

End of Life Memorial Planning

Dear Member or Friend of the UUFH,

Completing an End of Life Planning Packet is one of the most important things you can do for your loved ones. At a time of deepest sorrow when a spouse, life partner, family member or friend dies, the last thing anyone wants to do is sort through the deceased's personal papers to find insurance forms, deeds, addresses, phone numbers and other information that will be needed at this time.

The term "death" will be used frequently in this packet. Some sentences will even contain the statement "after your death" or other words that may make you uncomfortable. However, death is something all of us must face and the best time to make clear and precise plans about the way we want our affairs handled after our death is when we are healthy. Accidents and undetected health problems can suddenly and unexpectedly cut short our lives. Planning in advance makes sense.

The Memorial Committee recommends that you download the forms you need from the UUFH Website to your computer. If you do not have a computer, try to have a friend or relative do this for you. Names and addresses for letters, emails and other information are easy to access and revise as circumstances change. Print copies of the information you want to keep or preserve for the person who will be handling your affairs after your death and keep a copy for your reference. Copy the material to a flash drive or other electronic storage devices and keep it in the location that you informed the person who will be handling your estate or give to this individual. This information can also be emailed to this person to store on the person's computer. Email the forms or place copies of the forms you want the Fellowship to keep in a file folder and give it to the Fellowship Administrator. The file will be placed in a Confidential Folder for later reference. Give copies of the forms to the people who will be handling your affairs and keep a copy for your reference. Remember to update the information as needed. A printed version of this information is also available at the UUFH office if you do not have a computer and printer or a person willing to help you complete the items mentioned above.

In Fellowship,

The Memorial Committee

Legal Forms

The Memorial Committee is not qualified to give legal advice. We recommend that you discuss your Living Will, Health Care Proxy, Durable Power of Attorney, Will, Revocable or Irrevocable Trust and other legal documents associated with end of life planning with your attorney. A carefully crafted trust may offer greater protection of your assets. Transfer on Death and Payment on Death Accounts offer other ways to transfer some of your assets to your heirs and are discussed later in this document.

Preparation and Disposition

Before you can do any pre-planning for your Memorial Service, you need to decide upon the disposition of your remains after your death. There are five basic choices:

1. Immediate cremation – the body is cremated as soon after death as practical and the ashes given to the family. A memorial service can be scheduled later or immediately. A visitation can be scheduled shortly after cremation. Photographs and/or mementos of the deceased are often displayed when friends and relatives gather. The visitation could be at a private home, a funeral parlor or other public building, or at the Fellowship.
2. Cremation after viewing – the body is prepared for viewing, cremated after the viewing and the ashes given to the family.
3. Immediate burial – the body is prepared by the funeral home for burial without embalming and interment is as soon as practical after death. This is often call “Green Burial” because no embalming chemicals are used that might harm the environment. It is becoming more popular on Long Island.
4. Burial after viewing – the body is prepared by the funeral home for viewing and interment is done after the body has been viewed.
5. Whole body donation – the body is used for medical research or teaching and the cremated remains are later returned to the family for interment.

If you wish to be an organ or tissue donor, consult your physician for information about this procedure. After you register, you can check a box on your driver's license to indicate you have registered. You should also discuss your plans with your family before making your decision.

Stony Brook University, Department of Anatomical Sciences, School of Medicine, Health Science Center, Stony Brook, NY 11794-8081 is one local institution accepting whole body donations. They can be reached at 631-444-3111 or on the internet at www.uhmc.sunysb.edu/anatomy/donor.html.

If you are not making a whole body donation, you can select a funeral home of your choice. The Fellowship has information about the fees charged by members of The Funeral Consumers Alliance of L.I./NYC, PO Box 701, Greenlawn, NY 11740-0701, 631 544-0383, www.NYFunerals.org E-mail: info@NYFunerals.org. Not all funeral homes are members. Check your local phone book for additional funeral homes in your area. If you feel that you do not need the services supplied by a funeral home, you can pre-plan with a crematorium. Consult your local phone book for the numbers of crematoriums in your area or visit the Cremation Association of North America web site at www.cremationassociation.org.

Legacy Planning, Planned Giving & Charitable Gifts

Financial planning is an important aspect of End of Life Planning. Gifts to family and institutions are a part of life and maybe continued after your death. Charitable donations during and after your life honor your values and are a means to support their continuation. Please consider remembering UUFH in your will or one of the many forms of giving. Your gift may be by bequest, trust, annuity, securities, real estate, personal property, planned giving or income funds in addition to cash gifts. These alternatives may offer advantages to you and UUFH, while meeting your personal goals upon your death. For more information on how to set up one or more of these gifts, please contact us at UUFH or your attorney.

POD and TOD

POD stands for “Paid on Death” and TOD stands for “Transfer on Death”. The easiest way to explain these terms is by giving examples. You could designate your checking and savings accounts as “paid on death accounts”. When you die, the person(s) named in these accounts can claim the money immediately. If you have a fund composed of securities managed by your bank, you can designate it as a “transfer on death” account. The account will be transferred to the person(s) you named who could cash in their accounts or continue to own the funds. For both types of accounts, you have complete control over your money while you are living. Neither is subject to probate but might be subject to taxes depending on the tax laws at the time of your death. A bank could set up the two types of accounts we indicated without charge in a few minutes. Other accounts, such as a 403(b) account, could also be set up as a TOD account. Use Google or your favorite search engine to find out more about these accounts.

Revocable and Irrevocable Trusts

Trusts may offer many advantages over a Will to transfer your assets to your designated beneficiaries. Trusts avoid probate but they do not let your beneficiaries avoid paying taxes, if any, on what they inherit. The Memorial Committee is not going to offer any advice for setting up a trust. You need to discuss this matter with an attorney. Choosing the type of trust that meets your needs can be a very difficult decision. A trust should be drawn up by a lawyer knowledgeable about this area of law. Use your favorite search engine to find out more about trusts.

Digital Afterlife

Your digital afterlife will depend on how you use your computer, internet services like online banking, internet phone, the types of social media you use and many other factors. You should make certain someone you trust knows the passwords to all your devices and accounts. Search “Digital Afterlife” on your computer for more information and suggestions.

Living Will & Health Care Proxy – Appendix 1A and 1B

A Living Will allows you to convey your wishes regarding treatment when you are no longer personally able to communicate them. It usually covers specific directives regarding medical care or the forbidding of it. It may provide instructions on whether or not you wish to receive artificial life support, artificially administered food and water or comfort and care. Most attorneys will complete a living will and health care proxy without charging any additional fee when they draft your will or Trust.

A Health Care Proxy is a binding legal document that allows you to designate someone to make health care decisions for you when you are incapable. The Health Care Proxy may include Living Will language. This first section in our End of Life Planning includes information on Health Care Proxy and Living Wills. You may want to seek the advice of a lawyer, especially if your situation is complicated. You can prepare the documents yourself using the information below. If you completed a Health Care Proxy form before December 2001, you might want to complete a new one. The older proxy is still valid, but the new form allows you to participate in New York's organ and tissue donation program. Discuss all decisions with your family and proxy. <http://www.health.state.ny.us/forms/doh-1430.pdf> is the link to the New York State Department of Health. In addition to the Health Care Proxy form, it includes helpful information such as definitions, Frequently Asked Questions and instructions on how to complete the form. By completing Optional Section 4 of the Health Care Proxy Form, you are clarifying the decisions you want your proxy to make on your behalf. Stating "I do want to receive maximum pain relief even if it may hasten my death" is an option to consider. Also state that you have discussed your wishes with your health care proxy. Give copies of the completed forms and information on the location of the original forms to the person you appoint as your proxy, doctor, attorney and anyone else who might be involved in your medical care. You may also want to place a copy in the folder you give to the UUFH.

Interment in the Memorial Garden – Appendix 2

The Memorial Garden is a lovely space with a dry stream and pergola developed to be integral to the life and activity of the Fellowship. The garden was conceived to be more than a place for contemplating and remembering the people whose life journeys have come before at UUFH and the final resting place for cremated ashes. It is an environment alive with natural growth and beauty of trees, plants and flowers to be enjoyed by people at different times and in diverse moods: individual meditation in quiet solitude, small gatherings and joyful celebrations. If you wish to have your ashes interred or scattered in the UUFH Memorial Garden, please complete Appendix 2 and format it to fit on a single page. Return the completed form to the UUFH.

Inscription of Your Name on the Memorial Panel – Appendix 3

Our Memorial Panel in our Main Hall honors Members and Friends by listing their names. The Memorial Book gives a brief biography of the names on the Panel. If you wish to have your name inscribed on the Memorial Panel, please complete Appendix 3. Format it to fit on a single page and return the completed form to the UUFH in your file folder.

Memorial Service and Biographical Information – Appendix 4

This appendix gives you an opportunity to pre-plan most of your Memorial Service and supply biographical information for the Memorial Book and any media notification. The final plans for your Memorial Service will, of course, be made after your death. The service will focus on how others remember you. However, there are many things that you can decide. Your family and friends may forget or not know about accomplishments that you made many years ago. You may want to consult programs of previous Memorial Services to help you plan what you want included in your service. The items listed in the appendix are often included in a Memorial Service. However, you may want to plan a completely unique service and the items listed might not apply. The choice is yours. You also might like to write a few final words to your loved ones.

Vital Records Information – Appendix 5

It is important that you keep this list up-to-date. Complete the information requested, adding or deleting items as necessary. If you wish to give all of the information in this section to the Fellowship for safekeeping, return the completed form to the main office. Send the information that you want the person handling your affairs to know and return only the items you feel the Fellowship needs to know to UUFH Office Administrator. We suggest that you store as many of the following items as possible in one place where they can be easily accessed by the person handling your estate. The best place to keep the original of your will and/or trust is in a vault at your attorney's office. Your executor should have a copy. Keep a copy of each because you may want to change the information as circumstances change.

Health Care Proxy Appendix 1A

(1) I _____ (print all information except for signatures)

_____ (home address and telephone number)

hereby appoint

_____ (home address and telephone number)

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

(2) Optional: Alternate Agent If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint

_____ (home address and telephone number)

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

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely.

(Optional: If you want this proxy to expire, state the date or conditions here.) This proxy shall expire (specify date or conditions): _____

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

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

(5) Your Identification (please print) Your Name

Your Signature _____ Date _____
Your Address _____

(6) Optional: Organ and/or Tissue Donation I hereby make an anatomical gift, to be effective upon my death, of: (check any that apply) Any needed organs and/or tissues The following organs and/or tissues _____
Limitations _____

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

Your Signature _____
Date _____

(7) Statement by Witnesses (Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.) I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date _____ Date _____

Name of Witness 1
(print) _____

Name of Witness 2
(print) _____

Signature _____

Signature _____

Address _____

Address _____

New York Living Will – Appendix 1B

Download and format this appendix to fit on two pages. We recommend that you print it back-to-back on one piece of paper.

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

I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying if I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery.

These instructions apply if I am (a) in a terminal condition; (b) permanently unconscious; or (c) if I am minimally conscious but have irreversible brain damage and will never regain the ability to make decisions and express my wishes.

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

[CROSS OUT ANY STATEMENTS WITH WHICH YOU DO NOT AGREE]

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

I do not want cardiac resuscitation.

I do not want mechanical respiration.

I do not want artificial nutrition and hydration. I do not want antibiotics.

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

[ADD PERSONAL INSTRUCTIONS (IF ANY)]

Other directions:

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

[SIGN AND DATE THE DOCUMENT AND PRINT YOUR ADDRESS]

Signed: _____ Date: _____
Address: _____

[YOUR WITNESSES MUST SIGN AND PRINT THEIR ADDRESSES]

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

Witness #1: Signed: _____
Address: _____

Witness #2: Signed: _____
Address: _____

We recommend that you print the Living Will back-to-back on one sheet of paper. Because copies are often made of one side of separate pieces of paper, we advise you to have your witnesses write their initials on the bottom left corner of the page where you signed the document.

This form was made available by Time Magazine for downloading without charge as a public service. The original living will was developed to conform to the New York State Laws in effect in 1988 and was valid at the time it was downloaded in March 2005. Once again, The Memorial Committee suggests that you consult an attorney to make certain everything conforms to the current laws.

REQUEST FOR INTERMENT IN THE MEMORIAL GARDEN

Requirements for Interment in The Memorial Garden

The Unitarian Universalist Fellowship of Huntington will accept for burying or scattering the pulverized cremated remains of the deceased at the request of a Member or Friend of the Fellowship as defined by the Bylaws.

These cremated remains may be buried in a biodegradable container or buried or scattered from an urn provided by the UUFH in areas of The Memorial Garden designated by the Board of Trustees. The specific location will be decided by the Memorial Committee in consultation with those who have requested such disposition. All interments will be done between April 1 and October 31.

A contribution of at least \$350 is suggested to help maintain The Memorial Garden and the Memorial Program.

A donation does not have to accompany this form. You may make a donation at this time if you wish, but this form is only meant to indicate your desire to have your ashes interred in the Memorial Garden. Contact one of the Memorial Committee Co-Chairs if you wish to select a specific location in the Garden.

Name (printed clearly and exactly how it should be engraved on the Memorial Garden brick):

Address: _____

Phone: _____ Email: _____

Date of Birth: _____

Name and Address of person to contact if additional information is needed at a later date: _____

Telephone: _____ email: _____

Please indicate if you wish to have your cremains interred or scattered in the garden. You can also list the area you wish your ashes placed.

Interred or Scattered: _____

Location: _____

Signature: _____ Date: _____

Name _____

End of Life Planning Appendix 3

REQUEST FOR THE INSCRIPTION OF A NAME ON THE MEMORIAL PANEL

Requirements for Inscription of a Name on the Memorial Panel

The Unitarian Universalist Fellowship of Huntington has established a Memorial Panel at the back of the Main Hall as a place of memorialization. The person whose name is inscribed on the panel must have been

- a) a current Member of The Fellowship or a Friend of The Fellowship as defined by the Bylaws.
- b) a former Member or Friend of The Fellowship.
- c) a Child, Spouse or Life Partner of a Member or Friend, or of a former Member or Friend.

A one-time donation of one hundred dollars is requested to cover the cost of the name plate and to help support The Memorial Program. Individuals, families, or groups of individuals or families may act as sponsors. A one-page tribute to the person whose name is inscribed on the panel will also be included in The Memorial Book located near the Panel.

A donation does not have to accompany this form. You may make a donation at this time if you wish, but this form is only meant to indicate your desire to have your name placed on the panel.

The Name Plate on the Memorial Panel shows the name of the deceased together with the years of birth and death. As many as 21 characters (including marks of punctuation and spaces) may be engraved on the plate. Please print in block letters the name the way you would like it engraved.

Date of birth: _____

Status: Member or Former Member of The Fellowship
 Friend or Former Friend of The Fellowship
 Spouse or Life Partner Child

Our Memorial Book contains a brief statement (maximum of one page) about the person whose name we have inscribed. Please indicate the person who will write this tribute. You may want to read the statements in The Memorial Book at the back of the Main Hall for ideas. Please do not hesitate to ask The Memorial Committee to assist you with the writing.

Memorial Statement to be written by _____

Will your cremains be interred or scattered in The Memorial Garden? _____

Signature: _____ Date: _____

Memorial Service and Biographical Information – Appendix 4

Name: _____ Date: _____

Where do you want your Memorial Service held?

Who do you want to conduct your Memorial Service?

Who do you want to give the eulogy? You may select more than one person.

If your ashes are to be interred in the Memorial Garden, do you want the interment to proceed or follow the service or take place at a different date?

What poetry or literary passages do you want read at your service?

What musical selections do you want performed? (Recorded, live, vocal, instrumental) Whom do you want to perform the instrumental and vocal selections? Do you want the congregation to sing or read from the ***UUA Singing the Living Tradition***? If you wish the congregation to sing a song not in the UUA Book, include a copy it your folder.

What type of floral arrangements do you want?

If people want to make charitable donations, do you want to specify which organizations?

What type of reception do you want to follow the Memorial Service?

What items do you want on the Memorial Table? You might want to decide or even assemble photographs and other records of important events in your life that will be placed on the Memory Table and passed on to your family.

Please write a short biography of your life. The biographical information you supply can be used by the person who will write the biographical sketch for the Memorial Book or for newspaper or other media announcements. It will also be helpful in planning the Memorial Service. Please return the completed information in your folder. You might want to write a few final words to people you love or even include an audio or video recording. What type of reception do you want to follow the Memorial Service? You might want to write a few final words to people you love or even include an audio or video recording.

Contacts for Vital Records – Appendix 5

Name: _____ Date: _____

List the full names and addresses as you would address a letter to these people or institutions. Include telephone and fax numbers, e-mail addresses, account numbers and any other information that might have to be copied. Download and complete the information requested.

Please feel free to add or delete any items. The person who will handle your affairs will need the most extensive copy. You may wish to give a complete copy to others or copies of selected items. If you wish to give a copy to the UUFH for safekeeping, place them in your folder and return it to the UUFH.

Attorney

Executor & alternate executor of your estate

Primary Care Physician

Other Physicians that should be notified

Banking (List your account numbers for all banks and credit unions & include information about your Safety Deposit Box.)

Credit Cards

Investments, Retirement Accounts and Accountant

Health Insurance, Major Medical, Medicare

Life Insurance (Remember that you may have policies from organization you've joined or from your bank or credit card companies. List all policy numbers.)

Homeowner's Insurance, Automobile, Boat, Umbrella or similar policy, other Insurance

Veteran's Administration

Union and/or Professional Organizations

Friends, Relatives and other people or institutions to contact

In addition to the people and organizations mentioned above, your executor will need to cancel newspapers, magazines, phone service, TV and Internet suppliers, leases and other services that will no longer be required.

Location of Vital Documents

Delete unnecessary items and add others if needed. If everything (except the Original Will) is stored in one place, you will only have to indicate that location here.

Attorney's Name and Address

Copy of Will and Trust – Keep original in your attorney's safe

Copy Health Care Proxy and Living Will

Executor's Name and Address

Birth Certificate or Legal Proof of Age

Citizenship Papers if not born in U.S.

Degrees and Professional Licenses

Driver's license, boating license, etc.

Social Security Card and Medicare Card

Retirement Papers and Pension Information

Deed or Lease to all property you own or lease

Health Insurance, Major Medical, Long Term Care Insurance Policies (Life, accident, homeowners, umbrella, long term care and any other)

Marriage License, Divorce Papers, separation papers, child custody papers

Titles to automobiles, boats or other vehicles

Investment records and other securities & Accountant's name and address

Safe Deposit keys Bank books and banking records Bank & credit cards

Income tax returns, receipts, canceled checks

Veteran's papers & Disability claims

Other important papers (list) Names, addresses, phone numbers of friends and relatives to contact in an emergency Newspaper and magazine subscriptions, leases, utilities, internet, cable and other services