Attorney may be revoked by me at any time.

In witness whereof I have hereunto signed my name this _____

day of _____ 20____

State of New York, County of Onondaga

On the _____ day of _____ 20____

before me personally came, to me known to be the individual described in, and who executed the foregoing instrument, and acknowledged that he/she executed same.

Notary Public _____

New York Health Care Proxy

Instructions:

- 1- Print your name. Print name, home address and telephone number of your agent.
 - 2- Add personal instructions (if any).
 - 3- Print name and telephone number of your alternate agent.
 - 4- Organ Donation (optional)
 - 5- Enter a duration or condition (if any).
 - 6- Sign and date the document and print your address.
- Witnessing Procedure: (must be 18 or older)

Your witnesses must sign and print their addresses.

(1) I, _____ do hereby appoint:
(name)

(name, home address, and telephone number of agent)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. **My agent does know my wishes regarding artificial nutrition and hydration.**

This Health Care Proxy shall take effect in the event I become unable to make my own health care decisions.

(2) Optional Instructions: I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows.

(3) Name of substitute or fill-in agent if the person I appoint above is unable, unwilling or unavailable to act as my health care agent.

(name, home addresss and telephone number of alternate agent)

(4) Donation of Organs at Death:

Upon my death:

- I **do not** wish to donate my organs, tissues or parts.
- I **do** wish to be an organ donor and upon my death I wish to donate:
- (a) Any needed organs, tissues or parts; **OR**
- (b) The following organs, tissues, or parts

New York Health Care Proxy _____

[] (c) My gift is for the following purposes:
(put a line through any of the following you do not want)

- (i) Transplant
- (ii) Therapy
- (iii) Research
- (iv) Education

(5) Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date of condition I have stated below. This proxy shall expire _____.
(specific date or conditions, if desired):

(6) Signature _____ Date _____
Address _____

Statement by Witnesses (must be 18 or older)

I declare that the person who signed this document appeared to execute the proxy willingly and free from duress. He or she signed (or asked another person to sign for him or her) this document in my presence. I am not the person appointed as proxy by this document.

Witness 1 _____
Address _____

Witness 2 _____
Address _____



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