

A PEACE OF MIND WORKBOOK



My Last Best Gift

Preparing this workbook is meant to be a gift to my loved ones for the day that comes when you will need easy and detailed access to personal information about my finances, health, and wishes.

FROM ALL SAINTS' EPISCOPAL CHURCH

THIS BOOK BELONGS TO:

The Minister of the Congregation is directed to instruct the people, from time to time, about the duty of Christian parents to make prudent provision for the well-being of their families, and of all persons to make wills, while they are in health, arranging for the disposal of their temporal goods, not neglecting, if they are able, to leave bequests for religious and charitable uses.

— Book of Common Prayer, 1979 version, page 445, concluding the chapter “Thanksgiving for Children”

Dear Friends:

One of the privileges of ministry is to be present with people in time of need. As a priest I am aware that there is no greater time of need than that which occurs at the death of a loved one. While, as people of faith, we know that Christ’s Easter victory has overcome death, we are still aware of the challenges, difficulties and loss of such times.

My hope for this book is that it will open important conversations within our hearts, and with our loved ones. Our life is a gift, and careful consideration about our life’s end can be a source of strength for those who remain.

I invite you to make the investment of time to review this book, and with a loved one, to use it as a resource for your planning. Should any questions arise please call upon me or Janine Canady, at the church office.

With great love,

The Rev. Jonathan Wickham
Rector, All Saints’ Episcopal Church, Corpus Christi

**This booklet was prepared from resources gathered in 2017-2018.
Please check links to be sure you are using current forms.**

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The “My Last Best Gift” workbook has been prepared by All Saints’ Episcopal Church, Corpus Christi, Texas, using a variety of open source 2017-2018 materials as reference. It is not intended to substitute for professional or legal or other advice. Keep your completed workbook in a secure location to protect private information and to prevent identity theft. Notify those who will need to utilize this information of its secured location and review periodically for changes and updates. A copy of the Letter of Instructions for My Funeral can be kept on file at All Saints’.

UPDATE INFORMATION

The workbook was last completed by:

Your Name: _____

Completion Date: _____

Updated on (date): _____ Initials _____

Updated on (date): _____ Initials _____

Updated on (date): _____ Initials _____

Updated on (date): _____ Initials _____

Updated on (date): _____ Initials _____

Updated on (date): _____ Initials _____

Planning Ahead

Legal and personal considerations

The matters covered in this workbook are to be discussed with your attorney, if you have not done so, and with your loved ones.

Making difficult decisions in advance

A common fear that many of us share, often based on past observations of friends or loved ones, is that we may come to a point in life where we can no longer make critical decisions about our lives or medical treatments. Most people, when asked, say that they would like to die a peaceful death surrounded by family and friends. Often this is not the case because these wishes have not been discussed and have not been put in written form. The forms on the following pages, when executed, offer a way to clearly convey your wishes about end-of-life support, treatment and handling of your personal and business activities, both prior to and after your death.

Having a valid will and keeping it updated are important elements in end of life planning – for people of all ages as well. This is a loving and responsible act for the sake of your family and other loved ones. The following contain some of the essential information and decisions to consider and have at the ready for those you trust to make decisions on your behalf, as needed, and before you sit down to write a will or meet with your attorney.

PREPARING YOUR WILL

1. ITEMIZE YOUR VALUABLE PROPERTY:

Cash • Real estate • Cars, etc • Jewelry • Family heirlooms; art, furniture

What is the value of each of these things?

A - Less than a \$1,000

C - \$10,000-\$100,000

B - \$1,000-\$10,000

D - More than \$100,000

PROPERTY ITEM	VALUE AMOUNT
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

PROPERTY ITEM	VALUE AMOUNT
11	
12	
13	
14	
15	
16	
17	

2. NAME YOUR EXECUTOR:

The person you name as your executor is responsible for paying any debts or taxes on behalf of your estate and making sure that the people who are supposed to inherit your assets actually get them. An ideal executor is someone who has:

- Attention to detail
- An understanding of finance and perhaps business
- Patience, as the process may take a long time

Often, the person with all of these qualities may not be your closest friend or family member, but instead may be a friend or close colleague who you believe to be competent, honest, and intelligent. You may also appoint a professional that you have a relationship with, such as a trust and estate attorney or accountant.

■ The person I would like to have oversee my estate, including submitting my will to probate, paying any bills, dues, or taxes, and distributing my estate to my beneficiaries according to my wishes is _____.

■ If this above person is unable to serve as my executor, I would like my back-up (“successor”) executor to be _____.

3. NAME A GUARDIAN:

If you have children under the age of 18 or if you are the parent or guardian of a dependent adult, you’ll need to name a guardian in your will. The role of the guardian will essentially be the role you have now as the parent—caring for your children, acting in their best interests, and providing for them physically, emotionally, psychologically, spiritually, and culturally.

If the child’s other natural parent is alive and competent, he or she will likely be granted guardianship, no matter whom you name in your will as your desired guardian.

■ If I should die, I would like _____ to raise my child, children or dependent.

■ If this person is unable to serve as guardian, I would like _____ to serve as my back-up (“successor”) guardian.

If you have the sole responsibility for your pet or pets, please indicate your instructions for their extended welfare as well.

■ I entrust the care of my (type and name of animal) _____ to _____.

4. NAME YOUR BENEFICIARIES:

You can name a family member or members, friends, pets (via a human guardian), strangers, organizations, or institutions as the beneficiaries of your estate. By identifying who gets what, you'll relieve some of the stress your family will have to face when setting your estate. Estates are most commonly divided in one of the following ways:

- Everything to my spouse
- Some specific gifts and the rest to my spouse
- Everything to my children in equal shares
- Some specific gifts and the rest to my children in equal shares
- Everything to someone else
- Some specific gifts and the rest to someone else

If you would like to designate specific gifts in your will, think about what you'd like to give to whom:

ITEM / GIFT	VALUE AMOUNT	BENEFICIARY
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Special instructions or notes for bequests/beneficiaries:

BEQUESTS TO ORGANIZATIONS

In making estate plans or wills that reflect our values, many consider including bequests to worthy organizations or causes that have been important in their lives.

Bequests in your will can take several forms

- An outright monetary bequest
- A percentage of an estate
- A specific asset, such as personal or real property or investments
- A testamentary trust created in a will
- A contingent beneficiary, i.e., the church receives the assets if there are no surviving beneficiaries

Note: A bequest to the church is deductible from the value of your estate for tax purposes.

If you have an interest in leaving a legacy gift to All Saints' Episcopal Church, you are encouraged to contact All Saints' office for information about becoming one of **All Saints' Legacy Giving Stewards**. Distributions from these contributions are used help to secure All Saints' long-term future, providing resources above and beyond the reach of our annual budget. Sample language for including the church in your will might be: "I give, devise, and bequeath (state amount, asset, or percentage of the estate) to (name and address of your church) to be used (describe use) or as the church's vestry deems appropriate."

For more information call us at (361) 855-6294 or email:

- Janine Canady, *Operations and Development*: janine@allsaints-cc.org

5. AFTER MAKING YOUR WILL

- Make sure your executor (and family) knows where your will is located.
- Do not place funeral instructions in a safe deposit box. Generally, services will be over by the time your executor checks your bank box. Instead, leave a copy of your funeral plans and wishes with your priest and a member of your family.
- Review your will from time to time with your legal advisor. Laws, assets, and personal interests often change over time.

WRITING AN ETHICAL WILL OR LEGACY LETTER

What makes a will "ethical?" Also called a legacy letter, or spiritual letter, an ethical will has very little to do with its heavily-regulated cousin—the Last Will and Testament.

According to Barry Baines, M.D., a hospice physician and author of, *Ethical Wills: Putting Your Values on Paper*, an ethical will, in its simplest form, is, "a way to record and pass on your values, beliefs, faith, life lessons, love and forgiveness."

Some questions and prompts that are frequently used in an ethical are listed on the following pages. Take time to review and add your responses and other information you would like to share about yourself to your workbook.

MY ETHICAL WILL / LEGACY LETTER

MY FAVORITE THINGS

1. My favorite place (s) in the world:
2. My favorite books:
3. My favorite songs:
4. My favorite movies:
5. My favorite foods:
6. My hobbies:
7. My favorite sayings:
8. Other favorites:

MY FAMILY

1. The most important thing I learned from my parents:
2. The most important thing I learned from my grandparents:
3. The most important thing I learned from being a husband/wife:
4. The most important thing I learned from my children:
5. My favorite story about my mother:
6. My favorite story about my father:
7. Some things I'd like to share with you about my family when I was growing up:

MY PROFESSIONAL LIFE

1. The best job I ever had:
2. The worst job I ever had:
3. The reason I choose my profession/career:
4. If I had it to do over again, I would have become a:

MY EXPERIENCES

1. Some of my fondest memories are:
2. Some of the events that had the greatest impact on my life were:
3. I am most proud of:
4. I am most grateful for:
5. One of the happiest moments of my life:
6. My biggest regret:
7. The hardest decision I ever made:
8. The most difficult time in my life:
9. In difficult times I have found comfort in:
10. Throughout my life, I was most afraid of:
11. I would like to ask forgiveness from:
12. I would like to offer forgiveness to:

MY BELIEFS AND VALUES

1. My thoughts on religion and faith:
2. I believe God is:
3. My most valued traditions:
4. The causes that have always been important to me:
5. For me, success means:

MORE TO SHARE WITH MY LOVED ONES

MY HOPES FOR THE FUTURE

1. The values I hope to pass on:
2. My wishes for my children/grandchildren:
3. My wishes for my spouse:
4. A mistake in life I hope you can avoid:
5. An experience I hope you get to have:
6. When you encounter hardship, I hope you will remember:

Planning for the Unexpected

CONTACT INFORMATION FOR MY CLOSEST RELATIVES AND FRIENDS

NAME	PHONE(S)	EMAIL &/OR MAILING ADDRESS
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

OTHER IMPORTANT CONTACTS

EMPLOYER	PHONE(S)	CONTACT NAME
EMPLOYEE BENEFITS	PHONE(S)	CONTACT NAME/MINISTER
CHURCH	PHONE(S)	CONTACT NAME/MINISTER
ESTATE ATTORNEY	PHONE(S)	CONTACT NAME
TRUST OFFICER	PHONE(S)	CONTACT NAME
BANK (See page 17)	PHONE(S)	CONTACT NAME
FUNERAL HOME	PHONE(S)	CONTACT NAME
LIFE INSURANCE (See page 18)	PHONE(S)	CONTACT NAME
MILITARY SERVICE		CONTACT INFO
<input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Survivor Assistance	Dates of Service:	
Branch:	Military ID No:	
ALUMNI ORGANIZATION	PHONE/EMAIL	CONTACT NAME

CIVIC CLUB	PHONE(S)	CONTACT NAME
OTHER ORGANIZATION	PHONE(S)	CONTACT NAME/MINISTER
OTHER ORGANIZATION	PHONE(S)	CONTACT NAME/MINISTER
UTILITY PROVIDER / ACCT. NO.	PHONE(S)	CONTACT NAME
UTILITY PROVIDER / ACCT. NO.	PHONE(S)	CONTACT NAME
UTILITY PROVIDER / ACCT. NO.	PHONE(S)	CONTACT NAME
UTILITY PROVIDER / ACCT. NO.	PHONE(S)	CONTACT NAME
UTILITY PROVIDER / ACCT. NO.	PHONE(S)	CONTACT NAME
HOME INSURANCE	PHONE(S)	CONTACT INFO
AUTO INSURANCE	PHONE/EMAIL	CONTACT NAME
CREDIT CARD / ACCT. NO.	PHONE/EMAIL	CONTACT NAME

ESTATE PLANNING DOCUMENT LOCATOR

Please contact my Estate Attorney to obtain my documents..

Name: _____ Phone: _____

I do not have an Estate Attorney.

Below are listed the locations of important documents including those checked here.

Durable Power of Attorney
Medical Power of Attorney
Directive to Physicians (Living Will)
Declaration of Guardian
Will and/or Trust
Letters to Trustee(s)
Personal Letters
Other:
Other:

See page 20 for locations of additional important documents.

KEYS, COMBINATIONS, KEYPADS

Safe, lock box, safety deposit box, alarm pads for garage, house, etc.

Remember to keep this booklet (or page) in a very secure place. See instructions below for ideas.

Item	Key location/Combination

INTERNET/ELECTRONIC FILES PINS & PASSWORDS

If you pass away unexpectedly, your family may be precluded altogether from accessing important electronic records such as emails and bank accounts. Accordingly, you need to establish a way to keep track of important logins, passwords, access keys and personal identification numbers (PINs) to ensure that your family and loved ones can access important online and electronic records.

There is no standardized way to keep track of important account information to ensure that your spouse, kids or lawyer can access them when you pass away. Here are some possible options:

- **Do Not Use Safe-Deposit Boxes:** Many banks will not allow access to the box until the will is probated. Safe-deposit boxes should generally only be used to store items that won't be needed until long after you've passed away.
- **A Safe at Home:** This is probably the easiest method to understand and follow. After you've compiled a list of important access information, store it in a secure safe in your home. Combinations/keys for the safe can be stored with an attorney.
- **Using Password Manager Services:** There are an increasing amount of online services that offer safe, secure storage and management for all of your information and passwords. They use a master password which can be stored with an attorney. Or, half of a master-password is given to one party (e.g., a spouse), and the other half is given to your lawyer. To account for the possibility that you and your spouse die at the same time, the spouse's half also goes to a second lawyer with instructions on contacting the first lawyer. The benefit here is that no one, not your lawyer and not even your spouse, has access to your information, however for some families, this maybe too complex. (See appendix)
- **Don't Get Too Creative:** Its important to devise a scheme that works for you and your family. Do not, however, get too creative. Any plan has to deal with all possibilities, and if you miss even one, the entire scheme may fail.

If the chart on the next is empty, I have given instructions for online access, or secured information in this way:

BENEFITS & ENTITLEMENTS

Social Security, Civil Service, Veterans Administration, current or former employers

Institution	Eligibility: Current/ Potential Survivor Benefit/Both	Contact Info/ Location of Recent Statements/ Proof of Eligibility

BANKING

Note: The executor should open a separate checking account for the estate.

- Bank statements are kept: _____
- There is a safety deposit box located at: _____
- The key is located at: _____

Bank/Credit Union	Phone	Type of Account	Titled As:	Account Number

INVESTMENT ACCOUNTS

Taxable, Traditional IRA (IRAT), Roth IRA (Roth), SEP-IRA (SEP), KEOGH, Money Purchase Plan (MPP), Profit-Sharing Plan (PSP), 401(k), 403(b), 457, Education Savings Account – previously known as an Education IRA (IRAE), Section 529 College Savings Account

Investment Type	Custodian	Name	Account Number	Balance

DEBTORS

I am currently owed or being paid by the following:

Name/Contact Info	Reason for Payment	Principal/ Payment Amounts	Rate	Start and Stop Date

Documents relating to these payments can be found: _____

CREDIT AND BANK CARDS

* Visa, Mastercard, Discover, Debit

Name on Card	Bank (and type*)	Card Number	Exp. Date/ PIN	APR %

Before canceling any cards, be sure to change payment means for any automatically-billed items charged to it. Underline credit reporting last reviewed : Equifax (www.equifax.com) Experian (www.experian.com) TransUnion (www.transunion.com)

LOANS

**Mortgage, second mortgage, home equity loan, vehicle, education, personal*

Lender	Type of Loan	Amount Borrowed	% Rate	Date of Loan	Length of Loan	Payment/Frequency

LOCATION OF OTHER IMPORTANT DOCUMENTS (physical or electronic)

1. Birth Certificate _____
2. Marriage certificate/license _____
3. Divorce decree _____
4. Military papers _____
5. Tax returns for last three years _____

RECURRING EXPENSES

This is a list of the recurring expenses and how they are paid. If you change credit cards or banks, be sure to review this list first and ensure that the payment is arranged for in another way.

Bill/Vendor	Vendor/Company	Frequency*	How Paid**
Rent/Mortgage			
Property Taxes			
Home Insurance			
Electricity			
Gas			
Water/Sewage			
Garbage/Recycling			

HOUSE

My survivors may or may not wish to remain in the current residence. Below are my current service providers, along with notes and idiosyncrasies about the house or house care that you should know including location of deeds, title, closing papers, mortgages, records of capital improvements:

	Service Provider	Contact Number	Current Arrangements
Lawn Service			
Pool Service			
Cleaning Service			
AC/Heating Service			
Pest Service			
Plumber			
Electrician			
Handyman			
Roofer			
Garbage Collection			
Recycling Collection			
Sprinkler System			

Additional Notes:

VEHICLES

Year	Make/Model	Title Locations	Service Location

EXECUTING A MEDICAL POWER OF ATTORNEY (MPOA) OR LIVING WILL

It's best to work with an attorney, if possible, to execute legal documents.

Some important considerations include:

1. Is the proposed agent/decision-maker aware of your wishes?
2. Is the person willing to speak on your behalf?
3. Does the person live close by or able to travel to be by your side if needed?
4. Is this person someone who knows you well and understands what's important to you?
5. Is this person someone you trust with your life?
6. Will this person talk with you now about sensitive issues and will listen to your wishes?
7. Will this person honor your wishes even if he or she does not agree with them?
8. Will this person be available long into the future? (Is the person in good health?)
9. Do you want to consider a successor or alternate decision-maker?
10. Will this person be able to handle conflicting opinions between family members, friends and medical personnel?
11. Can the person be a strong advocate in the face of an unresponsive doctor or institution?
12. Have you discussed with this person your desire for any of the following, and, if so, under what circumstances and for how long? (E.g., immediately after a stroke, but to be discontinued if no improvement is seen after a certain period of time; if you have Alzheimer's, cancer, or a similar condition):
 - Cardiopulmonary resuscitation (CPR)
 - Ventilator
 - Antibiotics
 - Kidney Dialysis
 - Hospitalization; or,
 - Hospitalization for correctable injuries, such as a broken bone?
 - Do you want artificial nutrition and hydration? If so, under what conditions?
13. Do you have a thorough understanding of the medical issues that may be involved?
14. Have you considered that your wishes may change over time or as a result of the actual development of a particular condition?
15. Does the proposed agent/decision-maker agree with the principal's wishes?
16. Will the proposed agent/decision-maker carry out the principal's wishes, even if the proposed agent/decision-maker does not share the principal's views?

Once your MPOA and Living Will are executed, make enough copies for the agents or agents to have copies and keep several in an easily accessible file in your home. Also, give one to your physician to include in your medical record. If you are experiencing on-going health care problems, keep one with you and give one to all the treating physicians and the places where you are receiving treatment.

Other Issues and Concerns:

1. **Even in situations where a principal conveyed general wishes to the agent, it is possible that a particular situation was not anticipated.** (Under Texas law the agent is required to make decisions according to his/her knowledge of the principal's wishes, including religious beliefs if known. If the wishes are not known, then according to the agent's assessment of the principal's best interests.*)
2. **Will the advance directive be applicable if the principal moves to another state?** (An out of state directive would likely be honored in Texas. To be safe, an individual may want to re-execute his or her directives if s/he changes state of residence. Ultimately, however, anything in writing is better than nothing in writing as evidence of the individual's wishes.)
3. **How many physicians must certify that the principal is incapacitated before the MPOA take effect?** (In Texas, the patient's attending physician must certify in writing that the principal is incompetent.)

4. **How often should your advance directives be reviewed to see if they still comport with your wishes?**
There is not specific time frame when this must be done under Texas law. It is helpful to review periodically and if the individual develops health problems.
5. **Is your agent able to control who can visit you or have access to your healthcare information?** (The agent may limit access to health care information and may be able to control access to visit to the principal. For example, assume that the daughter of a principal is agent and appointed to make healthcare decisions for principal and that the principal has a good relationship with a stepson, but the daughter does not. Can the daughter, acting as an agent, keep the stepson from visiting the principal? Can the daughter keep the stepson in question from taking the principal out of the healthcare facility for a short leave of absence (e.g., home for Thanksgiving dinner)? Can the stepson receive information about the principal's state of health without permission of the agent?)
6. **Does the agent have to be a family member, or can this be an unrelated person who shares the principal's beliefs?** (Under Texas laws and most state laws the agent does not have to be a family member. The major reason these laws were adopted were to give an individual the right to appoint someone that the individual trusts without regard to whether that person was a family member (by blood or marriage).
*Tex. Health & Safety Code §166.152

THE MEDICAL POWER OF ATTORNEY IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

- Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself. Because “health care” means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. **Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psycho-surgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.**
- Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions.
- Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.
- **It is important that you discuss this document with your physician or other health care provider before you sign it to make sure that you understand the nature and range of decisions that may be made on your behalf.** If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.
- **The person you appoint as agent should be someone you know and trust.** The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.
- **You should inform the person you appoint that you want the person to be your health care agent.** You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

- Even after you have signed this document, 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 over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing or by your execution of a subsequent medical power of attorney. Unless you state otherwise, your appointment of a spouse dissolves on divorce.
- This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.
- You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. Any alternate agent you designate has the same authority to make health care decisions for you.

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS SIGNED IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES. THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:

1. The person you have designated as your agent;
2. A person related to you by blood or marriage;
3. A person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
4. Your attending physician;
5. An employee of your attending physician;
6. An employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or
7. A person who, at the time this power of attorney is executed, has a claim against any part of your estate after your death.

NOTE: While Texas law requires that you be provided the disclosure statement substantially in the form which appears above, Section 166.154 of the Texas Health and Safety Code was amended in 2009 so that, in lieu of signing in the presence of the witnesses, the principal may sign the medical power of attorney on or after September 1, 2009 and have the signature acknowledged before a notary public. The following medical power of attorney is to be signed and acknowledged before a notary public in lieu of signing in the presence of two witnesses.

WHO MAKES DECISIONS IF YOU DON'T HAVE A MEDICAL POWER OF ATTORNEY AND/ OR LIVING WILL?

Under Texas law, if an individual has not designated a decision-maker and does not have a guardian, the following individuals may make healthcare decisions. In order of priority:

- a. Spouse
- b. Patient's reasonably available adult children
- c. Parents
- d. Nearest living relative

Considerations:

- *Who is likely to make decisions if you do not exercise your right to choose?*
- *Do they know what you want?*
- *Are those persons likely to know your wishes for care at the end-of-life or in life-limiting circumstances? Will they honor your wishes?*
- *If your adult children will decide:*
 - *How do they get along?*
 - *Do they know what you want?*
 - *Will they agree about what needs to be done?*
 - *Will they follow your wishes?*
 - *What about the potential for a life-long conflict resulting from having to make this decision?*

MEDICAL POWER OF ATTORNEY

DESIGNATION OF HEALTH CARE AGENT

I, _____ (insert your name) appoint:

Name: _____

Address: _____

Phone _____ Email _____

as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS:

DESIGNATION OF ALTERNATE AGENT

You are not required to designate an alternate agent but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved.

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following persons to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

A. First Alternate Agent

Name: _____

Address: _____

Phone _____ Email _____

B. Second Alternate Agent

Name: _____

Address: _____

Phone _____ Email _____

The original of this document is kept: _____

The following individuals or institutions have signed copies:

Name: _____

Address: _____

Phone _____ Email _____

Name: _____

Address: _____

Phone _____ Email _____

DURATION

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

(IF APPLICABLE) This power of attorney ends on the following date: _____

PRIOR DESIGNATIONS REVOKED.

I revoke any prior medical power of attorney.

ACKNOWLEDGMENT OF DISCLOSURE STATEMENT

I have been provided with a disclosure statement explaining the effect of this document. I have read and understand that information contained in the disclosure statement.

(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY.)

I sign my name to this medical power of attorney on ____ day of _____, 20____

at _____ (City and State).

_____ (Signature)

_____ (Print Name)

THE STATE OF TEXAS COUNTY OF _____

This instrument was signed and acknowledged before me on this ____ day of _____, 20____, by

Notary Public in and for the State of Texas

My commission expires: _____

**Provided by Texas Department of Aging and Disabilities Services, <https://www.dads.state.tx.us> .
Check their website to see if there is a more current version of this form.**

DIRECTIVE TO PHYSICIANS & FAMILY OR SURROGATES

(Living Will)

- This is an important legal document known as an **Advance Directive**. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.
- You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of the document. By periodic review, you can best assure that the directive reflects your preferences.
- In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the **Medical Power of Attorney** and the **Out-of-Hospital Do-Not-Resuscitate Order**. You may wish to discuss these with your physician, family, hospital representative, or other advisers. You may also wish to complete a directive related to the donation of organs and tissues.

DIRECTIVE

I _____, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible;

OR

I request that I be kept alive in this terminal condition using available life-sustaining treatment. (This selection does not apply to Hospice care.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of medical care:

I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible;

OR

I request that I be kept alive in this irreversible condition using available life-sustaining treatment. (This selection does not apply to Hospice care.)

Additional Requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If I do not have a Medical Power of Attorney, and I am unable to make my wishes known, I designate the following person(s) to make treatment decisions with my physician compatible with my personal values:

1. _____
2. _____

(If a Medical Power of Attorney has been executed, then an agent already has been named and you should not list additional names in this document.)

If the above persons are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me, following standards specified in the laws of Texas.

If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant.

This directive will remain in effect until I revoke it. No other person may do so.

Signed _____ Date _____

City, County and State of Residence _____

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness (1) may not be a person designated to make a treatment decision for the patient and may not be related to the declarant by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

Witness (1) _____

Witness (2) _____

DEFINITIONS:

1. **Artificial nutrition and hydration** means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

2. **Irreversible condition** means a condition, injury, or illness:
- that may be treated, but is never cured;
 - that leaves a person unable to care for or make decisions for the person's own self; and
 - that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

3. **Life-sustaining treatment** means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.
4. **Terminal condition** means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important person in your life.

Provided by Texas Department of Aging and Disabilities Services, <https://www.dads.state.tx.us> .
Check their website to see if there is a more current version of this form.

STATUTORY DURABLE POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, _____ (insert your name and address), appoint

_____ (insert the name and address of the person appointed) as my agent (attorney-in-fact) to act for me in any lawful way with respect to all of the following powers except for a power that I have crossed out below.

TO WITHHOLD A POWER, YOU MUST CROSS OUT EACH POWER WITHHELD.

- Real property transactions;
- Tangible personal property transactions;
- Stock and bond transactions;
- Commodity and option transactions;
- Banking and other financial institution transactions;
- Business operating transactions;
- Insurance and annuity transactions;
- Estate, trust, and other beneficiary transactions;
- Claims and litigation;
- Personal and family maintenance;
- Benefits from social security, Medicare, Medicaid, or other governmental programs or civil or military service;
- Retirement plan transactions;
- Tax matters.

IF NO POWER LISTED ABOVE IS CROSSED OUT, THIS DOCUMENT SHALL BE CONSTRUED AND INTERPRETED AS A GENERAL POWER OF ATTORNEY AND MY AGENT (ATTORNEY IN FACT) SHALL HAVE THE POWER AND AUTHORITY TO PERFORM OR UNDERTAKE ANY ACTION I COULD PERFORM OR UNDERTAKE IF I WERE PERSONALLY PRESENT.

SPECIAL INSTRUCTIONS:

Special instructions applicable to gifts (initial in front of the following sentence to have it apply):

_____ I grant my agent (attorney in fact) the power to apply my property to make gifts, except that the amount of a gift to an individual may not exceed the amount of annual exclusions allowed from the federal gift tax for the calendar year of the gift.

ON THE FOLLOWING LINES, YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY CROSSING OUT THE ALTERNATIVE NOT CHOSEN:

- (A) This power of attorney is not affected by my subsequent disability or incapacity.
- (B) This power of attorney becomes effective upon my disability or incapacity.

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED. IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).

If Alternative (B) is chosen and a definition of my disability or incapacity is not contained in this power of attorney, I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician certifies in writing at a date later than the date this power of attorney is executed that, based on the physician's medical examination of me, I am mentally incapable of managing my financial affairs. I authorize the physician who examines me for this purpose to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts this power of attorney is fully protected from any action taken under this power of attorney that is based on the determination made by a physician of my disability or incapacity.

I agree that any third party who receives a copy of this document may act under it. Revocation of the durable power of attorney is not effective as to a third party until the third party receives actual notice of the revocation.

I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

If any agent named by me dies, becomes legally disabled, resigns, or refuses to act, I name the following (each to act alone and successively, in the order named) as successor(s) to that agent:

Signed this _____ day of _____, 20_____.

_____ (your signature)

State of _____ County of _____

This document was acknowledged before me on _____ (date)

by _____ (name of principal).

_____ (signature of notarial officer)

(Seal, if any, of notary)

_____ (printed name) My commission expires:

THE ATTORNEY IN FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

Planning for the End of Life

Planning ahead for your funeral for your final arrangements can also be one of the greatest gifts to your family and friends. As the end of life approaches there are many things to be considered and your closest family and friends will have a number of decisions to make. These decisions will come in the midst of an emotional time of grief and loss.

Also, planning ahead assures you and your loved ones an opportunity to carefully and prayerfully consider your final wishes and provides guidance and direction to those charged with making sure your arrangements are carried out. As you read, review and utilize these planning materials please consider sharing them with your clergy person, your family attorney or legal advisor, and the executor or immediate family members. These completed materials will need to be kept in a safe place.

A periodic review of these plans is recommended.

LETTER OF INSTRUCTIONS FOR MY FUNERAL

A funeral is a celebration of thanksgiving for the gift of a human life. For those who remain, the funeral rites are an important part of the process of grieving and saying goodbye. The plans that you make will shape some of the memories they draw on in the future for comfort, and so it is important to design the service with care. Your loved ones will appreciate knowing what your wishes were concerning your service. It will prevent their having to make these decisions hurriedly in a time of stress.

There are several options regarding the disposition of your remains. Some of the most typical include burial, cremation and donation to science. In this section please check the box by your choice and answer only the questions that apply to that section. If you have other ideas, or if you need more space, add them at the end of this plan.

Full Name _____

Date of Birth _____

Church handling arrangements _____

Clergy Requested _____

Family Contact _____ Phone _____

Organ Donation: I do / I do not want to be an organ donor.

(If so, please be sure to make your wishes known to your family and have an owner donor authorization on file with your other legal documents.)

Pre-Arranged Funeral / Burial: I have / I have not

pre-arranged for my funeral at the following funeral home, where I'd prefer my remains to be handled

Contact person: _____ Phone number _____

No Pre-Arrangements: If complete pre-arrangements have not been made consider the following:

Funeral home of choice _____

I own a burial plot or columbarium niche: Yes No Location: _____

Documentation is located: _____

Military Service: Please contact the military survivor assistance officer to arrange for a plot for me at _____
_____ Cemetery, located at _____

Note: Service members and honorably discharged veterans can receive a Veterans Administration headstone, free of charge.

Casket Burial of Remains

Cemetery of choice _____

I want a casket made of: metal wood Name of style, if known: _____

Note: there may be savings by buying from a distributor rather than a funeral home.

- I want to be buried in (clothing, jewelry, glasses) _____
- I want the following items buried with my remains _____
- I want a headstone, describe (or provide photo of type) _____
- I would like visiting hours at the funeral home: open casket closed casket

Cremation

I would like to be cremated before any service

I would like to be cremated following a casket service

Desired disposition of ashes:

- Spread at _____ (location)
- Kept by _____ (name)
- Interred at _____ (location)

I have have not purchased a site there. Location of documents _____

Donation to Science

Name and location of medical school, hospital or research lab: _____

I have have not contacted them about my wishes. Name and phone number of contact at the time of death _____

CREMATION AND INTERMENT AT ALL SAINTS' COLUMBARIUM

We invite our members to consider cremation and interment in our Chapel of the Holy Cross Columbarium as you make your plans.

The practice of cremation is an ancient one and has gained renewed attention in recent decades. One reason for this renewed attention is the opportunity to be buried at one's place of worship. Another is the ecological consideration of using less space for the interment of those who have died thereby making us better stewards of the earth at a time when land use is a growing concern. There is also the practical consideration that cremation and interment in a Columbarium costs a fraction of burial in a cemetery. While there was a time when some Churches discouraged cremation, most Christian traditions, including our own, now encourage cremation for these reasons and others.

All Saints' Columbarium is available to any member of the parish and their immediate family. Costs for interment is \$1,000 per niche. Niches have space for to two urns. For information about All Saints' Columbarium, please contact the church office.

A FUNERAL OR MEMORIAL SERVICE AT ALL SAINTS'

First, please notify the parish (or the priest directly) when death is imminent. The prayers at the time of death are a holy rite offered by the church for the comfort of the family and for the peace of the one entering God's eternal embrace.

At a time convenient for the family, they will meet with the priest conducting the service. Services at All Saints' are arranged according to the order and theology of The Book of Common Prayer. Music is often included in the service as is Holy Communion.

The Prayer Book gives suggested Bible texts and we have suggestions for music. The priest assisting with arrangements will help the family in making selections. The parish will provide bulletins.

Some further details:

- Unless otherwise planned with the parish staff, families are asked to handle flower arrangements and payment directly. Flowers for the service should be obtained from Tubb's of Flowers (361-993-1978); they are familiar with the Sanctuary's flower urns and with the delivery situations, etc.
- If requested, and the parish schedule accommodates, the All Saints' Bereavement Committee can provide cookies, water, juice and coffee for receptions. We are unable to do so when interment or burial immediately follows the service at an off-site location. If more elaborate arrangements are desired, or interment immediately follows the service, it is customary for the family to make arrangements for refreshments and removal of leftovers.
- It is customary, though not required, for families to give a memorial contribution in the deceased's name. The memorial defrays expenses incurred in providing the sanctuary, the parish hall, bulletins and support services.
- It is customary, though not required, for families to provide an honorarium to the celebrant and the musician (if music is included in the service). Please make checks payable to the celebrant and to the musicians. These checks may be given to the parish office for distribution.
- Please provide the parish office with a photo (if desired for the bulletin), as well as obituary or other information. The parish office will obtain lay ministers as needed for the service. Please give the names of pall bearers, readers and other participants to the priest or parish office for inclusion in the bulletin.
- The Episcopal tradition is that the coffin, when present, is closed and is always covered by a pall, which the church provides.

Feel free to contact Janine Canady, Operations and Development, or other staff members at 361-855-6294, with any questions.

Funeral Planning: Biographical Information

Complete Name: _____

Familiar Name: _____

Date of Birth: _____ Place of Birth: _____

Check one:

Baptized Confirmed Communicant

To be completed at the appropriate time:

Date of Death _____ Location of Death _____

Cause of Death _____

Location of Service: _____

Family Contact Person: _____ Relationship: _____

Address: _____

Phone: (h) _____ (mobile) _____ (Other) _____

Email: _____

Funeral Planning: Service Planning Information

Clergy Handling Arrangements: _____

Burial Office: Rite I Rite II

Casket Urn Memorial Service

Place of Funeral: Church _____ Funeral Home _____

Flowers provided by: _____

Does family wish to: Process Be seated

Number of rows reserved: For family _____ For pallbearers _____

Lessons: OT: _____ Lector _____

Psalm: _____ Lector _____

NT: _____ Lector _____

Gospel: _____ Lector _____

Hymns: Entrance _____ Sequence _____ Offertory _____

Communion _____ Exit _____

Special Music or Choir: _____

Reflections by family member(s): _____

Homilist: _____

Estimated number of bulletins needed: _____

Holy Eucharist: Yes No Preferred Eucharistic Prayer: 1 2 A B C D

Estimated number for Holy Communion: _____

Lay Eucharistic Ministers _____

Graveside/Interment service? Yes No Interment following the funeral? Yes No

Interment date, if other than funeral: _____(time) _____(place)

Will All Saints' be named as a recipient of memorial gifts? Yes No

Are any there other organizations being named as a recipient of memorial gifts to be listed in the bulletin?

Regardless of whether the church is named a recipient, if All Saints' receives any memorial gifts, who should receive the donor names? _____

These plans were completed by: _____

Signed _____ Date _____

Please leave a copy of the Funeral Planning pages with the All Saints' office and let loved ones know that you have made these choices by sharing this information with them.

I have have not made a bequest in my will to All Saints' Episcopal Church. (*Optional*)

Funeral Planning: Scripture Lessons

OLD TESTAMENT AND APOCRYPHA

- Isaiah 25:6-9 (He will swallow up death in victory)
- Isaiah 61:1-3 (To comfort all that mourn)
- Lamentations 3:22-26, 31-33 (The Lord is good unto them that wait for him)
- Wisdom 3:1-5, 9 (The souls of the righteous are in the hand of God)
- Job 19:21-27a (I know that my Redeemer liveth)

PSALMS - According to the Psalter of the Book of Common Prayer

- Psalm 23 (The Lord is my shepherd) *Rite I or Rite II version*
- Psalm 27 (The Lord is my light and my salvation: whom shall I fear?)
- Psalm 42 (As a deer longs for flowing streams, so my soul longs for you, O God)
- Psalm 90 (Lord, you have been our dwelling place in all generations)
- Psalm 116 (I love the Lord, because he has heard my voice and my supplications)
- Psalm 121 (I lift up my eyes to the hills – from where will my help come?)
- Psalm 130 (out of the depths I cry to you. O Lord)
- Psalm 139 (O Lord, you have searched me and known me)

NEW TESTAMENT READINGS - Book of Common Prayer

- Romans 8:14-19, 34-35, 37-39 (Neither death, nor life...will be able to separate us from the love of God in Christ Jesus our Lord)

- 1 Corinthians 15:20-26, 35-38 42-48. 53-58 (Christ has been raised from the dead)
- 2 Corinthians 4:16-5:9 (So we do not lose heart)
- 1 John 3:1-2 (See what the father has given us) Revelations 7:9-17 (there was a great multitude)
- Revelation 21:2-7 (And I saw the holy city, the new Jerusalem)

GOSPEL READINGS - Book of Common Prayer

- John 5:24-27 (anyone who hears my word and believes him who sent me has eternal life)
- John 6:37-40 (Everything that the father gives me will come to me)
- John 10:11-16 (I am the good shepherd)
- John 11:21-27 (Martha said to Jesus, 'Lord, if you had been here, my brother would not have died)
- John 14:1-6 (Do not let your hearts be troubled)

Funeral Planning: Suggested Hymns

SUGGESTED HYMNS - The Hymnal 1982

151	From Deepest Woe I Cry To Thee (3)
194/195	Jesus Lives! The Terrors Now (4)
208	Alleluia! The Strife Is O'er The Battle Done (5)
287	For All The Saints, Who From Their Labors Rest (8)
326	From Glory To Glory Advancing (2)
338	Wherefore, O Father, We Thy Humble Servants (2)
354	Into Paradise May The Angels Lead You (2)
355	Give Rest, O Christ, To Your Servants (1)
356	May Choirs of Angels Lead You To Paradise On High (3)
357	Jesus, Son of Mary (4)
358	Christ The Victorious, Give To Your Servants (4)
429	I'll Praise My Maker While I've Breath (4)
444	Blessed Be The God Of Israel (3)
447	The Christ Who Died But Rose Again (4)
455/456	O Love Of God, How Strong And True (4)
487	Come My Way, My Truth, My Life
499	Lord God, You Now Have Set Your Servant Free (1)
517	How Lovely Is Thy Dwelling Place
560	Remember Your Servants, Lord (9)
620	Jerusalem, My Happy Home
621/622	Light's Abode, Celestial Salem (5)
623	O What Their Joy And Their Glory Must Be (5)
625	Ye Holy Angels Bright
635	If Thou But Trust In God To Guide Thee (2)
636/637	How Firm A Foundation, Ye Saints Of The Lord (5)
645/646	The King of Love, My Shepherd Is (6)
658	As Longs The Deer For Cooling Streams (4)
663	The Lord My God My Shepherd Is
664	My Shepherd Will Supply My Need (3)
665	All My Hope On God Is Founded (5)
666	Out Of The Depths I Call (4)
668	I To The Hills Will Lift Mine Eyes
680	O God, Our Help In Ages Past (6)
687/688	A Mighty Fortress Is Our God (4)

690	Guide Me, O Thou Great Jehovah (3)
692	I Heard The Voice Of Jesus Say
<i>Wonder, Love, and Praise</i>	
760	O Wheat Whose Crushing Was For Bread (3)
762	I Am The Bread Of Life (4)
765	O Blessed Spring, Where Word And Sign Embrace Us (5)
770/771	O God Of Gentle Strength (4)
775	Give Thanks For Life, The Measure Of Our Days
776	No Saint On Earth Lives Life To Self Alone (2)
791	Peace Before Us (6)
793	Here, O Lord, Your Servants Gather (4)
799	Abide With Me: Fast Falls The Eventide (4)
801	God Be With You Till We Meet Again (4)
810	You Who Dwell In The Shelter Of The Lord (3)
811	You Shall Cross The Barren Desert (3)
816/817	Christ Is Risen From The Dead (1)
828	Beati In Domo Domini (1)

Lift Every Voice and Sing

103	Steal Away, Steal Away To Jesus
106	Precious Lord, Take My Hand
180	Ain-A' That Good News
181	Amazing Grace, How Sweet The Sound (5)
188	When Peace Like A River
190	If When You Give The Best Of Your Service (4)
204	When Waves Of Affliction Sweep Over The Soul (4)
207	We Are Often Tossed And Driv'n
213	Children Of The Heav'nly Father

WRITING AN OBITUARY

Information for your Obituary

FullName: _____

Dateandplaceofbirth _____

I do I do not want the cause of death listed.

I do I do not want a photograph in my obituary.

Specificphotoinstructions: _____

Nameofhighschoolgraduatedfrom/attendedandlocation: _____

Nameofcollegegraduatedfrom/attendedandlocation _____

Militaryservice/medals: _____

Profession: _____

Churchaffiliationandactivities: _____

Community Service: _____

Awards: _____

Other life interests/hobbies: _____

Relatives preceding me in death (name and relation): _____

Surviving relatives, relation and residence _____

Place obituary in the following
newspapers: _____

*(Newspapers charge to publish obituaries. The funeral home may
assist you with working with the newspapers.)*

I want to designate a memorial fund or charity in lieu of flowers. If so, list name and address.

Other information to include: _____

Text for Obituary:

DEATH CERTIFICATE INFORMATION

Information the funeral director will need for death certificate

Full name	
Residence address	
Marital status, include date and place if possible	
Spouse's name	
Date of birth	
Birthplace	
Social security number	
Occupation	
Father's name and birthplace	
Mother's name, incl. maiden, and birthplace	
Length of residence in state	
Military service dates	
Number of copies of death certificates: <i>Needed for insurance policies, all assets that require title transfers, VA, some account closings/transfers</i>	

IMMEDIATE TASKS AT THE TIME OF DEATH

Note to survivors: Many of these will not be necessary for those who pre-planned, so review any instructions provided by the deceased (such as this workbook, church forms, etc.) closely before beginning to check off this list.

1. Contact church/rector
2. Contact funeral director, crematorium, or institution for donation to science.
3. Notify relatives, friends, organizations, employer, and former employers. *(See list in "MyLast Best Gift" workbook and update periodically)*
4. Locate any special instructions from this workbook and/or the "Personal Burial Plan" forms at All Saints'.
5. Meet with the funeral director and/or church staff.
 - Obtain 10-15 copies of Certified Death Certificate.
 - Arrange service including type and location.
 - Select casket/vault/urn.
6. Plan funeral if not preplanned:
 - Select clergy to officiate at service.
 - Select readings.
 - Select music and musicians.
 - Arrange for Military Honors at service (if eligible and desired).
 - Select pall bearers.
 - Contact cemetery/crematory.
 - Purchase plot or niche if not preplanned.
 - Number of reserved seats for family in church _____
 - If church is providing reception assistance, number of persons expected _____

- Provide written obituary or information for obituary.
 - Arrange visitation time and place.
 - Select/purchase flowers. (Consult with flower guild).
 - Arrange for someone to stay in home for security during funeral.
7. Locate important papers. (See “My Last Best Gift” workbook Document Locator.)
 8. Contact your attorney for legal advice.

Note: Bank accounts of individuals (not jointly held or in a trust) will be frozen by the bank until the probate process is completed upon their learning of the death of the account holder. This can happen because the funeral home may notify the Social Security Administration on behalf of the family, and that notification can terminate Social Security payments, which typically are direct-deposited.

9. Gather and pay all current bills; cancel credit cards.
10. Contact CPA, financial advisors, business associates.
11. If a veteran, contact the nearest Veterans Administration office or regional office.
12. If receiving retirement benefits, notify the retirement pan.
13. If receiving Social Security payments, contact the nearest Social Security office, or <https://www.ssa.gov>
14. Contact local life insurance agent or home office of insurance company.
15. Make photocopies of all forms, documents or letters sent out.
16. Send all correspondence by “Certified Mail-Return Receipt Requested.”
17. Send acknowledgment notes for flowers, memorial gifts, and other gifts or services.
18. Purchase grave marker.

Last updated on _____

APPENDIX

Helpful Information Links

Texas Department of Aging and Disabilities Services <https://www.dads.state.tx.us>

The American Bar Association www.abanet.org/aging/ “*Legal Guide for the Seriously Ill*” and videos about the topic.

National Hospice and Palliative Care Organization
<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=1>

Local Assisted Living Programs
<https://www.caring.com/local/assisted-living-facilities-in-corpus-christi-texas>

Online support communities
<https://www.caring.com/support-groups>

Library of Senior Health articles and other resources
<https://www.caring.com/health>

Medicare <https://www.medicare.gov/>

Medicaid <https://www.yourtexasbenefits.com/Learn/Home>

Social Security Administration <https://www.ssa.gov/>

Texas Health and Human Services
<https://hhs.texas.gov/laws-regulations/forms/advance-directives>

Veterans Association <https://www.va.gov/>

<http://www.bankrate.com/banking/checking/when-you-die-is-your-bank-account-in-limbo/>

http://medcure.org/?utm_source=bing&utm_medium=cpc&utm_campaign=Body%20Donation&utm_term=body%20donation&utm_content=Donation

<https://www.donatelifetexas.org/>

Links to some online password manager apps

<https://www.dashlane.com>

<https://1password.com/>

<https://www.stickypassword.com>

<https://www.roboform.com>

All Saints' Episcopal Church <http://allsaints-cc.org/>



All Saints' Episcopal Church

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