

L I F E

Living Into a Faithful Eternity

A Guide to Resources
for End of Life Planning



Waterford Mennonite Church
Fall 2013

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LIFE

Living Into a Faithful Eternity

We want to be a congregation of people who care for each other well through all parts of our life journeys. We recognize that eventually we will all face the death of a family member or friend, and sooner or later we will face our own death.

As a people of faith in the risen Christ, we grieve the reality of death, but not as “those who have no hope” (1 Thessalonians 4:13). Resurrection is the ultimate act of God’s care. We hope to live life to the fullest, and, in so doing, prepare well and wisely for the end of our earthly lives.

We offer this folder as a collection of resources to plan thoughtfully and wisely for the end of life. The material in this folder includes worksheets for your planning, information about resources offered by the congregation, and legal documents such as advance directives. Spending time now making decisions and sharing those decisions with people close to you can bring a sense of peace and will make it much easier to finalize plans when the time of death comes.

If you need someone to help you fill out these forms, please ask anyone serving with the following groups for assistance. If they are not able to help, they will direct you to someone who can.

- Senior Adult Ministry Team
- Remembering LIFE Committee
- Adult Nurture Ministry Team
- Healthcare Reference Group
- Pastoral Team

Waterford Mennonite Church
2013

Information in this folder is available on the Waterford Mennonite Church website:
www.waterfordchurch.org

We acknowledge and thank College Mennonite Church for allowing us to use and/or revise parts of the booklet, *Dealing with Death: A Guide to Resources*.

A Loving Legacy - Healthy Communication and Planning

Introduction

“A Loving Legacy” (Appendix A) is designed to deal with the issues *not* covered in other documents for the aging years, such as a will, executor, living will, durable power of attorney (POA), and health care power of attorney. It was created to handle the things these other instruments don’t—the intimate family details—and enable healthy decision-making in the later years.

How to use

This is best initiated by parents when they are in their 50s, 60s, or 70s. It is *not* something for children to spring on their parents who are in the 80s or 90s. An individual or couple should use the items that follow as a guideline and *check only those items they want to check*. Feel free to add your own notes or items of explanation or direction. Parents and adult children can work through the piece together and then, if desired, sign it as a sort of “pre-aging agreement” of understanding or ideals you would strive for. This is not a legally binding instrument, but rather a sort of “gentleman’s agreement” put on paper. One person said, “If you have good, loving, healthy communication with your children, I do not think such a tool is necessary.” That is correct. If you can naturally talk about these issues then there is no need to slavishly follow a tool like this. Use it with discretion, love, and laughter.

Setting for conversation

The ideal setting for such a discussion is when all parties are well rested, unhurried (i.e., we have to make this decision today), with no preset minds. Parents and children should state their concerns in a peaceful, non-judgmental way to get issues on the table. Keep in mind that you want to have a loving, caring conversation. You may want to begin and end in prayer.

The Economics of Dying

1. **Make sure you have an up-to-date will.** A will has been called the “crowning act of Christian stewardship.” Don’t let the state decide how your possessions should be distributed and how your loved ones should be cared for. Choose a competent executor to settle your estate. This is the person who administers the final financial affairs of the deceased. The executor often works with an attorney. After identifying the assets and liabilities of the deceased, the executor will pay all outstanding bills and distribute the remaining possessions of the deceased according to his/her wishes as outlined in the will. Go to a lawyer to have your wishes expressed in the necessary legal language.

If you have children, decide how much they need and how much should go to the work of the Lord. Persons who die without a will are not likely to have their property distributed according to their wishes. For example, most state laws make no provision for favorite charities or persons with special relationships to receive any assets of the deceased. The absence of a will may also result in higher expenses and estate taxes.

It is very important for parents of young children to have a will to designate a guardian who will care for minor children and provide a good Christian home for them. When both parents are dead, they have no control over who will raise their children. The children may be sent across the country to live with a relative, while the deceased parents may have preferred their children to be raised with friends in the community.

When divorce and remarriage have occurred, financial affairs are more complicated. In order to have control over your finances after death, it is imperative to have a will in place.

Everence members can receive a \$50 reimbursement for creating or updating a will. All Waterford members are encouraged to take advantage of this opportunity.

2. **Let your family know where everything is.** A carefully written will is of no value unless it can be found. It is preferable for the original will to be kept by the attorney or financial planner who drew it up, with a copy for you to keep in a secure place, such as a locked box or safety deposit box. If a safety deposit box is in the name of the deceased only, it may be locked when the owner dies and require a court order to open it. Joint ownership is recommended.

Complete the form in this folder, “My Record of Personal Affairs” (Appendix C), which names your attorney and others from whom you obtained professional advice. It has space to identify the location of all assets and important documents. Sign and date this form. Tell your family where this form is kept. Example: If you keep it in the bank safety deposit box, let them know the location of the key. You should update this form every year or whenever there are major changes in your affairs.

3. **Consider the implications of joint ownership.** Most husbands and wives own property by joint tenancy, with rights of survivorship. In these cases, the house or bank account passes automatically to the survivor upon the death of a spouse.

But joint ownership is not without its problems. Estate and inheritance taxes may be higher. Safe deposit boxes may be sealed until an inventory can be taken of the contents. Joint ownership is not a substitute for a will. This word of caution: The larger your estate gets, the

more you need to consider other kinds of ownership, such as individual ownership, tenancy in common, or revocable trusts. Check this out with your lawyer or an estate planner.

4. **Be sure that your estate has adequate liquidity.** If you have everything tied up in a closely held business or real estate, where will your executor get enough cash to pay taxes and administration costs? Will something have to be sold at a distress sale at less than fair market value? Make sure you have adequate cash in savings accounts or readily marketable investments. Life insurance is another way to provide liquidity.
5. **Project your need for life insurance.** The main question is this: Will your death create any financial hardship among your survivors? Financial protection is the principal function of life insurance. Many people who have been living long enough to accumulate an estate don't need life insurance. But many younger people with substantial family needs may need some protection. Make sure you buy only as much coverage as you need and when you need it. Investigate the usefulness of lower-cost term insurance rather than whole life.
6. **Check your pension-plan death benefits.** The primary purpose of a pension plan, of course, is to provide continuing retirement benefits. But most plans include death benefits. For example, if you die before retirement, the plan will usually make payments to designated beneficiaries. Make sure you understand the provisions of your pension plan.
7. **Estimate your estate's potential "death tax."** Your estate may be larger than you realize. List all of your assets on the basis of present fair market value. At death the federal government imposes an estate tax, and the state imposes an inheritance tax. The larger your estate, the more you may need careful estate planning to minimize these taxes. Consult your lawyer or tax accountant to help you estimate your tax liability and to get some counsel as to what you can do to keep government from becoming the chief heir and beneficiary of your estate.
8. **Investigate survivors' benefits from Social Security.** If you are covered under Social Security at your death, cash benefits may be available to your surviving spouse and children. However, there are certain qualifications. Check with a Social Security office to determine how much your survivors can count on.
9. **Be intentional about reviewing your assets with a trusted advisor.** Here are a few questions among many that you might consider:
 - Would it be more beneficial to give your children something now, when they might need it the most, rather than waiting until your death?
 - If you have given to the church or other organizations regularly from your current income, do you also want to give at least a similar percentage from your accumulated assets?
 - Are there other models for charitable giving that would be helpful? For example, some families have designated charities as an "additional child"—if they have two children, they split their estate in thirds, with each child receiving one third and one third going to the charity of choice.
 - Are there tax or other advantages to transferring some assets to your children or church causes, either as outright contributions or into plans that provide lifetime income? Almost anything makes a good lifetime gift to children and the church: cash, land, stocks, or bonds. You might also consider designating some of your treasured

possessions to family or other heirs so that at the time of your death there is no question as to who gets what.

In addition to your lawyer or accountant, Mennonite Foundation, 1110 North Main Street, Goshen, Indiana (533-9511), is a source of guidance and counsel. Mennonite Foundation is particularly interested in helping Mennonites become faithful stewards of accumulated possessions. Interested persons should inquire about charitable-trust arrangements or about including your favorite church charities with a bequest. Such a gift is a marvelous way to carry out the biblical plan of Jubilee—the redistribution of resources for the work of the church at the close of life. In any case, you should discuss your intentions with your heirs so they are not surprised by your plans.

10. **Consider advance directives.** Advance directives are written statements that express your preference and wishes about health care decisions (especially end-of-life care) when you can no longer speak for yourself, due to unconsciousness or mental incapacity. Most importantly, discuss your wishes with your family and your physician. These forms are included in Appendix B.
11. **Consider requesting a “Do Not Resuscitate” (DNR) order and an “Out of Hospital DNR” order.** DNR order is a physician’s written order that instructs other healthcare workers not to attempt resuscitation. The rapid advance of medical technology has allowed people to be kept alive biologically by artificial means well beyond their ability to be aware, feel, or relate to others. The question is, “With what tenacity and at what cost is it right to cling to biological existence?” Just because we have advanced medical care doesn’t mean we should use it. It is important to consider quality of life, not just quantity of life. When one is capable, giving written permission to withdraw artificial life-support in such circumstances is a real gift to loved ones. They want to do what you desire but may find it difficult to make such a decision on their own. In Goshen one can also place a prepared DNR request in a tube kept in one’s refrigerator with a sign on the house front door indicating that it is there for emergency medical technicians to see. Otherwise, they are obligated to attempt resuscitation.
12. **Consider hospice, which is dedicated to providing comfort and quality of life care.** Hospice helps patients and their families in making choices about end-of-life care that fits with their faith journey. As Christians, we believe our lives are in God’s hands from the beginning of life to the end of life and that death is a significant part of the nature of all of life. Because of Jesus, death no longer holds fear or dread for us as Christians.

Hospice began to organize in England and the United States in the 1960s to walk with those who were facing their end of life journey. Hospice begins with the concept of family/community-oriented health care and is committed to the idea that all individuals and families have the right to self-determination and to achieve their maximum potential even at the end of life. This includes participating in health care decisions, obtaining high quality health care, assistance in achieving and maintaining comfort and human dignity in the dying process.

Hospice care is not curative. Supportive, palliative care is provided by a hospice team, which usually consists of a nurse, a social worker, an aide, and a chaplain. The physician who serves as hospice medical director is also involved. The hospice goal is not to cure terminal illness, but to reduce symptoms such as pain or nausea and to provide emotional and spiritual support to patients and their families at end of life. Hospice oversees care in your home or in

a qualified facility of your choice. Hospice staff, including a nurse, is available for consultation 24 hours/day, seven days a week. Hospice services in Elkhart County are provided by either *IU Health Goshen Home Care and Hospice* or *Center for Hospice and Palliative Care*.

- 13. Plan to minimize your funeral costs.** Funeral directors are prepared to offer a wide range of services and products from the simple and inexpensive to the more deluxe and expensive. Traditionally, Mennonites have been modest in their values and have opted for less expensive services and caskets. Cremation is another option and is less expensive than earth burial, although it depends on one's choices regarding viewing, embalming, use of WMC reusable casket or rented casket, and morticians' services.

Visit your funeral director now and ask for a range of services and the price of each service. Ask to visit the casket room and there, with your spouse or other trusted friends, select a casket style in the price range that reflects your Christian values. You can also purchase a simple casket from local craftspeople. Some families choose to make their own caskets, or you may choose to use the WMC reusable casket.

Funeral directors are accustomed to working with people in prearranging complete funerals. By early planning, you can make rational choices without the pressures of grief or sorrow at the time of death.

- 14. Consider prepaying for your funeral.** Depending on your personal and financial circumstances, you may wish to prepay for your funeral at a funeral home that participates in such arrangements. The money is placed in an irrevocable "funeral trust." The interest generated adds to the trust and may be taxable to you, but your preselected funeral is prepaid and the trust funds are no longer a part of your estate. The above is true for Indiana, and our state has become a model for many other states.
- 15. Burial plot, grave markers, columbarium.** You may purchase grave markers and burial plots in advance, if you are sure where burial will occur. However, remember that if you purchase a gravesite, it may be difficult to return or resell the site if your plans change. Burial of ashes from cremated remains requires less cemetery space, or they can be returned to the family or scattered in the WMC Remembering LIFE Garden or placed in the columbarium in the Remembering LIFE Garden.
- 16. Memorial funds.** Memorial funds are a way of perpetuating charitable causes you believe in deeply. Further, a memorial fund is a tangible way for friends to share your grief. Memorial fund responses may be significant enough to establish a continuing endowment or to put into place a specific piece of equipment for your favorite charity. Include your memorial instructions on the prearrangement sheet filed with your funeral director or in the church office.

Resources Offered by Waterford Mennonite Church

Discernment about end-of-life health issues: Our congregation's Healthcare Reference Group is available to act as a sounding board or provide information to individuals or households that are facing decisions regarding healthcare. Through the life experiences and/or training of its members, this group will respond to needs by listening, providing pertinent information and prayerful feedback.

1. **Preplanning:** You are invited to share with one of the pastors your thoughts and feelings about death and your wishes regarding end-of-life plans for the time when death comes. Included in Appendix D of this folder is "Biographical information/Suggestions for end-of-life arrangements." This form will guide you through the steps of the preplanning process. Please take time to fill out this form and take to the church office. The original will be kept on file. A copy will be made for your personal use if desired. This information can always be changed or adapted as necessary. Many persons find a sense of relief and freedom in such prior planning. Preplanning is a real gift to your loved ones at the time of your death.
2. **Pastoral and congregational support:** The pastoral team is committed to being available for pastoral care and spiritual support at the time of dying and death and for helping your family to plan the services. Due to scheduling conflicts, it is possible that your pastor of choice may not be available.

Pastors also help mobilize the resources of the congregation in appropriate ways. For many people, the Sunday school class and/or small group becomes a significant care resource at the time of a death. Let a pastor know what is happening by calling the church office during weekday hours or by calling a pastor at home in the evening or weekends. Pastors are also available for bereavement and grief support.

3. **Meals:**
 - *Funeral meal:* Our church has persons ready to organize the ministry of preparing a meal in the WMC fellowship hall after the funeral or memorial service. It is very helpful to give a general number of how many family and friends are expected for the meal.
 - *Visitation meal:* It is traditional at Waterford for an adult Sunday school class connected to the family of the person who has died to prepare a light meal for the family during the hours of visitation. Often the class shepherd coordinates this meal.
4. **Reusable Casket:** WMC has purchased a "reusable casket" as part of its stewardship activities surrounding death. See the next page for questions and answers you may have in relation to a reusable casket.
5. **Remembering LIFE Garden:** As an act of financial and ecological stewardship, Waterford has established the Remembering LIFE Garden (Living Into a Faithful Eternity) on the church property for the scattering and or inurnment of cremains (ashes). Since we are creatures of flesh and blood, most of us need visible and tangible actions to complete inner experiences. For many, a location for such experiences has been at a grave plot in a cemetery. WMC recognizes that the space in the Remembering LIFE Garden may provide a similar opportunity for families, friends, and other members of the deceased's community when a person has chosen cremation.

A “Reusable Casket” for Waterford Mennonite Church

What is a “reusable casket”?

A reusable casket serves as an attractive shell surrounding a simpler casket or insert used in both traditional burials and cremations. The casket is hinged on the end to allow for the removal of the insert at the time of burial or cremation.

Why is it needed?

We recognize that the cost of a casket can be a significant expense for families, and that decisions about casket choices sometimes need to be made in the midst of emotional settings immediately following death. With this casket, we hope to both lessen anxiety in the decision-making process and reduce the cost of burial expenses.

Who can use the reusable casket?

The casket is available for use by members or regular attenders at Waterford who are using a funeral home in Goshen or the surrounding community.

How is it used in cremation? a traditional burial?

As part of planning memorable activities following death, families work with pastors and funeral homes to make decisions about the funeral service and caring for the body. In cremation, funeral homes can provide a cloth-lined cardboard insert that can be removed and placed in the retort at the crematorium. In a traditional burial, a simple wooden insert can be removed from the casket and placed into a traditional vault (if required by the cemetery).

Is there a cost to use the casket?

There is no direct cost to the family from Waterford for the use of the casket. Typically, there will be a small cost from the funeral home (about \$200-\$300) for the insert used for cremation or burial. By comparison, the most inexpensive caskets typically cost at least \$1,000 plus the cost of a burial vault. Arrangements have been made with Yoder-Culp and Reith, Rohrer & Ehret funeral homes in Goshen to provide liners for the casket. Families wishing to use another funeral home should communicate directly with the funeral home, though a member of the Remembering LIFE Committee is typically available to help answer questions the funeral home might have. If the cemetery requires a vault, the family would be responsible for the cost.

How do families communicate their interest in using the casket?

Families can express interest to a pastor at WMC or the funeral home director, and/or a person can indicate his/her interest in the space provided on the form “Suggestions for end of life arrangements” (Appendix D).

Who is responsible for transporting the casket?

Following death, persons at Waterford will transport the casket to the appropriate funeral home within Elkhart County. The funeral home will then transport the casket as part of its services. At the conclusion of the funeral home’s involvement, persons at Waterford will transport the casket from the funeral home back to the church for storage. If the funeral home used is outside Elkhart County, there may be a cost for transportation.

What if I have additional questions?

If you have additional questions about the reusable casket, you may contact a pastor or a member of the Remembering LIFE Committee, whose names are available by contacting the church office.

Guidelines for the Remembering LIFE Garden

1. **The purpose of the Remembering LIFE Garden** is to provide a worshipful space for:
 - a. scattering cremains on the scattering grounds; or
 - b. storing cremains in a niche in the columbarium.
2. **Management**
 - a. WMC retains sole control of the Remembering LIFE Garden.
 - b. Facilities and Finance Ministry Team is responsible through the Remembering LIFE Garden Oversight Committee for the management of the garden. The Oversight Committee shall be made up of a member of the pastoral team, a member of Facilities and Finance Ministry Team and three members of the congregation invited by FFMT.
 - c. Cost for inurnment will be determined by the Oversight Committee.
3. **Eligibility**
 - a. Use of the Remembering LIFE Garden is intended for all past and present regular attenders of WMC and their family members.
 - b. No ashes will be interred without a Christian service.
 - c. In all instances, the Oversight Committee will resolve questions of eligibility and handle special requests, consulting with Ministry Leadership Council as appropriate.
4. **Decoration**
 - a. The church will provide a uniformly engraved front cover for the columbarium niche or nameplate for the scattering area. The family may suggest content for the cover or plaque within the parameters established by the Oversight Committee for the sake of consistency. Plaques of any other kind are not allowed.
 - b. Flowers to honor the deceased may be placed in a designated area in the vicinity without prior authorization. These may be removed at any time by the caretaker.
 - c. No other ornamentation may be placed in the memorial garden.
5. **Inurnment in columbarium**
 - a. The congregation will provide a wooden box to be used in the inurnment of cremains in the columbarium. Cremains will be placed in a double plastic (Ziploc) bag which is placed in the box. No objects other than the cremains may be placed in a niche.
 - b. The exclusive ownership of the use permit shall not be transferred to another party. It can only be surrendered back to WMC without a refund.
6. **Changes of rules and regulations**
 - a. The Oversight Committee may from time to time present to Facilities and Finance Ministry Team for approval such alterations, amendments, changes, and/or modifications of these rules and regulations with respect to the use, operation, and maintenance of the columbarium.
 - b. It is up to the agreement holders to inform the WMC office if there are changes to the contact information of the agreement holder.

Advance Directives – Your Right to Decide

“Advance directive” is a term that refers to your spoken and written instructions about your future medical care and treatment. By stating your health care choices in an advance directive, you help your family and physician understand your wishes about your medical care. Diseases common to aging such as dementia or Alzheimer’s disease may take away your ability to decide and communicate your health care wishes. Even young people can have strokes or accidents that may keep them from making their own health care decisions. Advance directives are a way to manage your future health care when you cannot speak for yourself.

Your advance directives will not take away your right to decide your current health care. As long as you are able to decide and express your own decisions, your advance directives will not be used. This is true even under the most serious medical conditions. Your advance directive will be used only when you are unable to communicate or when your physician decides that you no longer have the mental capacity to make your own choices.

The following types of advance directives are recognized in Indiana¹ and included in Appendix B of this folder. Contact the hospital for the most recent version of these documents.

- Durable power of attorney
- Health care power of attorney and health care representative
- Living will declaration
- Out of hospital do not resuscitate declaration and order
- Indiana Physician Orders for Scope of Treatment (POST)
- Gift Under the Uniform Anatomical Gift Act (organ and tissue donation)

Durable power of attorney

A “power of attorney” is an advance directive used to grant another person say-so over your affairs. It may cover financial matters, give health care authority, or both. The legal term for the person you choose is “attorney in fact.” Your attorney in fact can be any adult you trust. Prior to executing a power of attorney document, you should talk with the person to ensure that he or she is willing to serve. This document needs to be signed in the presence of a notary. The form included in this folder is a general document. If you prefer to give specific instructions or if you have a large or complicated estate, it is advisable to consult your personal attorney.

Health care power of attorney

Indiana has two laws regarding health care representatives. The form included in this folder unites the two into one form, designating both your health care power of attorney and health care representative. Naming a health care representative designates a person to see that your wishes are implemented if you can no longer speak for yourself. This person can make choices about your health care, sign health care contracts for you, admit or release you from hospitals or other health facilities, and look at or get copies of your medical records to assist in making decisions. It is important to discuss your wishes with your health care representative while you are mentally competent for the person to truly represent you. This document needs to be signed in the presence of a notary.

¹ See www.in.gov/isdh.

Living will declaration

A living will is a written document that puts into words your wishes in the event that you become terminally ill and unable to communicate. It lists the specific care or treatment you want or do not want during a terminal illness. The form included gives three choices, whether or not to receive artificially supplied nutrition and hydration, or to leave the decision to your health care representative. In addition, you may include specific instructions regarding life support machines, pain medications, blood transfusions, or anything else that is important to you. This form must be signed in the presence of two adult witnesses. It does not need to be notarized. In addition to signing the form, we encourage you to discuss this with your physician.

Out of hospital do not resuscitate declaration

If you are home when an emergency occurs, there is no medical chart or physician's order. For situations outside of a hospital or health facility, this form is used to state your wishes. Indiana law allows a qualified person to say they do not want CPR given if the heart or lungs stop working in a location that is not a hospital or a health care facility. In Goshen one can place a prepared DNR request in a tube provided by the local fire department in one's refrigerator, with a sign on the house front door indicating that it is there for emergency medical technicians to see. This form requires the signature of two witnesses, as well as the signature of your physician.

In a hospital or health facility setting, if you have a terminal condition or a personal preference due to age and you do not want CPR, your physician will write a "do not resuscitate" order in your medical chart.

Physician Orders for Scope of Treatment (POST)

A "Physician Orders for Scope of Treatment" (also referred to as a POST form) is a direct physician order for a person with at least one of the following:

1. An advanced chronic progressive illness.
2. An advanced chronic progressive frailty.
3. A condition caused by injury, disease, or illness from which, to a reasonable degree of medical certainty, there can be no recovery and death will occur from the condition within a short period without the provision of life-prolonging procedures.
4. A medical condition that, if the person were to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful or within a short period the person would experience repeated cardiac or pulmonary failure resulting in death.

In consultation with you or your legal representative, your physician will write orders that reflect your wishes with regards to cardiopulmonary resuscitation (CPR), medical interventions (comfort measures, limited additional interventions, or full treatment), antibiotics and artificially administered nutrition. Note that if you have previously designated a health care representative and you name a different person on your POST form, the person designated on the POST form replaces (revokes) the person named in the previous health care representative advance directive.

The POST form must be signed and dated by you (or your legal representative) and your physician to be valid. The original form is your personal property and you should keep it. Paper, facsimile (fax), or electronic copies of a valid POST form are as valid as the original. Your physician is required to keep a copy of your POST form in your medical record or, if the POST form is executed in a health facility, the facility must maintain a copy of the form in the medical record. The POST form may be used in any health care setting.

Executed POST forms may be revoked at any time by any of the following:

1. A signed and dated writing by you or your legal representative.
2. Physical cancellation or destruction of the POST form by you or your legal representative.
3. Another individual at the direction of you or your legal representative.
4. An oral expression by you or your legal representative of intent to revoke the POST form.

The revocation is effective upon communication of the revocation to a health care provider.

(Information taken from Indiana State Department of Health, Advance Directives)

Organ and tissue donation (Gift Under the Uniform Anatomical Gift Act)

Increasing the quality of life for another person is the ultimate gift. Donating your organs is a way to help others. Making your wishes concerning organ donation clear to your physician and family is an important first step. This lets them know that you wish to be an organ donor. A person who wants to donate organs may indicate this choice in his/her will or living will or on a card or other document, such as the form included in this folder. A common method is making the choice when you get a new or renewed driver's license. Your license will be marked to show you are an organ donor. You can decide if you desire to donate your body for research or donate certain organs for transplants. See the enclosed "Fast Facts" for more detailed information.

What should I do with my advance directives once they are completed?

Make sure that your durable power of attorney, health care power of attorney and health care representative, immediate family members, physician, attorney, and other health care providers know that you have an advance directive. Be sure to tell them where it is located. You should ask your physician and other health care providers to make your advance directive part of your permanent medical chart. You may wish to keep a small card in your purse or wallet that states that you have advance directives, where they are located, and whom to contact for your attorney in fact or health care representative, if you have named one.

Can I change my mind after I write an advance directive?

You may change or cancel your advance directives at any time as long as you are of sound mind. If you make changes, you need to tell your family, health care representative, power of attorney, and health care providers. You might have to cancel your decision in writing for it to become effective.

Body or Organ Donation

If you plan to donate your body for medical research, you should make arrangements in advance with a medical school. (Your funeral director can give you necessary information.) The school will provide the necessary forms. The school will keep a copy of the forms on file, and you will keep a copy. At the time of your death, the funeral director will make the arrangements.

After the research is completed, the body is cremated. The medical school will either bury or return the ashes, as you prefer.

If you donate your body for research, it is still possible and appropriate to have a memorial service.

Donating Organs for Transplants

It is best to document one's desire to donate acceptable organs before death. In Indiana the back of the driver's license has a place to indicate your desire to donate organs.

Since suitable circumstances for major-organ donation (heart, lung, liver, and kidney) arise from the sudden, traumatic deaths of otherwise healthy people, discussions between medical personnel and families allowing for organ donation may have to occur rapidly.

Prior signed statements from victims are not mandatory, if family members are unified in their desire to give someone else life out of their own tragedy. While major organ donation may require a decision before brain death is certified, other organs, such as skin, bone, and eyes, can be donated within the hours after death. Gifts of body parts can be a source of hope and comfort to families in otherwise tragic circumstances.

Currently, in Indiana, hospitals are required to notify the Indiana Donor Alliance of every death occurring in the hospital. Only if the IDA determines that the body may have organs suitable for donation is the family then approached.

It is possible to have a conventional viewing and funeral after the removal of body parts.

Fast Facts

Most Commonly asked Questions about Organ, Tissue and Eye Donation

Will my family be charged for donation?

No. All costs related to organ and tissue donation are paid by the recovery agencies.

If I have a disease such as cancer, hepatitis, or diabetes, can I donate?

Regardless of any disease or medical condition you may have, be sure to register your donation decision and share it with your family. Each case is evaluated at the time of death to determine medical suitability for donation.

Am I too old to be a donor?

Most anyone from birth to age 80 and beyond can be a donor. Medical professionals will determine the possibility of donation at the time of death.

Will my medical care be affected because of my decision to donate?

No. The quality of medical and nursing care will not change, regardless of your decision. All patients will continue to receive the excellent care they deserve, because permission for donation is only effective in the event of death.

If I am a donor, will it change my appearance or funeral plans?

Donation does not normally change the appearance of the donor or affect funeral plans. Through the entire donation process the body is treated with care, respect, and dignity.

How can I be sure my donation decision will be honored?

Register your decision to donate on your driver license/state identification card or through the Indiana Donor Registry website – www.donatelifelifeindiana.org. Discuss your decision to donate with your family. If you are 18 years or older your family's consent will not be required, but knowing that your decision is carried out can be a comfort to your loved ones.

What organs and tissues can be donated?

Organs and tissues that can be donated include the following:

Organs	Tissues
Kidney	Corneas/eyes
Liver	Skin
Heart	Bone
Lung	Heart valves
Pancreas	Tendons
Intestine	

What will happen to my donated organs?

A national system is in place to distribute organs fairly. Buying and selling of organs is illegal.

Choices in End of Life Planning

1. Burial

- a. Time, place, and kind of services will be discussed with the funeral home director and can be done as soon as official paperwork has been completed. Viable options include burial, cremation and scattering ashes or putting them in the columbarium in the Remembering LIFE Garden, and/or donating the body to medical research.

2. Burial Plots

- a. Burial plots can be prearranged and paid for, or they can be purchased at time of death by the funeral director or the family.
- b. The cemetery will be chosen with the help of the funeral director. Goshen has three city cemeteries: Violet, West Goshen, and Oak Ridge. Elkhart Prairie Cemetery is township owned and has same requirements as the city cemeteries.
- c. The cost of the burial plot includes the burial permit, plot, and perpetual care.
- d. Most cemeteries require a vault.
- e. Those burial grounds that do not require a vault ask for an extra fee for an eventual ground fill.
- f. Interment (burial) fee is always charged at the time of burial.

3. Embalming

- a. Embalming is not required in Indiana but advised if there is a viewing.
- b. If the body is to be transported interstate, embalming is required before transporting.
- c. If the body needs to be held over 48 hours for any reason, either embalming or refrigeration is required.

4. Cremation

- a. Arrangements can be made through a local funeral home or directly with a cremation service center located in Goshen, Elkhart, or South Bend.
- b. The body must be held 48 hours before cremation in Indiana.
- c. WMC has a reusable casket for viewing before cremation, or one can be rented from the funeral home.
- d. A casket is not necessary; only some kind of suitable container is required. The crematory or funeral home has inexpensive containers.
- e. The funeral director takes care of the documents required for cremation: death certificate and authorization permits.

- f. The funeral directory or family and friends can transport the body to the crematory.
5. **Ashes**
- a. Ashes may be returned to the family in a container. Urns are also available.
 - b. Burial at a cemetery in a metal box purchased from crematory. The cemetery may require a small vault.
 - c. Scattering is permitted in Indiana
 - If scattering on private property, the property owner must grant permission. No permit is needed if scattered on your property.
 - WMC has established a Remembering LIFE Garden, a place of natural beauty where ashes of deceased may be scattered or placed in the columbarium.

Local Funeral Homes and Crematoriums

Names of funeral homes and crematories can be found on the web or in the phone book. The following local funeral homes are suggestions:

1. **Yoder-Culp Funeral Home and Crematorium**, 1911 S. Main St., Goshen, IN 46526; www.yoderculpfuneralhome.com; 574.533.3153
2. **Rieth-Rohrer-Ehret Funeral Home**, 311 S. Main St., Goshen, IN 46526; www.funeralhomes.com; 574.533.9547
3. **Hartman Funeral Home**, 506 S. 5th St., Goshen, IN 46526; no web site; 574.533.1185
4. **Billings Funeral Home & Crematory**, 812 Baldwin St., Elkhart, IN 46514; www.billingsfuneralhome.com; 574.264.2425
5. **Walley Mills Zimmermann Funeral Home & Crematory**, 700 E. Jackson Blvd., Elkhart, IN 46516; www.funeralhomes.com; 574.295.2323
6. **Hartzler-Gutermuth-Inman Funeral Home**, 403 W. Franklin St., Elkhart, IN 46514; www.funeralhomes.com; 574.295.1230
7. **Rieth-Rohrer-Ehret Lienhart Funeral Home**, 117 W. Waterford St., Wakarusa, IN 46573; www.funeralhomes.com; 574. 862.2235
8. **Stemm Lawson Peterson Funeral Home & Cremation**, 1531 Cobblestone Blvd., Elkhart, IN 46514; www.stemmlawsonpeterson.com; 574.293.6411
9. **Elkhart Cremation Services for Elkhart County**, 2100 W. Franklin St., Elkhart, IN ; www.elkhartcremation.com; 574.389.8828
10. **Local Crematories Information:** www.citysearch.com/MichiganCremation

Local Cemeteries

There are county-owned and township-owned cemeteries as well as privately owned ones. Any funeral director will help to make the right choice about which cemetery is best to use and give information about requirements and costs.

Personal Reflections – A Gift to Family

Possible things to include:

1. Consider writing your personal reflections on life. This can be a way of sharing your values, faith, life lessons, precious moments, and hopes.
2. Consider sharing historical information, including a family tree, or write whatever would help your loved ones understand their heritage.
3. Consider writing how you would want to be remembered.
4. Consider writing your own obituary.

Checklist of Steps to Take Following a Death

- Call a pastor or the church office. (The pastor will be a support and resource for you in completing the next steps.)
Church _____ Phone _____
- Call a funeral home to set an appointment to make arrangements for care of the body. Funeral Home _____ Phone _____
- Make a list and call all significant people to inform them of the death.

Logistics

- In consultation with pastor and funeral home, set day, time, and location for funeral/memorial service. (The service often takes place 3-4 days after the death. This allows time for the announcement to appear in the newspaper and a day for visitation. The service can be later for a number of reasons, such as accommodating persons traveling from a distance.)
Day _____ Time _____ Location _____
- Set visitation day, time, and location. Visitation usually happens the day before the service. It can be held at the funeral home or at the church. Possible times: 2–4 p.m. and 6–8 p.m., 5–8 p.m., and/or one hour before the service.
Day _____ Time _____ Location _____
- Decide the type of service.
 - ❖ **Funeral service:** The body is present in the service. A short graveside service and burial follow the service. For those who have chosen cremation, the family and community can accompany the body to the crematorium. A service of scattering cremains or placing cremains in a columbarium or cemetery can be planned for a later date.
 - ❖ **Memorial service:** The body is not present in the service. The graveside service and burial can happen either before or after the service. For those who have chosen cremation, a service of scattering cremains or placing cremains in a columbarium or cemetery can be done before the memorial service, after, or planned for a later date.
- Preparation for the funeral home appointment.
 - Biographical information sheet (Appendix D). (If one has not already been completed, you may want to complete the one provided in this folder before going to the funeral home.)
 - Bring a set of clothes if there will be visitation hours.
 - Social Security number of deceased.
 - Picture for newspaper if you desire.
 - Number of death certificates needed (copies are needed for each occasion where there will be a transfer of property, such as land, vehicles, stocks, bonds, each bank, each company holding a life insurance policy, and any other assets).

At the funeral home

- a. Give any special preferences for burial service:
 - Do you want to be present while casket is lowered?
 - Do you want to place flowers on casket?
 - Do you want to shovel dirt on casket?
- b. Give biographical information.
- c. Choose casket, if needed.
- d. Choose memorial cards.
- e. Choose flowers.
- f. Decide on memorial fund.

Plan service with pastor

Hymns, scriptures, persons to be involved, special music, remembrances, printed order of service.

- Number for meal following service (include family, close friends, and persons traveling from a distance. The congregation provides this meal.)

At visitation

- Arrangement of family members (receiving line or scattered throughout the room)
- Display of pictures and/or other items

- Do you need a meal between visitation hours for your family? The Sunday school class or other church friends can provide this meal. Pastor will help make these contacts.

- Number of immediate family members

Autopsy?

Autopsies may be done when there is a sudden or unexplained death or the family wants specific disease information for the family medical history. You can tell either your doctor or the funeral home. If the death occurs in the hospital, this decision should be made before the body is taken from the hospital. (There is no cost to the family if a doctor or the coroner feels an autopsy is necessary and orders it to be done).

Miscellaneous

- Locate will.
- Contact attorney.
- Contact executor of the will.
- Contact Social Security administration, referencing the Social Security number of the deceased.
- Check with last employer regarding any benefits due.
- Notify life insurance brokerage, credit card companies, mortgage companies, and banks.
- Settle debts.
- File income tax form for the death year.

Suggested scriptures and hymns

Many scriptures and hymns may be appropriate to include in a funeral or memorial service. The ones suggested here are not exhaustive, but suggest areas of thought a family might choose. Hymn numbers come from *Hymnal: A Worship Book*, as well as *Sing the Journey* and *Sing the Story*.

Psalm 23	“The Lord is my shepherd ...”
Psalm 46	“God is our refuge and strength ...”
Psalm 90	“Lord, you have been our dwelling place ...”
Psalm 91	“You who live in the shelter of the Most High ...”
Isaiah 40	“Comfort, O comfort my people ...”
Isaiah 43:1-3	“... Do not fear, for I have redeemed you ...”
Matthew 11:28-30	“Come to me, all you that are weary and are carrying heavy burdens ...”
John 11	“... I am the resurrection and the life ...”
John 14	“Do not let your hearts be troubled ...”
Romans 8	“There is therefore now no condemnation ...”
1 Corinthians 15	“... But thanks be to God, who gives us the victory ...”
2 Corinthians 5	“... we have a building from God ...”
Philippians 1:21	“For to me, living is Christ, and dying is gain.”
1 Thessalonians 4:13-18	“But we do not want you to be uninformed Therefore, encourage one another ...”
1 Thessalonians 5:1-11	“... Therefore encourage one another ...”
2 Timothy 4:6-8	“... I have fought the good fight ...”
1 Peter 1:22f	“... You have been born anew, not of perishable but of imperishable seed ...”
1 John 3:1-3	“... that we should be called children of God ...”
Revelation 14:13	“... Blessed are the dead who from now on die in the Lord ...”
Revelation 21:1-4	“... he will wipe every tear from their eyes. Death will be no more ...”
Revelation 22:1-5	“... the Lord God will be their light ...”

Hymnal: A Worship Book:

H 62	“Who is so great a God”
H 114	“In thee is gladness”
H 118	“Praise God from whom”
H 121	“Holy God, we praise thy name”
H 143	“Amazing grace!”
H 203	“Break forth, O beauteous heav’nly light”
H 275	“Lift your glad voices”
H 303	“Come, gracious Spirit”
H 327	“Great is thy faithfulness”
H 332	“Blessed assurance”
H 352	“Gentle Shepherd, come and lead us”
H 366	“God of grace and God of glory”

H 377	“Healer of our every ill”
H 412	“We shall walk through the valley”
H 425	“Come, come ye saints”
H 486	“God of our life”
H 491	“Softly and tenderly Jesus is calling”
H 526	“In the rifted Rock I’m resting”
H 545	“Be thou my vision”
H 553	“I am weak and I need thy strength”
H 576	“If you but trust in God”
H 580	“My life flows on”
H 589	“My Shepherd will supply my need”
H 592	“Love divine, all loves excelling”
H 593	“O Power of love”
H 596	“And I will raise you up”
H 599	“He leadeth me”
H 606	“Oh, have you not heard”
H 616	“Children of the heavenly Father”

Sing the Journey:

#29	“You are all we have”
#44	“The love of God”
#59	“Come and fill our hearts with your peace”
#98	“All will be well”
#107	“God remembers”
#108	“Give thanks for life”
#110	“Go, silent friend”
#111	“My latest sun is sinking fast” (“Angel Band”)

Sing the Story:

#92	“Sing with all the saints in glory”
# 99	“The Lord’s my Shepherd”
#100	“O blessed spring”
#108	“View the present through the promise”

Children’s Songs

Hymnal: A Worship Book:

H 614	“In the bulb there is a flower”
H 341	“Jesus loves me”
H 401	“This little light of mine”

Sing the Journey:

#54	“Longing for light”
#109	“There is more love somewhere”

Sing the Story:

#121	“Nothing is lost on the breath of God”
#16	“Peace before us”

Preparing for Death Bibliography

The following resources are available in the Waterford Mennonite Church library.

Arnold, Johann Christoph. *I Tell You a Mystery.* Plough Publishing House of the Bruderhof Foundation, 1996. (289.7 ARN)

In a society that is afraid of death, Arnold tells stories that illustrate beautifully how the God who loves us will walk with us “all the way,” giving us assurance of the resurrection and eternal life. Arnold is a leader of the Bruderhof community.

Beyond the News DVD. *Facing death.* Mennonite Media, 1999. (DVD 155.9 FAC)

Three families tell their stories of facing issues surrounding death and dying. Includes discussion on how relationships are affected, what constitutes a “good death,” and planning a funeral.

Bostrom, Kathleen. *Papa’s Gift: an Inspirational Story of Love and Loss.* Zonderkidz, 2002. (E BOS)

Clara’s grandfather gives her a snow globe. She loves it because she loves him. When he dies she is devastated and lost. It is a long process, but Clara finds her way back and learns about life, death, and the life hereafter.

Curry, Cathleen L. *When Your Spouse Dies.* Ave Maria Press, 1990. (236.1 CUR)

This book deals with a variety of practical concerns for those who have lost their mates to death, including stages of grief for adults and children, mourning, loneliness, sexuality, networks of support, financial priorities and planning, good health practices, and healing.

Dodds, Bill. *Your Grieving Child: Answers to Questions on Death and Dying.* Our Sunday Visitor, Inc., 2001. (242.4 DOD)

This book is designed to help you answer your children’s questions about death and dying. Its goal is to assist them (and you) through the difficult time your family is facing. It also offers you a better idea of what your child might like to ask but hasn’t been able to put into words.

Faber, Rebecca. *A Mother’s Grief Observed.* Tyndale House, 1997. (248.8 FAB)

A powerful and personal journal that chronicles a mother’s grief after the loss of a child and her ultimate realization of God’s faithfulness.

Frost, Dorothy R. *Dad! Why’d You Leave Me?* Herald Press, 1992. (J FRO)

Although ten-year-old Ronnie feels anger, sorrow, and confusion over the sudden death of his father, his life slowly returns to normal as he experiences the support of his loving family and God.

Harris, Audrey. *Why Did He Die?* Lerner Publications, 1965. (E HAR)

In this poem, a mother explains to her child what the death of a loved one means.

Hartzler, Rachel Nafziger. *Grief and Sexuality: Life After Losing a Spouse.* Herald Press, 2006. (155.9 HAR)

At the age of 51 the author endured the intense sorrow and confusion of widowhood after her husband unexpectedly died of a heart attack. She brings a very special expertise in this book, which is designed to help others deal with the universal questions about grief, spirituality, and the loss of a romantic and intimate relationship.

Kaufman, Gerald W. and L. Marlene. *Necessary Conversations: Between adult children and their aging parents.* Good Books, 2013. (646.7 KAU)

In this timely book, long-time family counselors Gerald and Marlene urge adult children and their parents to talk directly with each other about the decisions that lie ahead as parents age. “Do it before a crisis hits,” say the Kaufmans. “A good time to start is when parents retire.” Suggestions for discussing finances, medical care, driving, and living arrangements—before the crises hit.

Klopfenstein, Janette. *My Walk Through Grief.* Herald Press, 1976. (236.1 KLO)

Honest sharing and practical suggestions to help those who are going through their own grief as well as those who try to understand and comfort the bereaved.

Klopfenstein, Janette. *Tell Me About Death, Mommy.* Herald Press, 1977. (236.1 KLO)

The author shares specific things that helped her young boys face the death of their father.

Lambin, Helen Reichert. *The Death of a Husband: Reflections for a Grieving Wife.* ACTA, 1998. (242.4 LAM)

A collection of poignant reflections for a wife mourning the loss of her husband. Over forty reflections address different facets of the grieving process. Each offers insights that will touch a woman’s heart, heal her soul, and point out new and hopeful directions.

L’Engle, Madeline. *The Summer of the Great Grandmother.* Seabury Press, 1979. (920 LEN)

A memoir of a much loved parent. Concerned with the aged and the dying. Looks at attitudes and values in today’s society.

Lewis, C. S. *A Grief Observed.* Bantam Books, 1961. (242.4 LEW)

After the death of his wife, Lewis wrote this journal to defend himself against the loss of belief in God. In it he freely confesses his doubts, rage, and awareness of human frailty. In it he also finds again the way back to life. The brief journal is an

eloquent statement of rediscovered faith. It can be a profound comfort to those in grief.

Lewis, Beverly. *What Is Heaven Like?* Bethany House Publishers, 2006. (E LEW)

For any child who is coming to terms with the loss of a loved one, this poignantly addresses the questions children ask most often. The final page offers suggestions for parents and Christian educators.

Libby, Larry. *Someday Heaven.* Questar Publishing, 1993. (J 236.2 LIB)

This provides biblically based answers on a topic that's not always easy to explain to a young child. It helps children discover the answers to the wonders of God's mysterious and glorious home.

McCracken, Anne & Mary Semel. *A Broken Heart Still Beats After Your Child Dies.* Hazelden, 1998. (155.9 MCC)

Organized by a journalist and a psychotherapist, each of whom has lost a child, this book is a remarkable compilation by a variety of writers, many of them bereaved parents as well. Includes poetry, fiction, and essays about the pain, stages of grief, and the coping and healing process that follows the death of one's child.

Mehren, Elizabeth. *After the Darkest Hour the Sun Will Shine Again.* Fireside, 1997. (155.9 MEH)

This inspiring guide to coping with the loss of a child combines the author's own story with the experiences and wisdom of others who have gone through this tragedy.

Munday, John S. *I Wasn't Ready.* Skipjack Press, Inc., 1991. (236.1 MUN)

This is a story of hope found in the understanding that, although we cannot have our child back and in that sense we never recover, we can be healed.

Neufeld, Elsie K. *Dancing in the Dark: A Sister Grieves.* Herald Press, 1990. (155.9 NEU)

Filled with love and compassion, this book is helpful for anyone who has lost an adult sibling.

Nouwen, Henry. *In Memoriam.* Ave Maria Press, 1999. (242.4 NOU)

Noted spiritual writer Henri J. M. Nouwen wrote a brief reflection on the death of his mother solely for a small circle of family members and friends, but was persuaded to share it with a larger audience in this published version.

Schweibert, Pat. *Tear Soup.* Grief Watch, Portland, 2005. (E SCH)

Although this is a picture book, it is not just for children but also for adults who have experienced loss. It affirms the bereaved, educates the unbereaved, and is a building block for children.

Schweibert, Pat. *We Were Gonna Have a Baby, but We Had an Angel Instead.* Grief Watch, 2003. (E SCH)

This is a book to help children confront and manage grief over the loss of a young sibling. It can help you let your children know that the baby that was lost can still be remembered in a special way.

Sittser, Gerald L. *A Grace Disguised.* Zondervan Publishing House, Grand Rapids, 1996. (248.8 SIT)

A drunk driver on an Idaho road caused the tragic loss to Sittser of three generations of his family: his mother, his wife, and his young daughter. The book is more than a chronicle of the author's sorrow; it is a very moving reflection on the losses we all suffer and the amazing grace of God that can transform us.

Temes, Roberta. *The Empty Place: A Child's Guide Through Grief.* Small Horizons, 1992. (J 155.9 TEM)

When a nine-year-old boy's beloved big sister dies, he is confused, angry, and fearful. For the first time he must face the finality of death and the pain of loss. His parents, also grieving, seem distant, until a counselor teaches them all how to cope and heal.

Thomas, Pat. *I Miss You: A First Look at Death.* Barron's, 2000. (J 155.9 TEM)

When a close friend or family member dies, it can be difficult for children to express their feelings. This book helps boys and girls understand that death is a natural complement to life, and that grief and a sense of loss are normal feelings for them to have following a loved one's death.

Wengerd, Sara. *A Healing Grief.* Herald Press, 2002. (155.9 WEN)

After years of experience with death in her work as a hospice nurse and care for the elderly, the author gives advice for those of us who feel awkward and hesitant when talking to a recently bereaved person.

A Loving Legacy

For parents to check applicable items and sign:

Being of sound mind, body and spirit, I would like for you, my children, to do the following things at the appropriate point in the future when, after much thought, prayer, wrestling, and research, you think it is for my own good:

- Tell me when I should stop driving.
- Tell me when I need a hearing aid. Tell me when I should turn my media player down.
- Tell me when I need to start using a cane, walker, or wheelchair.
- Tell me when it is not safe for me to live by myself anymore.
- Tell me when I need to consult my children before making financial decisions.
- Tell me when I need to have someone to check my finances or checkbook.
- Tell me when I need to go to the doctor and take me there.
- Tell me when I need to eat better and drink more and take less supplements.
- Tell me when you think I am getting really forgetful and need to see a doctor.
- Tell me if I need to take a bath and if I need to find help for my urinary incontinence.
- Tell me if I need to have a haircut or need to have my nails done and help me to get to the hairdresser and beautician.
- Tell me if I am wearing too much cosmetics or if my clothes don't match.
- Tell me when my clothes are not well washed or need mending.
- Tell me when my moods are swinging inappropriately and take me to a doctor.
- Ask me about my insurance and funeral plans.
- Tell me if I need to focus more on others rather than on myself.
- Tell me gently if my words are inappropriate and if I have hurt somebody.
- Tell me when I need to accept help doing chores around the house and the yard.
- Tell me when I need to downsize and get rid of unnecessary items.
- Tell me what I have in my possession that you would enjoy having in memory of me.
- Tell me when I have to write a will and designate certain items.
- Tell me if you want me to write stories about my things or about people.
- Tell me if you want us to talk about our feelings towards each other.
- Tell me if you want to talk about our family, our history, and about my faith journey.
- Tell me what memories you have about our special relationship.
- Remember me with little notes, little flowers, personal visits, and small gifts I can share.

Remember me in your prayers.

Signed _____ Date _____

For children to sign:

We, the undersigned children, because we love, respect, and honor you, want to uphold your dignity and decision-making abilities. We honor and respect the fine qualities you possess and the way you have conducted your life, and wish to help you make your later years as successful, peaceful and happy as they possibly can be. We promise to visit more often when you can no longer drive, take you to church or on other errands, discuss decisions to be made rather than making decisions for you, and do all we can to keep your grandchildren in touch with you. We pledge to talk about the items you have checked and then, when necessary, will use the above as your permission for us to help you make the decisions you know need to be made.

We pledge ...

Signed _____ Date _____

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Durable Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS, that I, _____, of Elkhart County, State of Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint:

(Name of attorney-in-fact) _____

(Address) _____

(Home telephone) _____ (Work/cell telephone) _____

and/or:

(Name of attorney-in-fact) _____

(Address) _____

(Home telephone) _____ (Work/cell telephone) _____

as my true and lawful attorneys, each with the absolute right, power and authority for me and in my name, place and stead to perform all acts, functions and activities and to have all powers as set forth and contained in Indiana Code 30-5-5-2 through and including Indiana Code 30-5-5-15.

Generally, to do and perform any and every act and to sign any and all documents that may be customary or required in connection with any power that is set forth in the foregoing instrument.

This power of attorney is effective immediately and shall not be affected by the subsequent disability or incapacity of the principal, or lapse of time, and the authorities conferred herein shall be exercisable by my said attorney until such time as I have executed a written revocation hereof.

I further direct that the recital herein of specific powers and documents shall not be construed to exclude any power or right and authority to execute any documents that would, by business usage and custom, be deemed to be part of any transaction coming within the power and authority hereinbefore granted.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 20__.

STATE OF INDIANA)
) SS:
COUNTY OF ELKHART)

Before me, the undersigned, a Notary Public in and for said county and state, this ____ day of _____, 20__, personally appeared the within named _____ and acknowledged the execution of the above and foregoing Power of Attorney for the uses and purposes therein set forth.

WITNESS my hand and Notarial Seal.

Health Care Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS, that I, _____, of Elkhart County, State of Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint:

(Name of attorney-in-fact) _____

(Address) _____

(Home Telephone) _____ (Work/cell telephone) _____

and/or:

(Name of attorney-in-fact) _____

(Address) _____

(Home telephone) _____ (Work/cell telephone) _____

as my true and lawful attorneys each with the absolute right, power and authority for me and in my name, place and stead, to act as follows, and to do any and everything that may be necessary as incident thereto, including:

To act for me and to consent for me in all matters affecting my health care whenever I am incapable of consenting to health care matters, pursuant IC 30-5-5-16,17 (the provisions of which are incorporated in their entirety herein) to include, but not be limited to, the following acts on my behalf: arrange for admission to and sign all admission documents and do all things required in connection with my admission as an inpatient or outpatient at any hospital, nursing home or health care facility and to execute consents for, or authorize withholding of, medical treatment, procedures or surgery, all on my behalf; and to execute releases of liability or other waivers or releases as to any physician, surgeon, hospital and/or employees thereof, all as my said attorney may, in my said attorney's discretion determine necessary or desirable, and with the same effect as if I personally have so acted; and

Those appointed, and each of them, are within my "circle of care" as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and I specifically hereby extend informed written permission to any and all physicians, hospitals, their staff and employees and medical care providers of any sort to disclose any and all health related information, to include but not limited to, that information defined by HIPAA as protected health information or "PHI" to my Health Care Representative herein appointed. Such disclosures may be in the form of general information and/or for the purposes of making medical recommendations about treatment alternatives, to include but not limited to the utilization or the withholding of life sustaining medications, treatments, procedures, and techniques without limitations; and

2. This power of attorney is effective immediately and shall not be affected by the subsequent disability or incapacity of the principal, or lapse of time, and the authorities

conferred herein shall be exercisable by my said attorney until such time as I have executed a written revocation hereof. I attach hereto, and incorporate herein, the appointment of my attorneys-in-fact as my health care representatives under IC 16-36-1 as follows:

Appointment of Health Care Representative

I, the principal named above, in accord with the provisions of IC 16-36-1-7, do hereby appoint my attorneys-in-fact named above as my representatives to act for me in matters affecting my health.

I authorize my Health Care Representative to arrange for admission to and sign all admission documents and do all things required in connection with my admission as an inpatient or outpatient at any hospital, nursing home or health care facility and to execute consents for medical treatment, procedures or surgery, all on my behalf, and to execute releases of liability or other waivers or releases as to any physician, surgeon, hospital and /or employees thereof;

I further authorize my Health Care Representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time based on my previously expressed preferences and the diagnosis and prognosis my Health Care Representative is satisfied that certain health care is not or would not be beneficial or that such health care is or would be excessively burdensome, then my Health Care Representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

My Health Care Representative must try to discuss this decision with me. However, if I am unable to communicate, my Health Care Representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my Health Care Representative may also discuss this decision with my family and others to the extent they are available.

Signed this ____ day of _____, 20__.

STATE OF INDIANA)
) SS:
COUNTY OF ELKHART)

Before me, the undersigned, a Notary Public in and for said county and state, this ____ day of _____, 20__, personally appeared the within named _____ and acknowledged the execution of the above and foregoing Health Care Power of Attorney and Appointment of Health Care Representative for the uses and purposes therein set forth.

WITNESS my hand and Notarial Seal.

Living Will Declaration

Declaration made this ____ day of _____, 20__.

I, _____, being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare:

If at any time my attending physician certifies in writing that:

- a. I have an incurable injury, disease, or illness;
- b. My death will occur within a short time; and
- c. The use of life prolonging procedures would serve only to artificially prolong the dying process,

I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to provide me with comfort care or alleviate pain, and, if I have so indicated below, the provision of artificially supplied nutrition and hydration. (Indicate your choice by initialing or making your mark before signing the declaration):

_____ I wish to receive artificially supplied nutrition and hydration, even if the effort to sustain life is futile or excessively burdensome to me.

_____ I do not wish to receive artificially supplied nutrition and hydration, if the effort to sustain life is futile or excessively burdensome to me.

_____ I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my health care representative appointed under IC 16-36-1-7 or my attorney in fact with health care powers under IC 30-5-5.

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal.

I understand the full import of this declaration.

(Signature)

(City, county, and state of residence)

The declarant has been personally known to me, and I believe (him/her) to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not a parent, spouse, or child of the declarant. I am not entitled to any part of the declarant's estate or directly financially responsible for the declarant's medical care. I am competent and at least eighteen (18) years of age.

Witness: _____ Date: _____

Witness: _____ Date: _____

Gift Under the Uniform Anatomical Gift Act
of

Name of Donor

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires:

- I give a. _____ any needed organ or tissue
b. _____ only the following organs or tissues

for the purposes of transplantation, therapy, medical research or education;

- c. _____ my body or anatomical study if needed.

Limitations or special wishes, if any:

This instrument has been signed by the donor in accordance with IC 29-2-16-4(b).

Signature of donor

Date of birth of donor

Date signed

City and state



**STATE OF INDIANA
OUT OF HOSPITAL DO NOT RESUSCITATE DECLARATION AND ORDER**
State Form 49559 (R / 9-11)



This declaration and order is effective on the date of execution and remains in effect until the death of the declarant or revocation.

OUT OF HOSPITAL DO NOT RESUSCITATE DECLARATION		
<p>Declaration made this _____ day of _____, _____, being of sound mind and at least eighteen (18) years of age, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below.</p> <p>I declare: My attending physician has certified that I am a qualified person, meaning that I have a terminal condition or a medical condition such that, if I suffer cardiac or pulmonary failure, resuscitation would be unsuccessful or within a short period I would experience repeated cardiac or pulmonary failure resulting in death.</p> <p>I direct that, if I experience cardiac or pulmonary failure in a location other than an acute care hospital, cardiopulmonary resuscitation procedures be withheld or withdrawn and that I be permitted to die naturally. My medical care may include any medical procedure necessary to provide me with comfort care or to alleviate pain.</p> <p>I understand that I may revoke this Out of Hospital Do Not Resuscitate Declaration at any time by a signed and dated writing, by destroying or canceling this document, or by communicating to health care providers at the scene the desire to revoke this declaration.</p> <p style="text-align: center;">I understand the full import of this declaration</p>		
Signature of declarant		
Printed name of declarant		
City and state of residence		
<p>The declarant is personally known to me, and I believe the declarant to be of sound mind. I did not sign the declarant's signature above, for, or at the direction of, the declarant. I am not a parent, spouse, or child of the declarant. I am not entitled to any part of the declarant's estate or directly financially responsible for the declarant's medical care. I am competent and at least eighteen (18) years of age.</p>		
Signature of witness	Printed name	Date (month, day, year)
Signature of witness	Printed name	Date (month, day, year)

OUT OF HOSPITAL DO NOT RESUSCITATE ORDER		
<p>I, _____, the attending physician of _____, have certified the declarant as a qualified person to make an Out Of Hospital Do Not Resuscitate Declaration, and I order health care providers having actual notice of this Out Of Hospital Do Not Resuscitate Declaration and Order not to initiate or continue cardiopulmonary resuscitation procedures on behalf of the declarant, unless the Out Of Hospital Do Not Resuscitate Declaration is revoked.</p>		
Signature of attending physician		
Printed name of attending physician	Medical license number	Date (month, day, year)



INDIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST)

State Form 55317 (6-13)
Indiana State Department of Health – IC 16-36-6

INSTRUCTIONS: Follow these orders first. Contact treating physician, advanced practice nurse, or physician assistant for further orders if indicated. Emergency Medical Services (EMS) should contact Medical Control per protocol. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. HIPAA permits disclosure to health care professionals as necessary for treatment. Original form is personal property of the patient.

Patient Last Name		Patient First Name		Middle Initial
Birth date (mm/dd/yyyy)		Medical Record Number	Date prepared (mm/dd/yyyy)	
A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>Patient has no pulse AND is not breathing.</i> <input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation (DNR) When not in cardiopulmonary arrest, follow orders in B, C and D .			
B Check One	MEDICAL INTERVENTIONS: <i>If patient has pulse AND is breathing OR has pulse and is NOT breathing.</i> <input type="checkbox"/> <u>Comfort Measures (Allow Natural Death):</u> Treatment Goal: Maximize comfort through symptom management. Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer to hospital only if comfort needs cannot be met in current location. <input type="checkbox"/> <u>Limited Additional Interventions:</u> Treatment Goal: Stabilization of medical condition. In addition to care described in Comfort Measures above, use medical treatment for stabilization, IV fluids (hydration) and cardiac monitor as indicated to stabilize medical condition. May use basic airway management techniques and non-invasive positive-airway pressure. Do not intubate. Transfer to hospital if indicated to manage medical needs or comfort. Avoid intensive care if possible. <input type="checkbox"/> <u>Full Intervention:</u> Treatment Goal: Full interventions including life support measures in the intensive care unit. In addition to care described in Comfort Measures and Limited Additional Interventions above, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated to meet medical needs.			
C Check One	ANTIBIOTICS: <input type="checkbox"/> Use antibiotics for infection only if comfort cannot be achieved fully through other means. <input type="checkbox"/> Use antibiotics consistent with treatment goals.			
D Check One	ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food and fluid by mouth if feasible. <input type="checkbox"/> No artificial nutrition. <input type="checkbox"/> Defined trial period of artificial nutrition by tube. (Length of trial: _____ Goal: _____) <input type="checkbox"/> Long-term artificial nutrition.			
E	DOCUMENTATION OF DISCUSSION: Orders discussed with (check one): <input type="checkbox"/> Patient (patient has capacity) <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Legal Guardian / Parent of Minor <input type="checkbox"/> Health Care Power of Attorney			
SIGNATURE OF PATIENT OR LEGALLY APPOINTED REPRESENTATIVE My signature below indicates that my physician discussed with me the above orders and the selected orders correctly represent my wishes. If signature is other than patient's, add contact information for representative on reverse side.				
Signature (required by statute)		Print Name (required by statute)		Date (required by statute) (mm/dd/yyyy)
F	SIGNATURE OF PHYSICIAN My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.			
Print Signing Physician Name (required by statute)		Physician Office Telephone Number (required by statute) () _____ - _____	License Number (required by statute)	
Physician Signature (required by statute)		Date (required by statute) (mm/dd/yyyy)	Office Use Only	

Information for Patient about Physician Orders for Scope of Treatment (POST)

The Indiana Physician Orders for Scope of Treatment (POST) form is always voluntary. POST is based on your goals of care and records your wishes for medical treatment. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. No form can address all the medical treatment decisions that may need to be made. An Advance Directive, including appointing someone to speak on your behalf if you cannot speak for yourself, is recommended. You can identify a health care representative in the box below if you have not already done so. HIPAA permits disclosure to health care professionals as necessary for treatment.

Designation of Health Care Representative (Optional)

Name of Health Care Representative		Telephone Number () _____ - _____
Relationship to Patient	Address (number and street, city, state, and ZIP code)	
I hereby appoint the above named person as my representative to act in my behalf on all matters concerning my health care, including but not limited to providing consent or refusing to provide consent to medical care, surgery, and/or placement in health care facilities, including extended care facilities. This appointment shall become effective at such time and from time to time as my attending physician determines that I am incapable of consenting to my health care. I understand that if I have previously named a health care representative the designation above supersedes (replaces) any prior named Health Care Representative(s).		
Patient Signature	Date (mm/dd/yyyy)	Witness (adult other than designated Health Care Representative)

Contact Information for Sections E and F

Relationship of Representative identified in Section E if patient has no capacity (required by statute)	Address	Telephone Number
Healthcare Professional Preparing Form if other than the person named in Section F	Preparer Title	Telephone Number

Directions for Health Care Professionals

Completing Physician Orders for Scope of Treatment (POST)

- POST orders should reflect current treatment preferences of the patient.
- If the patient lacks capacity, the form may be completed by legally appointed guardian, healthcare representative, healthcare power of attorney, or parent of minor. The authority of the named Health Care Representative is bound by Indiana statutes.
- Verbal / telephone orders are acceptable with follow-up signature by physician in accordance with facility/community policy and state law.
- The POST form is the personal property of the patient. Use of original form is encouraged, however photocopies, electronic copies and faxes are also legal and valid.

Using Physician Orders for Scope of Treatment (POST)

- Persons who are in need of emergency medical services because of a sudden accident or injury outside the scope of the person's illness should receive treatment to manage their medical needs.
- Any section of these POST orders not completed implies full treatment for that section.
- Oral fluids and oral nutrition must always be offered if medically feasible.
- Comfort care is never optional. When comfort cannot be achieved in the current setting, the person, including someone designating "Comfort Measures," should be transferred to a setting able to provide comfort (e.g., hip fracture).
- IV medication to enhance comfort may be appropriate for a person who has designated "Comfort Measures."
- Treatment of dehydration is a measure that may prolong life. A person who desires IV fluids should select "Limited Additional Interventions" or "Full Intervention" in Section B of this form.
- If a health care provider considers these orders medically inappropriate, he or she may discuss concerns and revise orders with the consent of the patient or authorized representative.
- If a health care provider or facility cannot comply with the orders because of policy or personal ethics, the provider or facility must arrange for transfer of the patient to another provider or facility and provide appropriate care in the meantime.
- In the event the patient is hospitalized, the admitting physician should evaluate the patient and review the POST form. New orders may be recommended based on the patient's condition and their known preferences or, if unknown, the patient's best interest.

Reviewing Physician Orders for Scope of Treatment (POST)

This form should be periodically reviewed in the following circumstances:

- There is a substantial change in the patient's health status.
- The patient is transferred from one care setting or care level to another or the treating physician changes.
- The patient's treatment preferences change.

Voiding Physician Orders for Scope of Treatment (POST)

- A person with capacity, or the valid representative of a person without capacity, can void the POST orders at any time by any of the following: a signed and dated writing; physical cancellation or destruction; by another individual at the direction of the declarant or representative; or an oral expression. The revocation is effective upon communication to a health care provider.

My Record of Personal Affairs

(Keep in a safe and secure place. Tell your family where it is at and how to get it.)

Full legal name _____ S.S. number _____

Address _____ Telephone: _____

Name of spouse _____

Attorney:

Name _____ Telephone _____

Address _____

Accountant:

Name _____ Telephone _____

Address _____

Investment advisor:

Name _____ Telephone _____

Address _____

Executor:

Name _____ Telephone _____

Address _____

Power of attorney:

Name _____ Telephone _____

Address _____

Banking relations (checking and savings accounts):

Name	Location	Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annuities and life insurance

Name of company	Location of policy	Number

Retirement accounts and pensions:

Name	Location	Number

Certificate of deposit (CDs), stocks, bonds, mutual funds, brokerage accounts, other:

Name	Location	Number

Real estate:

Address	Location of deed or mortgage

Accounts, loans, and notes due:

Owed to whom	Description

Safe deposit box (bank and location of key): _____

Income tax records (location): _____

Automobile registration (location): _____

Will (location): _____

If no will, suggest the following to be administrator:

Name _____ Phone _____

Address _____

Birth certificate (location): _____

Marriage certificate (location): _____

Living will (location): _____

Special instructions:

Signature _____ Date _____

Biographical Information for Waterford Mennonite Church

This form records pertinent information and your current thinking and preferences regarding end of life arrangements at the time of your death. You are giving your family a final gift by taking time now to express your wishes and preferences. This will be filed in the church office, with a copy made for a spouse, relative, or friend. It can be updated at any time.

Full Name: _____ Date: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Cell: _____

Email address: _____

Date and place of birth: _____

Date and place baptized: _____ Date I joined WMC: _____

Church memberships (congregations, places, dates): _____

Single Married Divorced Widowed Spouse's name: _____

Date and place of marriage: _____

Date and place of spouse's death: _____

Children's names, addresses, phone #, email address:

Number of grandchildren: _____ Number of great-grandchildren: _____

Father's name: _____ Mother's maiden name: _____

Brothers/sisters (names/addresses):

Preceded in death:

Suggestions for end-of-life arrangements
Waterford Mennonite Church

Name: _____ Date: _____

1. Funeral home preference _____

Are there specific plans on file at the funeral home? Yes No

2. My preference is to be: embalmed, buried in _____ Cemetery

cremated, with ashes buried, returned to family, scattered in Remembering LIFE Garden,

placed in Remembering LIFE Garden columbarium

3. I prefer to have visitation or calling at WMC, funeral home, no visitation

with an open casket, closed casket, WMC reusable casket, no casket

4. I prefer a funeral service followed by burial service, burial service followed by a memorial service,

a service before cremation, a service after cremation,

a separate service for scattering cremains at Remembering LIFE Garden

a separate service of inurnment in the columbarium at Remembering LIFE Garden

5. Place of service: WMC, funeral home, Remembering LIFE Garden

6. I wish to minimize the cost of my funeral: Yes No

7. I am an organ donor: Yes No

I plan to donate my body to medical education and research: Yes No

If yes, name of medical school _____

8. These hymns and songs are some of my favorites: _____

9. These scriptures and writings have been meaningful to me: _____

10. If possible, I would like

a. special music (hymns and persons) involved: _____

b. the following persons to assist in the service: _____

c. the following persons as pallbearers: _____

d. memorial gifts to be designated for: _____

11. Other preferences or requests for end-of-life arrangements: _____

Pastors are available to discuss any of the above requests, recognizing the pastor of choice may not be available.

Signature

Date

WMC 06102013