ST. JOHN NEUMANN CATHOLIC CHURCH

RESTON, VA

What Do I Do Now?

Advance Planning for the Health Crisis

Based on the July 2023 Presentation

Updated November 2023

"Be watchful! Be alert!
You do not know when the time will come."
Mark 13:33

St. John Neumann Catholic Church
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Dedication: To the Oblates of St. Francis de Sales, who have faithfully served St. John Neumann Catholic Church since 1979.

Introduction: The genesis for this booklet comes from our July 2023 *"What Do I Do Now"* presentation, which was based upon the real-life experiences of our health ministry, pastoral care, and liturgy teams. Countless times, we have witnessed the scenario of an illness or death, either expected or sudden, leaving families seemingly paralyzed by the shock, grief, and uncertainty of what to do now.

We have supported families facing critical decisions about aggressive medical care for the dying without any idea of what their loved one's wishes were, what Catholic teachings are, or the value or futility of extraordinary measures in the face of terminal illness. We have witnessed the reality that discussions surrounding Catholic doctrine on final sacraments, end-of-life care, and organ donation are often unclear, misguided, or just never happened.

Most tragically, we have seen and felt the times when the fear and anxiety of "what comes next" replace the sacred time of <u>truly</u> being present with their dying loved one. The "what comes next" becomes a whole host of quandaries and challenges, from

what is the password to a spouse's computer to "am I a co-owner or authorized user on this credit card or bank account?"

We know that there is a better way to navigate this difficult journey, and we at St. John Neumann are here to help. You start by prioritizing end-of-life preparations as honestly and seriously as you do all other life decisions. With faith, grace, and practical information, you can help make a loved one's final chapter of life one of peace, comfort, and love.

This booklet, like the in-person program, is presented in a logical sequence, based upon the scenario of recently receiving news of an impending terminal illness or the sudden unexpected death of a loved one.

My deepest gratitude to the following contributors to this effort: Lynette Jacobs LCSW; Fr. Don Heet, OSFS; Margaret O'Reilly, Esq.; Bill Keatley, Adams-Green Funeral Home; Tricia Russman, St. John Neumann Liturgy Office; Amelia Gil-Figueroa, St. John Neumann Liturgy Office, and Elizabeth Wright, St. John Neumann Communications Manager.

Respectfully,

Susan Infeld RN BSN FCN

St. John Neumann Parish Nurse

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Chapter 1
What Do I Do Now?
The Emotional and Psychological Response
Susan Infeld, RN, BSN, FCN

When facing a terminal illness or death, many emotions may surface, such as shock, disbelief, fear, even numbness. Perhaps you or a loved one have been battling a life-threatening diagnosis for some time and the direction has suddenly shifted from “cure to care,” or perhaps you just received the shattering news of a terminal illness or death. Suddenly the future is uncertain, and the world seems to have fallen off its axis. The swirling spectrum of thoughts and emotions ranges from “how will I tell my family “ to “what happens after death?”

The famed author Elizabeth Kubler Ross wrote about what she calls “The Five Stages of Death and Dying,” and these apply to the above scenario.

1. **Denial:** This is the ostrich in the sand approach. Push the news away. If you do not think about it, it is not really happening. Unfortunately, time and life go on regardless of your willingness to face it.
2. **Anger:** Anger serves its purpose as an avenue to express anxiety, frustration, injustice, helplessness, or “why is this happening to me?”
3. **Bargaining:** This is how we try to gain control over the situation, by attempting to negotiate with God: “If he survives this, I will never complain about him again,” or “I promise to say the Rosary every day for the rest of my life if he is healed.” Guilt and magical thinking also move into this stage: “What if he hadn’t driven in today? What if I had never picked up a cigarette? What if I had visited the doctor sooner?”

4. **Depression:** This is when all energy has been expended. It is marked by sadness, apathy, changes in sleep and eating patterns, and often difficulty concentrating. Sometimes antidepressants are suggested to help the individual cope, but the feelings are very real. Showing empathy and allowing the patient to share their feelings are imperative to helping someone move through this stage.
5. **Acceptance:** One has now experienced several strong emotions in the other stages of grief; they can finally stop "fighting the good fight" and focus on reality. The hope is to find peace and meaning in the struggle and in the journey. Our Catholic faith helps keep us grounded as we reflect upon death. Our OSFS priests and deacons are here to help support us with counsel, sacraments, and prayer.

If you are the family or friend of the patient, the above responses also hold true for you but, in addition, can be accompanied by feelings of helplessness, the desire to change places, guilt, frustration with not being able to fix the situation, and anticipatory grief. Loneliness can affect both parties. It is important for both patient and loved ones to keep talking about their feelings to try and stay connected. If we allow it, a loved one's pending death can easily become the elephant in the room and isolating. Avoiding a discussion about death for fear of upsetting you or your loved ones is often a hopeless exercise. For example, children are observant and know when someone is seriously ill. Honestly answering questions opens a channel of communication that relieves fear and anxiety, builds trust, and can be a beautiful healing gift for the family.

So where does HOPE fit in the face of a devastating diagnosis? We always maintain hope, but in the light of new information, one may now hope for different things (beyond a medical

miracle). One may seek peace, comfort, and a new sense of purpose in the remaining days (See “Five Wishes” in Chapter 4). At the end of life, many people choose to limit visits to only those family and friends closest to them and have quiet one-on-one time. Some might take the opposite approach trying to visit with as many people as possible, including people they have not seen in a while. A friend of mine from high school made the difficult decision not to treat her aggressive cancer, and she wanted to spend her remaining time saying goodbye to dear friends and family. She even flew back to Virginia and organized a luncheon, greeting many of her high school friends. She found peace and closure acting as the gracious hostess she always was on a final “round the world tour.” She still lit up the room; just weeks later, she died.

There is no “right way” to act or process an end-of-life situation because everyone copes and grieves differently. Family, friends, support groups, and counselors can all help with a listening presence and genuine care at this sacred time. (What is NOT helpful when visiting with someone terminally ill is to talk about one’s own illness, what decisions YOU would have made, or to rebuff the patient’s fears.) Asking the patient, “Is there anything you want to talk about?” or reminiscing about times together will posture you to be fully present with the dying or grieving.

There are online support groups for specific illnesses and for grief. Hospice has wonderful volunteers as well as social workers, nurses, a medical director, and a pastoral care member. Many times, patients feel safer talking about their fears with a member of the hospice team, their clergy, or the Parish Nurse. At St. John Neumann, our entire pastoral care team will “walk with you” during these difficult times.

Advocacy For the Patient:

It is crucial when someone is at their most vulnerable, to have a strong advocate communicating the PATIENT's wishes, even if their wishes are different from your own.

Clear communication with healthcare providers is imperative. Often in a hospital setting, you are in the hands of the hospitalist (not your primary care doctor), who is caring for multiple patients. It is our responsibility to personally have copies of our written medical history and to keep it at bedside. Make notes about current updates during the hospitalization and communicate with any provider who enters your room. "Handoff" (transfer to another unit or to discharge) is an incredibly vulnerable time for the patient, with many questions arising: What medications has the patient taken? What are the discharge medications? Are the doses correct? Is there any overlap? Should anything be discontinued? When was their last dose?

One of the many blessings of entering hospice is medications not treating the symptoms of the disease are stopped, sometimes resulting in a patient who actually feels better in the final stage of their journey.

Chapter 2
Getting Your Affairs in Order
Margaret A. O'Reilly, Esq.

"Getting your affairs in order" refers primarily to your financial affairs but can include anything for which you are responsible. You need to make appropriate arrangements for someone else to assume those responsibilities, whether it is custody of children, care for disabled family members, or management and distribution of your financial accounts. You may have business or professional responsibilities, which I will not delve into except to say that you need to consider whether you do and if so, ensure you have taken appropriate steps to discharge those responsibilities.

Getting your personal financial affairs in order starts with creating a current and comprehensive list of the assets that you hold, what kind of asset it is, how it is held, and where it is held. Will your next of kin be able to find everything they need? Is the information in your phone? On your computer? Or is it just in your mind?

Frequently, you are the only person holding all that information, and a great deal of time and expense can be saved if you provide a clear inventory of your assets for your family to follow. If the accounts are online or are accessible online, include the necessary access information – usernames, passwords, and the answers to security questions.

In addition to identifying what your assets are, determine what instructions you have made for how the assets are to be managed and/or distributed at your death. Consider your overall financial picture when you are giving instructions on the disposition of your assets – some assets pass under your will; some assets pass according to the terms of your trust, and other

assets you may have already designated to pass to specific people.

Do you have a will or a trust that directs the disposition of your assets? Do you know what it says? Have you looked at it recently to be sure it expresses your current wishes? If not, arrange with your attorney to create a document that accurately expresses your current wishes. We recommend that you review your will and other documents at least once every three years, to confirm they accurately convey your current wishes.

Not all assets are passed by your will. Assets with joint owners, assets with designated beneficiaries (retirement accounts or life insurance), and assets that are held in any way other than in your sole name (such as held in your trust) do not belong to your probate estate and will not pass under your will. In the event of your death, the joint owner, designated beneficiary, or trustee on those accounts already has a right to those assets.

One way to consider whether an asset will pass under your will is to determine whether anybody other than yourself has access to that asset, and whether that access will continue after your death. The durable power of attorney dies with you, and that agent will no longer have any authority over your assets. If there is nobody with access to the asset after your death, then the asset becomes part of your probate estate because we need the authority of the court to give somebody the legal right to access that account.

This is a good time to review the beneficiary designations on bank or investment accounts, retirement accounts, insurance policies, annuities, etc. Are they current and correct? What about joint accounts – is it your intention that those accounts should pass to the surviving joint owner, or is the joint owner on the account for your convenience? If it is the latter, you will

need to direct the disposition of those funds in the way you intend.

Again, consider your overall financial picture when you are reviewing your instructions on the disposition of your assets – some assets pass under your will; some assets pass according to the terms of your trust; some assets you may have already designated to pass to specific people. If, for instance, it is your intention to pass all your assets, in equal shares, to your three children, then you need to check whether your current will, your current beneficiary designations, and your current jointly held assets are consistent with that intention.

If your will says divide everything in equal shares, but your retirement account only lists the oldest child as a beneficiary (because you never got around to adding the other two), the oldest child will receive the entire retirement account, plus one-third of whatever is passing under the will. Remember, the will has nothing to say about assets with designated beneficiaries!

If you have added somebody to your bank account, you need to confirm with the financial institution whether you have made that person a joint owner on the account, in which case the account will belong to the surviving co-owner and will not be part of your estate. If you have given another person signing authority, that person acts as your DPOA agent and can sign checks but has no ownership interest in the account. In that case, the account will be part of your estate and subject to your instructions about disposition.

You may wish to consider whether those who will handle your affairs after your death are going to have access to the funds necessary to do this. If another person is joint owner on your bank account, they will have immediate access. If you have assets held in a trust account, and you have a designated successor trustee, that successor trustee will have access to the

trust assets as soon as they are able to notify the financial institution with confirmation of your death and verify that they are designated as successor trustee. If you have designated a bank account “POD” (pay on death) to another person, that person will have access to the bank account as soon as they are able to verify to the bank that you have died and verify that they are the designated beneficiary. The person who is managing your affairs after your death can use your credit card, but usually only if that person is a co-owner of the account. Otherwise, once the financial institution is notified of your death, the credit account will be frozen, invalidating the card. Like bank accounts, you need to confirm whether the person is a co-owner or simply had your permission to use the card. If it was just permission to use, the account will be frozen at your death. If you have obtained a second card on your account for a spouse or an adult child, it is still solely your account, and the account will be frozen at your death. If you have a trust that contains your instructions about disposition of your assets, verify that your assets have been transferred into the trust and will be under the control of your trustee. Making a list and attaching it to the trust agreement does not move the asset into the trust. There is almost always a formal document that is necessary to move ownership – a deed for real estate and change of ownership form or a designation of beneficiary form for accounts.

DO NOT RELY on a “pour-over will” to get the assets into the trust. One of the primary advantages of using a trust is to avoid the public and court-supervised probate process, and if you need to use the will to get assets into the trust then those assets will go through the probate process, and you have lost that advantage. I spoke to a client a few months ago – her mother had died, and she wanted advice on administering her mother’s trust. When we reviewed her mother’s account statements, however, it became clear that most of her assets

continued to be held in her sole name and not in the name of the trust. Had they been held in the name of the trust, her daughter could proceed to settle her mothers's affairs and distribute the assets in accordance with the terms of the trust. Since they were not, the daughter needed to go through the probate process to get the assets under the control of the trustee before she could administer the trust and settle the estate.

Now, the daughter needs to be appointed by the court to serve as Executor, set up a probate estate account, transfer the solely owned assets into the estate account, report the assets to the court on the estate inventory, and obtain approval from the court to have the assets distributed from the probate estate to the trust. This process can easily take as long as a year or more, and it is only after taking all these steps that the daughter, as trustee, will have control of all the assets and can administer the trust and settle the estate.

This will all take time and cost money in filing fees and possibly legal fees but could easily be avoided by moving the assets into the trust during your lifetime. You or your DPOA agent can move the assets into the trust during your lifetime or contact the financial institution and have the asset designated as "Pay on Death" or "Transfer on Death" to your trust. Your DPOA agent can see to the necessary forms if you provide information on where the accounts are held and what you want done.

<u>Durable Power of Attorney (DPOA)</u> – enables another person to manage personal business. This could include moving assets into existing trust, consolidating accounts, preparing beneficiary designations, or seeing to current expenses. If there are necessary actions with respect to your accounts, your DPOA agent can generally do all the paperwork necessary to take those actions. Do you have a current DPOA in place? Does your DPOA authorize your agent to do all the things that they may

need to do? It is helpful to periodically review the authorizations included in your DPOA – not all DPOA documents are the same, and the agent has only the authorities explicitly granted in the document you signed. Check whether your DPOA is effective as soon as you sign it – that is preferable, because you can then have your agent take care of business for you as a convenience and not just if you are incapacitated. Also, remember that the POA authorization dies with you – the agent has no power or authority unless you are living to direct it.

<u>Advance Medical Directive (AMD)</u> – Performs two separate functions for you: (1) allows designated person to speak directly to your providers to give instructions on what medical interventions you do and do not authorize; (2) designates a medical agent to convey your wishes if you cannot.

The right to give consent or withhold consent to any medical intervention is protected by law and can only be exercised by the patient or by a person authorized by the patient to speak on their behalf. The job of the agent is to articulate the patient's wishes if the patient is not able to on their own. If the patient is able to indicate their own wishes, this overrides anything that the agent may say.

The patient's wishes do not have to be what the family wants, what the spouse wants, or what the providers recommend. These are extraordinarily personal decisions, and every person has the right to make their own decisions – whether the decision is wise or medically recommended is not relevant. It is the patient's right to control their own medical treatment, a right which can only be exercised by the patient unless the patient is (1) unable to communicate, or (2) is suffering from a cognitive impairment rendering them unable to effectively comprehend their situation and the choices available. In this case, the right is exercised by the patient's duly designated agent speaking on behalf of the patient. If the patient

understands the situation and the consequences of the decision, the decision is the patient's to make. This does not require a medical-professional level of understanding, just an essential understanding sufficient to inform the decision presented.

One example of the need for AMD:

You may remember the Terry Schiavo case in Florida several years ago. Terry was a 26-year-old woman who suffered cardiac arrest and was left in a persistent vegetative state. After 8 years of maintaining her life with a feeding tube, her husband asked the court for permission to discontinue the feeding tube since he did not believe that she would have wanted to live in this state. Unfortunately, and like most young people, Terry had not executed an Advance Medical Directive to indicate what her wishes were or who she chose to speak for her. When the husband petitioned the court, Terry's parents objected claiming they were the appropriate people to give voice to Terry's wishes, and that Terry would have wanted to continue her life. What followed was a fierce and highly public battle between Terry's husband and Terry's parents. The disputed issues were (1) what would Terry want if she could communicate, and (2) since she cannot tell us, who speaks for her? These are the two issues that the AMD is intended to address. In the absence of an AMD, it was seven years after he requested the court's permission before her husband's request was granted. The case endured 14 lawsuits in the Florida courts; five lawsuits in federal court; political intervention by the governor, the state legislature, the U.S. Congress, and President George W. Bush, as well as four denials of certiorari from the Supreme Court.

Chapter 4 more specifically discusses the Five Wishes document, and that is one existing form for an AMD that is accepted in Virginia and most other states. We also use a "medical grid" to help clients consider specific medical

interventions and make their wishes known to their agents *(See Addendum for Advance Medical Directive Worksheet)*. The grid shows six different situations and a dozen specific treatments, so you can consider what your wishes are depending on which situation is presented to your agent. I think it is a helpful exercise to clarify your own wishes and can be helpful in starting the conversation with your loved ones.

If you decide to make advance arrangements and pre-pay them, make sure that your family or loved ones are aware of this!

On all your documents, it is important to give thought to the persons you designate to carry out your wishes. Does the DPOA agent have the necessary skills to manage your financial affairs for your benefit? Does your AMD agent have the appropriate temperament and abilities to manage your medical and health care treatments? Does your executor and/or trustee have the skills to properly gather your assets and administer your estate? Your designated fiduciaries do not have to be able to manage all the necessary responsibilities on their own, but they do need to have the ability to recognize when to get professional assistance.

We have provided a fiduciary worksheet *(See Addendum for Fiduciary Worksheet)* to help identify who you want to designate for these responsibilities. There is a page for each document, with a brief description of the document, a description of the responsibilities of the fiduciary, and then space for you to note who you plan to designate in your documents.

One final word about designating fiduciaries. Under Virginia law, your next of kin is responsible for seeing to the disposition of your remains, that is, to decide and inform the funeral home with respect to funeral, burial, and/or cremation. As a matter of practice, most funeral homes will want all the next of kin, at the

same degree of kinship, to agree with respect to that disposition. If your next of kin are not in agreement OR either cannot be located or are unavailable (military service, diplomatic corps, out of the country), one of them will need to petition the Circuit Court for a decision on what should be done. To avoid the necessity of a court appearance, if you anticipate any issue on this, you can execute in advance a notarized statement authorizing a specific person to be responsible, and that authorization will take precedence over the next of kin. This is commonly used when one or more family members is estranged, one or more family members is likely to disagree with your wishes, or one or more family members may be difficult or even impossible to reach in a timely fashion.

Clearly, preparing legal documents in advance of a medical crisis or unexpected death benefits you and your loved ones. Properly discerning your wishes and legacy prior to a crisis or stressful situation lays a foundation for peace surrounding future decisions and outcomes.

Chapter 3

The Catholic Perspective: Catholic Teaching of End-of-Life Issues

Fr. Don Heet, OSFS, SJN Parochial Vicar

The basic Catholic teaching about human life is that it is sacred. Because all humans are created in the image of God, human life is good, and it is to be protected. That applies to the unborn, to those with severe disabilities, criminals who have committed horrible crimes, those in a so-called "persistent vegetative state," and those who are ill and in the final stage of life. The Church teaches that we should take reasonable steps to preserve life and should never withhold or administer treatment with the intention of ending the life of the person.

There are two critically important terms in that statement. First, we are obliged to take reasonable steps to preserve life; conversely, we are not obliged to do what is not reasonable. This implies a judgement call, one based on sound religious/philosophic principles as well as the various facts of the case. A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of being beneficial, and do not entail an excessive burden or impose excessive expense on the family or the community. The Church teaches that a person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that, in the patient's judgment, do not offer a reasonable hope of benefit or entail an excessive burden or impose excessive expense on the family or the community.

Secondly, the intention driving a decision must not be to end life, even to spare the patient further suffering. Whatever treatment is prescribed must be to help the person live as

complete and pain-free of a life as is possible. Obviously, the intention in such a case must be honestly in favor of life, even if the treatment may shorten the life of the patient.

Put another way, there are basic principles that flow from that initial statement:

- The patient has the primary right to determine medical care, not the family or medical personal.
- Suicide and euthanasia are never morally acceptable options.
- The principle of double effect may come into play. Double effect recognizes that an action (e.g., a medical decision) may be chosen for a good motive, even though there may be an unintended consequence. For example, a doctor might prescribe a dangerous drug to combat a disease, even though there is the possibility its side effects could be fatal.
- Finally, in some situations certain medical treatments are appropriately refused. One should consider the benefits and burdens of a prospective procedure and conscientiously judge whether to accept it. For example, if an operation will prolong life, but is likely to leave the patient paralyzed for the rest of their life, they can reasonably and morally refuse it.

Since the patient has the primary right to determine medical care, it is prudent to take steps to ensure that their decisions are respected even if the patient becomes unable to express them. The best and clearest way of doing so is for the patient to designate a healthcare agent who not only understands our Catholic values but also shares them and can apply them to current situations, responding to questions as they arise. This person, usually a close family member or friend, acts as a proxy decision maker if the patient is not able to make his or her own

decisions. In choosing an agent or proxy, a person can declare in writing that all treatment and care decisions made on their behalf must be consistent with and not contradict the moral teachings of the Catholic Church.

Less flexible is a living will, which simply lists treatment options or care that the patient wishes to accept or reject. No matter how well-crafted, such a document can never predict all the possible future problems or anticipate future treatment options. Moreover, a living will can be misinterpreted by medical providers who might not understand the patient's wishes.

A third, and somewhat controversial option is a "Physician Order for Life-Sustaining Treatment," sometimes abbreviated as POLST. The POLST document is completed by a doctor or other medical professional to define treatments to be withheld or administered in a future situation. It has been criticized for placing more power in the hands of physicians than in patients' hands. Indeed, in some cases the patient need not even sign the document. Once signed by the physician, it becomes a doctor's order to other medical staff, and may override the patient's own past advance directives and even the patient's appointment of a healthcare agent.

Obviously, a document that expresses whatever an individual decides should be prepared with the assistance of an attorney to ensure that the patient's wishes are respected.

The "Last Rites" Sacrament of the Dying

Those of us of a certain age can remember when the sacrament that a Catholic should receive before death was called "Extreme Unction." The essential element of that sacrament was the anointing of the dying person by a priest. With the sacramental reforms of Vatican II, anointing was recognized to be a sacrament primarily for someone who is sick rather than for the

dying; hence, the change from Extreme Unction to Anointing of the Sick. There is a sacrament for the dying; often it is referred to by the rather broad, and unofficial, name of "The Last Rites." The specific name of this sacrament is "Viaticum," which means food for the journey. It is a special celebration/reception of the Eucharist with a specific prayer for the person who is approaching death.

There are three ways in which Viaticum is celebrated. The first is in the context of a Mass. For example, at a hospital with several terminally ill patients, a priest could celebrate Mass and administer the Eucharist as Viaticum to all who are in the final stage of life. Immediately after the homily, those receiving Viaticum may renew their baptismal promises. Following, the priest gives communion to the patient and says, "May the Lord Jesus Christ protect you and lead you to eternal life."

The second method is like the first, but is a communion service rather than a Mass. In this case the priest, deacon, or extraordinary minister of Holy Communion conducts the service up through the renewal of the baptismal promises, but then proceeds to the communion service, administering a host that has already been consecrated.

Note that in either of the first two (and preferred) methods of celebrating Viaticum, there is no anointing. The presumption is that if the patient desires the sacrament of anointing it would be celebrated separately. Both also presume that the patient is conscious and able to receive the Eucharist.

The third method is called "The Continuous Rite of Penance, Anointing, and Viaticum." Although it can be used in any situation, it is often the mode of celebration when the patient is unconscious or in the final stages of death. It includes celebration of the sacrament of penance (if the patient wishes), a brief Liturgy of the Word, renewal of baptismal promises (if

possible), anointing of the sick, and then administration of the Eucharist, if the patient is able to receive it.

Three final thoughts: If at all possible, the “Last Rites” should be celebrated while the patient is still conscious and able to receive Viaticum. Too often priests are called when the patient is no longer responsive and is unable to consciously appreciate the benefits of the sacrament (although they still apply). Secondly, Viaticum can be given more than once. If someone is in hospice care, for example, they could receive it monthly. Finally, the Last Rites can also include an option known as the “Apostolic Pardon”- this is a prayer which imparts a plenary indulgence, i.e., one that removes all punishment for sins. If there is no priest available, however, the Church still grants a plenary indulgence, to be acquired at the moment of death, to any rightly disposed Christian who in life was accustomed to saying prayers, with the Church herself supplying the three conditions normally required for gaining a plenary indulgence (Confession, Communion, and prayers for the Pope's intentions).

Cremation

It was not until 1963 that Catholics were permitted to choose cremation instead of burial for the final disposition of the body. Since then, it has become more and more popular, either because it is less expensive or because the final committal in a cemetery is delayed, as it often is at national cemeteries like Arlington or Quantico.

While cremation is permitted, the Church prefers and urges that the body be present for the funeral rites, since the presence of the human body better expresses the values which the Church affirms in those rites. Ideally, if the family chooses cremation, it will take place after the funeral Mass; this allows for the appropriate reverence for the sacredness of the body at the funeral Mass, e.g., sprinkling with holy water, placing the pall on

the casket, and honoring it with incense at the end of the funeral Mass.

In any event, the cremains of a body should be treated with the same respect given to the human body from which they came. This includes the use of a worthy vessel to contain the cremains, the way they are carried—the care and attention to appropriate placement and transport, and the final disposition. The cremains should be buried in a grave or entombed in a mausoleum or columbarium. The practice of scattering cremains in the sea, from the air, or on the ground, keeping cremains in a home, or incorporating them into jewelry are <u>not</u> the reverent disposition that the Church requires.

The Order of Christian Funerals

The Vigil for the Deceased

The Church has three stages in the order of Christian funerals. The first is the vigil for the deceased. Typically, it takes place the day before the funeral at the viewing, and can be conducted by a priest, a deacon, or a lay minister. It is a simple rite consisting of a greeting, an optional opening song, an opening prayer, Liturgy of the Word (consisting of a first reading, a responsorial psalm, a Gospel reading, and brief homily), intercessions, the Lord's Prayer, and a concluding prayer and blessing.

The Funeral Mass

The funeral Mass is much like any other Mass with the following additions. It begins with the reception of the body by the baptismal font (unless this was done as part of the vigil) and sprinkling with holy water and placement of pall to recall the deceased's baptism. The casket is then brought down to the front of the altar by the paschal candle. It concludes with a rite of final commendation; the priest invites the congregation to prayer, there is a song of farewell, and then a prayer of

commendation in which the deceased is entrusted into the loving hands of God. The Mass concludes with a funeral procession to the cemetery unless the deceased is to be buried later or cremated.

There is a provision for a family member or friend to offer a remembrance of the deceased. Our practice is to do this immediately after the casket has been brought to the altar. It is important that the remembrance be written out and be brief in nature, no longer than two or three typed pages. Longer or multiple remembrances are better suited for a reception after the funeral.

The Committal

The final stage is the committal or burial. At the cemetery there is an invitation, a verse of Scripture, a prayer over the place of committal, the committal itself, intercessions, the Lord's Prayer, a concluding prayer, and a final prayer over the people.

Depending on the circumstances of the burial, it is not unusual that one or two of the stages will not occur. Not every funeral has a viewing, so there may not be a vigil. In situations where there are very few or no mourners, there may not be a funeral Mass; the commendation and committal are celebrated at the cemetery. If the burial is to take place at a national cemetery like Arlington, the final committal may take place months after the funeral Mass.

Chapter 4
Hospice and Palliative Care
Susan Infeld RN BSN FCN

Hospice is palliative care, but palliative care is not hospice. What are the differences?

Hospice Care provides comfort and quality-of-life care to people with life-limiting illnesses. The goal is not to cure illness, but to allow the patient to live comfortably and to die with dignity. To qualify for hospice, a physician must certify that the patient likely has six months or less to live (under the normal course of the disease), however, this certification can be extended. It is possible to discharge from hospice if the patient's condition improves to where they no longer qualify, or if the patient chooses to return to aggressive treatment measures.

Central Concepts about Hospice to Appreciate:

- Hospice is a philosophy of care.
- Service is provided by a team, which includes a nurse case manager, medical director, nursing assistant, social worker, pastoral care provider, and volunteers.
- Hospice comes to wherever the patient calls home.
- The focus is on comfort and symptom management for patients approaching end-of-life.
- The hospice insurance benefit supports both the patient and the family, usually with no out-of-pocket expenses.
- Hospice includes all medications related to the admitting diagnosis (delivered to the door), as well as durable medical equipment such as hospital bed, over the bed table, bedside (or over the toilet) commode, walker, wheelchair, oxygen, etc.
- Aggressive "curative" treatments and hospitalizations are discontinued in favor of pain management,

symptom control, 24/7 medical access, and a medical support team.

Palliative Care also focuses on providing relief from the symptoms and stress associated with a serious or chronic illness; however, it is not limited to end-of-life care. It can be accessed (mostly in the hospital setting) by patients suffering from shortness of breath, nausea, fatigue, loss of appetite, anxiety, depression, as well as pain. Many oncology practices have palliative care nurses or physicians, but there are very few if any office-based independent providers.

Ideally, palliative care is also provided by a team, but it may only include a pain management specialist. Palliative care is generally ordered in a hospital setting but can (particularly with oncology practices) be provided in the office and sometimes (although much less common) in the patient's home. Palliative care is sometimes viewed as a bridge to hospice. Coverage is available through most insurance plans but is associated with co-pays/co-insurance fees.

Key Differences Between Hospice and Palliative Care:

Palliative care can be provided along with curative treatment at any stage of an illness or condition, while hospice focuses strictly on end-of-life care, relieving the patient of energy spent on doctor visits or hospitalizations. Medicare and health insurers structure palliative care and hospice under two different arms: A patient may suspend aggressive medical treatments and elect the hospice benefit OR continue aggressive treatments and (hopefully) have access to palliative care. Patients cannot be under both arms at the same time.

The sooner a patient with a life-limiting illness chooses hospice, the greater they will benefit from the extensive services, often

living longer than patients who continue with aggressive treatment and multiple hospitalizations.

For more information, contact the Parish Nurse or www.nhpco.org.

Five Wishes

"Aging With Dignity," a non-profit group inspired by Mother Teresa and dedicated to the defense of human dignity in the face of serious illness, developed an extraordinary legal document entitled "Five Wishes." This is the most popular advance directive in the U.S., and it helps you express your wishes before you may be faced with a serious illness. "Five Wishes" addresses both legal and medical issues and is written in an easy-to-understand format.

Many find "Five Wishes" especially helpful because it allows the patient to clearly express wishes on delicate personal, emotional, spiritual, and medical issues before potential family disagreements arise on these matters.

There is some overlap with an Advanced Directive (See Chapter 2); however, "Five Wishes" takes things to a more granular level, clearly specifying things like:

- What do you expect from your caregiver?
- What "life support" means to you?
- If you are close to death, how aggressively do you wish to be treated?
- How comfortable do you want to be (including medication side-effect concerns such as sleepiness)?
- What do you want loved ones to know such as: "I wish to be forgiven for the times I have hurt my family, friends, and others. I wish my family members to make peace with each other before my

> death if they can. I wish my family and friends to look at my dying as a time of personal growth for everyone, including me. I wish for my family, friends, and caregivers to respect my wishes even if they disagree with them."

Sometimes in the face of a life-limiting illness, the medical community may fall short on knowing how or when to reassess and communicate "goals of care" with the patient and family. "Five Wishes" helps to communicate and guide discussions with both family and healthcare providers to help foster human dignity in the face of serious illness.

The "Five Wishes" planning document can be downloaded at fivewishes.org. I strongly encourage you to consider including one in your "end of life" plan and to openly discuss your wishes with your loved ones.

Ethical Will, A Love Letter to Future Generations

The ethical will is not a new concept; in fact, it is an ancient tradition that has been practiced in Jewish families for centuries. Originally, the ethical will was shared through oral tradition, later transitioning to written, and most recently to digital formats such as videos and slideshows.

An ethical will is the practice of leaving a part of yourself that is non-tangible. When we think of a will, it is often assets: property, money, material goods. The objective of an ethical will is to pass on the greater treasures of your life to loved ones and future generations -- who you are, your experience, your values, your lessons, heartfelt wisdom, and guiding principles. Key elements include the sharing of spiritual values, important beliefs, social values (what you stand for), hard-learned lessons, love, advice, hopes, and blessings. It is a road map of where you

have been and what you wish for those who follow and outlive you. It allows the opportunity to leave nothing unsaid.

Many of the missteps in life become our greatest teachers. An ethical will also offers the sharing of regrets, bringing authenticity and humanity to your story, such as:

- Missed chances or roads not taken
- Perceived mistakes in life or in relationships
- Thoughts on how the opinions of others shaped your life
- Offering and/or asking for forgiveness
- What truly matters to you in the end

Other unique possibilities include:

- Sharing the importance of family traditions
- Including favorite photos and sharing why they are meaningful to you
- Laughing at yourself or choices you made
- Finally sharing your grandma's coveted recipe

An ethical will also presents the opportunity to share how previous generations shaped your life and offers insights and perspectives to future generations. In reality, if you do not tell your story, how many generations will it take for it to fade from memory?

Caveats to Remember: The Power of Speaking from the Grave

Do NOT use an Ethical Will:

- To get in the last word
- To reinvent yourself
- To air grievances
- To manipulate

No attorney is needed for an ethical will; just a willingness to share the essentials of your heart and spirit. The ancient practice of ethical wills has survived for so long because it genuinely speaks to our humanity, offering a thread to connect our lives to those who outlive us and future generations.

For more information on writing an ethical will and an ethical will worksheet visit: everplans.com/articles/how-to-write-an-ethical-will.

Chapter 5

The Funeral Home Experience

Bill Keatley, Funeral Director and General Manager
Adams-Green Funeral Home

At the in-person presentation, a booklet entitled "Putting My House in Order – Pre-arrangement and Record of Personal Affairs," published by Guideline Publications was provided by Bill Keatley. If you would like a complimentary copy of this booklet, please contact Mr. Keatley using his contact information in the Resources section at the end of this booklet.

Discussion with family about personal wishes is crucial to both honoring those wishes and keeping peace in the family. Does the deceased wish to be buried or cremated? Embalmed or a natural burial? A religious ceremony or a celebration of life — and where? What about cemetery location? Finally, what is the budget? Caskets from the 2023 selection at Adams-Green can run from $2195 to $14,875; caskets can also be special ordered online. Urns at Adams-Green are priced from $190 to $1400 and can also be special ordered online or from a local artist. A conservative price for a "typical" funeral is upward of $11,000 in today's market. As we know prices only increase, pre-planning a funeral is strongly recommended for both financial and practical reasons. Funeral plans will remain on file at your chosen funeral home or crematorium. Just make sure you tell your loved ones where you made plans and what is already paid.

Coordination after death:

1. When someone dies at home under hospice care, the nurse will come to the home to pronounce the death. The nurse will then contact the funeral home, who will come to take the body.
2. When someone dies outside of hospice care, call 911 and an EMT will come to pronounce the death. Police

will arrive to investigate and locate an attending physician who is willing to sign the death certificate. If there are no outstanding issues, you then call the funeral home to take the body. If there is no physician of record, the Medical Examiner will be contacted, and for a fee of $100 (at this time), they will take the body into their care and sign the death certificate.

3. The funeral home schedules an appointment with the family.
4. The funeral home assists with contacting services such as churches, clergy, and cemetery to make arrangements, coordinating dates and times with all parties involved.
5. At SJN, we advise contacting us as well to arrange for prayers for the deceased, bulletin notice, and funeral planning.
6. Organ donation is only an option if the person dies in a hospital setting.

What to expect at the funeral home appointment for a deceased person:

The funeral home gathers information for the death certificate such as name, date of birth, date of death, legal address, social security number, parents' names including mother's maiden name, education, occupation, industry employed in, and if there is to be a burial, the name of the cemetery. What follows then is discussion on type of service:

1. Traditional Service: Having a viewing (either at the funeral home or place of worship), some type of religious service or celebration of life, followed by a burial which can be local or out of town.
2. Traditional Cremation: Having a viewing, and some type of religious service followed by cremation. Urn may be buried, kept, or scattered per family wishes. (If you are

Catholic, please refer to Fr. Don Heet's guidance in Chapter 3 on cremation in the Catholic Church.) Medical examiner fee is currently $100 for all cremations.

3. Cremation with Memorial Service: The deceased is cremated, then has a religious service or celebration of life with urn present or not present.
4. Direct Cremation: The deceased is cremated, and ashes returned to family with no service at all.
5. Natural burial: A natural burial is one without embalmment of the body, and it is returned to the earth in a biodegradable container. Cremains also may be buried in a biodegradable container. Cool Spring Natural Cemetery in Berryville, Virginia, is a natural cemetery run by the Trappist Monks. (Information is in the Addendum section of this booklet).

Additional details to be discussed at the funeral home meeting include: the obituary, photos, clothing, memorial contributions (if any), as well as selection of casket or urn, vault, holy cards, and guest book.

Remember that pre-planning may be a part of your overall Estate Plan, with payment in advance or part of a Medicare spenddown.

Please find other funeral home resources (including crematoriums and cemeteries) listed in the Addendum of this booklet.

Chapter 6
Liturgy Planning for a St. John Neumann Funeral
SJN Liturgy Team

Our Music and Liturgy Department strive to help families who are experiencing loss plan a beautiful, sacred, and meaningful ceremony, whether a traditional funeral Mass or a memorial service.

Process: The Liturgy Team is usually contacted by and work closely with the funeral home, who is also coordinating logistics with the cemetery. Together, they coordinate potential dates and priest availability. Once the date and presider are determined, a meeting with the family, presider, Director of Music, and a member of the Liturgy Team is arranged. Some items of discussion include having a full Mass vs. memorial service, music, the eulogy (or words of remembrance), family or friends participating, flowers, photos, and program.

Mass or Service: Sometimes there are situations where the deceased is Catholic, but the family members are not, and this can be a primary factor in the decision. Ideally, the deceased made their wishes known in advance, but the options remain the same. The family may want to honor the deceased with a Mass, or the deceased may have chosen to have a service instead, especially if the family was not practicing Catholicism.

Eulogy or "Words of Remembrance": This is completely optional and if chosen, takes place at the start of the liturgy before the opening prayer. This sets the tone of the liturgy while remembering the deceased loved one. We do request that only one person deliver the eulogy and it be less than four minutes in length. We understand that it can be difficult to condense an entire life into such a short amount of time, but the intention is to place the life of the deceased and the experience of loss within the context of faith.

Participation of Family or Friends: We welcome and encourage family and friends to be involved. Opportunities for loved ones to participate include:

1. Readers: Two are needed—one for each Scripture reading.
2. The Intercessions: Someone to read the intercessions.
3. Gift Bearers: (a great non-speaking role) There are technically two items to carry in a Mass, but more people can be involved. Grandchildren, siblings, or an entire family can bring the gifts to the altar together.
4. Pall Bearers: For a full casket burial, pall bearers are another way of including loved ones. The funeral home can assist with coordinating this on the day of the funeral.

Flowers: Our church is beautifully decorated according to the liturgical season. Often there are special displays or arrangements that our Arts and Environment Committee have arranged for the season. While we do allow flowers in the church during these seasons, these decorations are considered a part of the facility and are not changeable for individual services. Families often opt to leave any flowers in the church after the liturgy. The only exception is that during the liturgical seasons of Advent and Lent, flowers do need to be removed.

Floral decorations can be purchased through the florist of your choice and/or suggestions from the funeral home. Some options for flowers are to have an arrangement in front of the altar and one in front of the ambo. In the case of cremations, families can opt for an arrangement encircling the urn or next to it as well. Something else to consider is a charitable organization where you would like donations to be made in lieu of flowers.

Program: Here at St. John Neumann, we provide programs for the funeral. This is one more way that we feel we can help to make this process easier for families. The program includes the order of worship and all hymns that will be sung. Personal considerations for the program are the following:

- Cover: Preference for a picture or a simple graphic
- Names of family members: On one of the first pages, we include a list of the spouse, parents, children, siblings, etc.
- Burial location: If there will be a procession immediately following.
- Charitable donation information

Planning Binder: A planning binder may be taken home in advance for pre-planning purposes. Contact the Liturgy office to arrange picking it up.

Addendum
Resources and Contacts

Local Funeral Homes and Cremation Services:
Most local funeral homes also offer cremation services. Independent Cremation only businesses follow the Funeral Home listings.

Adams Green Funeral Home
721 Elden Street
Herndon, VA 20170
703-437-1764
703-471-4090

Advent Funeral and Cremation Services
7211 Lee Highway
Falls Church, VA 22046
703-239-4943

Demaine Funeral Home
10565 Main Street
Fairfax, VA 22030
703-385-1110

Fairfax Memorial Funeral Home
9902 Braddock Road
Fairfax, VA 22032
703-425-9702

Money and King Funeral Home
171 Maple Avenue West
Vienna, VA 22180
703-938-7440

Murphy Funeral Home
1102 West Broad Street
Falls Church, VA 22046
703-533-0341

National Funeral Home
7482 Lee Highway
Falls Church, VA 22042
703-560-4400

Independent Cremation Services

Cremation Society of Virginia
14014 Sullyfield Circle # F
Chantilly, VA 20151
703-936-2622

Direct Cremation Services of Virginia
4425 Brookfield Corporate Drive
Chantilly, VA 20151
703-585-4927

Local Cemeteries: www.findagrave.com/cemeteries

Chestnut Grove Cemetery
831 Dranesville Road
Herndon, VA 20170
703-435-3480

City of Fairfax Cemetery
10567 Main Street
Fairfax, VA 22030
703-385-7997

Columbia Gardens Cemetery
3411 Arlington Blvd
Arlington, VA 22201
703-527-1235

Fairfax Memorial Park
9900 Braddock Road
Fairfax, VA 22032
703-425-9702

National Memorial Park
7842 Lee Highway
Falls Church, VA 22042
703-560-4400

Arlington National Cemetery
Arlington, VA 22211
877-907-8585
www.cemetery.mil

Natural Burial Cemetery:
Cool Spring Cemetery (maintained by the Cistercian Monks of Holy Cross Abbey)
Holy Cross Abbey
901 Cool Spring Lane
Berryville, VA 22611
540-955-4461

Speaker Contact Information

Margaret A. O'Reilly, Esq.
Hale Ball Murphy, PLC
10511 Judicial Drive
Fairfax, VA 22030
(703) 591-4900
maoreilly@haleball.com

Bill Keatley
Funeral Director and General Manager
Adams Green Funeral Home
721 Elden Street
Herndon, VA 20170
www.adamsgreen.com

Fr. Donald Heet, OSFS Parochial Vicar
St. John Neumann Catholic Church
11900 Lawyers Road
Reston, VA 20191
703-860-8510 x 157
dheet@saintjn.org

Amelia Gil-Figueroa
Liturgy Office
St. John Neumann Catholic Church
11900 Lawyers Road
Reston, VA 20191
703-860-6150
agilfigueroa@saintjn.org

Susan Infeld RN BSN FCN
Parish Nurse
St. John Neumann Catholic Church
11900 Lawyers Road
Reston, VA 20191
703-390-2345
sinfeld@saintjn.org

Lynette Jacob BSW MSW LCSW
Potomac Family Counseling
199 Main Street #100
Warsaw, VA 22572
OR
19415 Deerfield Ave.
Lansdowne, VA 20176
703-606-2880
www.potomacfamilycounseling.com

Advance Medical Directive

Margaret A. O'Reilly, PC · 441-A Carlisle Drive · Herndon, VA 20170 · 703.787.8173

Name:______________________________

This form expresses my specific wishes regarding medical treatments in cases where illness prevents me from communicating them directly. My wishes apply to both the illnesses described and to any other situations that may develop. If a circumstance arises that my choices do not specifically address, my doctors and my patient advocate (if any) shall extrapolate from my choices below to the situation at hand.

	SITUATION A If I am in a coma or persistent vegetative state and have no hope of recovering awareness or higher mental functions:			SITUATION B If I am in a coma or have a small but uncertain chance of regaining awareness and higher mental functioning:			SITUATION C If I am aware but have brain damage that makes me unable to recognize people, to speak meaningfully, or to live independently and I have a terminal illness:		
TREATMENTS	I want	I do not want	I want a trial*	I want	I do not want	I want a trial*	I want	I do not want	I want a trial*
(1) Cardiopulmonary resuscitation. The use of pressure on the chest, drugs, electric shocks, and artificial breathing to revive me if my heart stops.			N/A			N/A			N/A
(2) Mechanical respiration. Breathing by machine, through a tube in the throat.									
(3) Artificial feeding. Giving food and nutrients through a tube inserted either in a vein, down the nose or through a hole in the stomach.									
(4) Major surgery. For example, removing the gall bladder or part of the intestine.			N/A			N/A			N/A
(5) Kidney dialysis. Cleaning the blood by machine or by fluid passed through the abdomen.									
(6) Chemotherapy. Drugs to fight cancer.									
(7) Minor surgery. For example, removing part of an infected toe.			N/A			N/A			N/A
(8) Invasive diagnostic tests. For example, examining the stomach through a tube inserted down the throat.			N/A			N/A			N/A
(9) Transfusions of blood or blood components.									
(10) Antibiotics. Drugs to fight infection.									
(11) Simple diagnostic tests. For example, blood tests or X-rays.			N/A			N/A			N/A
(12) Pain medications, Even if they dull consciousness and indirectly shorten my life.			N/A			N/A			N/A

For each of the situations on the right, check the boxes that indicate your wishes regarding treatment.	**SITUATION D** If I am aware but have brain damage that makes me unable to recognize people, to speak meaningfully, or to live independently, and I do not have a terminal illness:			**SITUATION E** If I have an incurable chronic illness that causes physical suffering or minor mental disability and will ultimately cause death, and then I develop a life-threatening but reversible illness:			**SITUATION F** If I am in my current state of health (describe briefly): ____ ____ and then develop a life-threatening but reversible illness:		
TREATMENTS	I want	I do not want	I want a trial*	I want	I do not want	I want a trial*	I want	I do not want	I want a trial*
(1) Cardiopulmonary resuscitation. The use of pressure on the chest, drugs, electric shocks, and artificial breathing to revive me if my heart stops.			N/A			N/A			N/A
(2) Mechanical respiration. Breathing by machine, through a tube in the throat.									
(3) Artificial feeding. Giving food and nutrients through a tube inserted either in a vein, down the nose or through a hole in the stomach.									
(4) Major surgery. For example, removing the gall bladder or part of the intestine.			N/A			N/A			N/A
(5) Kidney dialysis. Cleaning the blood by machine or by fluid passed through the abdomen.									
(6) Chemotherapy. Drugs to fight cancer.									
(7) Minor surgery. For example, removing part of an infected toe.			N/A			N/A			N/A
(8) Invasive diagnostic tests. For example, examining the stomach through a tube inserted down the throat.			N/A			N/A			N/A
(9) Transfusions of blood or blood components.									
(10) Antibiotics. Drugs to fight infection.									
(11) Simple diagnostic tests. For example, blood tests or X-rays.			N/A			N/A			N/A
(12) Pain medications, Even if they dull consciousness and indirectly shorten my life.			N/A			N/A			N/A

*trial; if no clear improvement, stop treatment.

Name:______________________

FIDUCIARY WORKSHEET

A fiduciary is a person who manages the assets or affairs of another person; a general term used to refer to executors, trustees, guardians, conservators, and agents. A fiduciary is required to follow the instructions contained in the instrument that appointed the fiduciary and the various laws that pertain to fiduciaries, such as the *Prudent Investor Act* and the *Uniform Principal and Income Act*. A fiduciary owes certain duties to the beneficiary. These duties include the duty of loyalty, the duty to use due care, the duty to avoid conflicts of interest, and the duty to provide information.

Durable Medical Power of Attorney/Advance Medical Directive

This document appoints an agent to make your medical decisions at a time when you cannot. This includes a Living Will with directions to your medical providers and to your agent about the treatments that you would want under specified circumstances. Your agent should be able to confer with your medical providers, evaluate treatment options, and enforce the decision that you would have made if you were able.

Agent under Advance Medical Directive: Privately appointed health care agent to make medical decisions for you in the event you are unable to do so yourself, whether temporarily or permanently. Medical providers are legally required to honor the decisions of the agent in the same way that they are required to honor the decisions of the patient. You should designate at least one successor or alternate agent in case your first choice is not available to serve when needed. You may choose your spouse or partner, another close family member or friend.

Relation

Primary Agent Name: ______________________ ____________

Address: ______________________

____

Telephone Numbers: ______________________

1st Successor Agent Name: ______________________ ____________

Address: ______________________

____

Telephone Numbers: ______________________

2nd Successor Agent Name: ______________________ ____________

Address: ______________________

____

Telephone Numbers: ______________________

☐ I wish to name those agents listed above for all the following documents.
If so, this worksheet is complete. If not, please continue filling out this worksheet.

Durable General Power of Attorney

This document appoints an agent to make financial decisions and manage your affairs at a time when you cannot. It is important that your agent is financially capable of handling the tasks. This document is effective immediately and it becomes ineffective at your death.

Attorney-in-Fact: Privately appointed fiduciary to act as your agent and handle your legal and financial matters in the event of your incapacity or disability, whether temporary or permanent. This agent has extraordinary powers over your financial affairs, and therefore should be someone who is trustworthy and capable of managing financial and legal documents in an organized way. You should designate at least one successor or alternate agent in case your first choice is not available to serve when needed. You may choose a family member, friend, or professional fiduciary. If you are responsible for business management, you may wish to designate a separate agent (perhaps a business associate) to manage your business interests.

			Relation
Primary Agent	Name:	______________________	__________
	Address:	______________________	
		______________________	
1st Successor Agent	Name:	______________________	__________
	Address:	______________________	
		______________________	
2nd Successor Agent	Name:	______________________	__________
	Address:	______________________	
		______________________	

Last Will & Testament

This document is ambulatory – that is, it has no legal effect until your death. This document authorizes your executor to take control of your estate, and directs your executor how to dispose of your estate. It also makes provisions for a guardian if you have minor children and the other parent has predeceased you.

Executor(s): Legally appointed representative of your estate, i.e., the court approves of your nominated executor, or, if none, the court will appoint an "administrator" of your estate to handle the same tasks. You can have one or more executors, and you may choose a family member, friend or professional fiduciary. You should designate at least one successor or back-up Executor in case your first choice is not available to serve. The Executor handles all aspects of wrapping up your personal business matters in the course of your estate's administration, and should be reasonably capable of organizing your personal belongings and paperwork. The Executor can (and almost always does) hire an attorney and/or an accountant as needed to complete the necessary estate administration work. This work generally takes about a year, but may take longer depending on the complexity of your estate and the clearness of your plan.

			Relation
Executor	Name:	______________________	____________
	Address:	______________________	
		______________________	
1st Successor Exec.	Name:	______________________	____________
	Address:	______________________	
		______________________	
2nd Successor Exec.	Name:	______________________	____________
	Address:	______________________	
		______________________	

Guardian(s): Legally appointed adult(s) to take care of your children in the event of your death. The court will appoint your nominated guardian, absent evidence of unfitness. The guardian is legally responsible for the health, education, protection and well-being of the minor in his/her care. You can name more than one person, although if you are considering naming a married couple as co-guardians you should consider what would happen if the couple is no longer married at the time when they may be needed to act as guardians. You may choose a family member or close friend, and you should talk to the person(s) about their willingness to accept this responsibility before naming them as guardian in your will.

			Relation
Primary Agent	Name:	______________________________	____________
	Address:	______________________________	
		______________________________	
1st Successor Agent	Name:	______________________________	____________
	Address:	______________________________	
		______________________________	
2nd Successor Agent	Name:	______________________________	____________
	Address:	______________________________	
		______________________________	

Revocable Living Trust

A revocable living trust is a private agreement designed to manage your assets during your lifetime and dispose of your assets at your death. You can serve as Trustee of your own trust, but should designate at least one successor Trustee to take over in the event of your incapacity or at the time of your death.

Trustee(s) – Privately appointed fiduciary to handle assets in any trust(s) you create during your lifetime or which may become activated by your death. No court appointment or approval of your trustee is required. You can have one or more trustees for any one trust, and you may choose a family member, friend or professional fiduciary. Your trustee is in charge of all aspects of your trust property—accounts, real estate, etc.—and should be reasonably organized and capable of managing financial paperwork. The trustee may be given discretion to distribute income and/or principal from your trust, and has a legal duty to uphold the terms of your trust. The trustee can (and almost always does) hire an attorney, an investment advisor, and/or an accountant to assist in the management of the trust assets. This work continues for the term of the trust, which is established by the trust document. A successor Trustee and/or a method for determining the successor Trustee can be set out in the trust document.

			<u>**Relation**</u>
Initial Trustee	Name:	Self	
Initial Co-Trustee *(Optional)*	Name:	______________________	____________
	Address:	______________________	
		______________________	
1st Contingent	Name:	______________________	____________
	Address:	______________________	
		______________________	
2nd Contingent	Name:	______________________	____________
	Address:	______________________	
		______________________	

We hope you have found this booklet informative and helpful.
Please do not hesitate to contact us with any
questions or needs you or your family may have.

St. John Neumann Catholic Church
11900 Lawyers Road
Reston, VA 20191
703-860-8510
www.saintjn.org