



*A Gift*

# For My Loved Ones

*This package contains everything you need to know if I am disabled,  
or incapacitated and cannot make decisions for myself.  
It includes my Health Care Power of Attorney and  
Advance Directive for Health Care - Living Will*

**This packet contains legal forms specific to the  
State of Texas**

August 25, 2022



# Steps to Take When Someone Dies

<https://www.elderoptionsoftexas.com/article-list-of-what-to-do-when-a-loved-one-dies.htm>

Whether it's expected or accidental, the death of a loved one can shake you to the core. The last thing you'll want is to have to interrupt grieving to deal with mundane tasks, but unfortunately there are many actions that must be done on behalf of the deceased. Some must be taken immediately, while with others you can take your time and reflect on the best path to follow.

Below is a simple checklist which you may find useful as a reminder of what needs to be done after someone has died. Some of the arrangements will need to be done by the executor or administrator of the estate and others can be done by family or friends.

**NOTE:** If the deceased is a member of the St John the Forerunner Orthodox Church (Cedar Park, TX), contact the priest. The St. Joanna Myrrhbearer burial society can help with transporting your loved one's body, preparing their body for burial, and hosting a mercy meal after the funeral. Depending on the arrangements made by the deceased, the Myrrhbearers may be empowered to act in the stead of a funeral home.

## STEPS TO TAKE WHEN A LOVED ONE DIES

### Immediately

- Get a legal pronouncement of death. If no doctor is present, you will need to contact someone to do this.
  - If the person dies at home under hospice care, call the hospice nurse, who can declare the death and help facilities to transport the body.
  - If the person dies at home without hospice care, call 911 and have in hand a do-not-resuscitate document if it exists. Without one, paramedics will start emergency procedures and, except where permitted to pronounce death, one can take the person to an emergency room for a doctor to make the declaration.
- Call the deceased's priest. Ask that he contact the St Joanna Myrrhbearers.
- Arrange for care of the body. If no autopsy is needed, the body can be picked up by a) the Myrrhbearers Team (if prior permission has been granted by the deceased), or b) a mortuary (by law, a mortuary must provide price info over the phone).
- Notify the person's doctor or the county coroner.
- Notify close family and friends (ask them to contact others for you).
- Handle care of dependents and pets.

### Within a Few Days After Death

- Arrange for funeral and burial.
- Search the person's documents to find out whether there was a prepaid burial plan.

- Call the person's employer, if he or she was working. Request info about benefits and any pay due. Ask whether there was a life-insurance policy through their company if you do not know.
- Ask a family or friend member to go with you to the mortuary.
- Prepare an obituary.
- If the person was in the military or belonged to a fraternal or religious group, contact that organization. They may have burial benefits or conduct funeral services.
- Ask a friend or relative to keep an eye on the person's home, answer the phone, collect mail (or stop mail), throw food out and water plants.

### **Up to 10 Days After Death**

- Obtain death certificates (from Texas Department of Vital Records or the funeral home). Get multiple copies, as you will need them for financial institutions, government agencies and insurers.
- Take the Will to the appropriate county or city office to have it accepted for probate.
- If necessary, the state's executor should open a bank account for the deceased estate.

### **Who to Contact**

- A trust and estates attorney to learn how to transfer assets and assist with probate issues.
- Police, to have them periodically check the deceased's house if vacant.
- Accountant or tax preparer to find out whether an estate-tax return or final income-tax return should be filed. Call the person's investment adviser, for information on holdings.
- Bank to find accounts and safe deposit box.
- Life insurance agent to get claim forms.
- Social Security and other agencies from which the deceased received benefits, such as Veterans fairs, to stop payments and ask about applicable survivor benefits.
- Agency providing pension services, to stop monthly check and get claim forms.
- Utility companies, to change or stop service, and postal service to stop or forward mail.

### **Most Important: Know the following ahead of time**

- Location of the Will, birth certificate, marriage and /or divorce certificates, Social Security information, Life Insurance policies, financial documents and keys to safe deposit box or home safe (or combination).
- Ask their wishes about funeral arrangements, organ donation, and burial or cremation. Have the person complete an Advance Directive, including a Living Will, which specifies wanted and unwanted procedures.
- Also have the person appoint a Power of Attorney for Health and/or Financial. Have the person draw up a Do or Do Not resuscitate order.
- Make sure the person gives copies of the documents to his or her doctor and family members or friends.
- Take the document to the hospital if the person is admitted.

All couples or family members need to sit down and talk with their particular loved one(s) their Wishes....and be sure the information is done quickly as we see many families who do not have Power of Attorney for Medical/Financial if their loved one(s) have not specified. Make sure a Will is completed or if other assets a Trust set up (seek attorney advice).



Dear Loved Ones,

It's hard to think about death. We cling so hard to the temporary pleasures of this life that sometimes we forget our true life; life in Christ. My life with you has been a gift from God. Through all the struggles, pain and great joy I have been loved by you and always by God. As an Orthodox Christian I've always known that our true home is with Christ. There will be no sorrow, no sadness and no loss, only love and joy when we are all together with our Lord.

Long ago I placed my life entirely in the hands of our gracious Lord. I know there are many things that I can't control, but there are several things that it's not only my option but it's also my duty to control. If I should be in an accident or otherwise incapacitated I know it would be very stressful for my loved ones to make the hard decisions that might need to be made. So I'm taking the hard step of thinking about these things myself so that you know how I would make these decisions and what I would want you to do.

In the following pages I will name a person to hold primary Health Care Power of Attorney and an alternate. I will give that person authority to make those hard decisions and direction by my own wishes. In another document I name someone to make funeral arrangements for me through my Advanced Directive for Funeral Care and I will give them guidance as to my wishes with my funeral planning form.

In the event that I am gravely or terminally ill or in a state of diminished consciousness so that I can't make decisions for myself, I direct that decisions be made for me that are in conformity with the beliefs and tenets of the Eastern Orthodox Christian Church, some of which are outlined below. I request that an Orthodox priest be contacted to visit with me, hear confession and bring communion for some time prior to my death. When my death is near I request him to be present so that I might make a final confession of my sins and partake of the prayers and sacraments of the church. I also request that Orthodox Prayers for the Newly Departed be said immediately after my death.

My Orthodox Christian beliefs hold that it is unethical to take a life. While it is not the highest of all values to preserve life, affirmative steps to cause death, including but not limited to euthanasia or suicide, are not blessed by the Church. However, it can be permissible, and even appropriate, to allow nature to take its course without extraordinary medical intervention, until God determines to take my life. Using extraordinary medical measures to merely maintain my body's biological functioning may not be appropriate. My death, if with dignity and with proper respect for the rites and traditions of the church, can be a victory of faith.

The Orthodox Church does not condone Physician Assisted Suicide, removing artificial nutrition hydration from a patient who is conscious but unable to communicate, nor removing artificial nutrition/hydration from a patient who has severe dementia but otherwise has no other acute health problems. However, I also recognize that, as one begins the dying process, forced nutrition/hydration do not help but can interfere with the process and can cause great discomfort. In this case, with the approval of my Agent and my doctors, nutrition/hydration may be withdrawn in favor of proper maintenance of my mucus membranes for my comfort.

Any type of Physicians order for Life Sustaining Treatment signed by a physician or my Agent must be consistent with the contents of my directives contained here.

The original of this form should be with the Agent named on this document. A copy should be with the alternate Agent named, and a copy on file with my church or burial society. Other copies should be distributed to my spouse, children, parents and/or any others who might need to know this information. A copy should be supplied to any hospital, nursing home, rehabilitation center, assisted living or other health care facility that I may enter. I do this to help avoid any confusion over who I have authorized to make decisions regarding my healthcare and my remains after my death.

If I become incapacitated and unable to make my own healthcare decisions I name the following person(s) to make those decisions on my behalf based on my Orthodox Christian beliefs. The judgment of my incapacity to make health decisions must be made and agreed to by at least two medical physicians who have personally examined me.

I understand that this document gives the person(s) I name as my agent the power to make health care decisions for me if I can't make the decisions for myself. This power includes the power to make decisions about life-sustaining treatment. In the event of my incapacity my agent will have the same authority to make decisions about my healthcare, as I would have. My agent will be obligated to follow my instructions when making decisions on my behalf. I have signed this document, I have the right to make health care decisions for myself if I am mentally competent to do so. After I have signed this document, no treatment may be given to me or stopped over my objection if I am mentally competent to make that decision. I have the right to revoke this document, and terminate my agent's authority, by informing either my agent or my health care provider in writing.

This Healthcare power of attorney will not be valid unless two persons sign as witnesses and a Notary Public is present to witness all our signatures.

The following persons may NOT act as witnesses:

1. A person who is directly financially responsible for my medical care.
2. A person who is named in my will, or, if I have no will, who would inherit my property by intestate succession.
3. A beneficiary of a life insurance policy on my life.
4. The persons named in the Health Care Power of Attorney as my agent or successor agent.
5. My physician or an employee of my physician.
6. Any person who would have a claim against any portion of my estate (persons to whom I owe money).

If I am a patient in a health facility, no more than one witness may be an employee of that facility.

My agent to whom I grant Healthcare Power of Attorney must be a person who is 18 years old or older and of sound mind. It may not be my doctor or any other health care provider that is

now providing me with treatment or an employee of my doctor or provider; or a spouse of the doctor, provider, or employee; unless the person is a relative of mine.

I understand that this letter to my loved ones is only explanatory. The terms and conditions of my Healthcare Power of Attorney and Living Will shall govern.

With love,

### Contact List:

Contact	Phone Number
Church and Priest	
Church Burial Society	
Funeral Home	
Power of Attorney	
Estate Executor	





# **Booklet Forms**

## **Section 1: State of Texas Legal Forms**

- Medical Power of Attorney Designation of Health Care Agent
- Directive to Physicians and Family or Surrogates
- Out-of-Hospital Do-Not-Resuscitate (OOH-DNR) Order
- Appointment of Agent to Control Disposition of Remains
- Report of Death
- Motor Vehicle Beneficiary Designation and Application for Texas Title and/or Registration
- Transfer of Deed on Death

## **Section 2: Other Forms (An Additional Gift)**

- Declaration of a Desire for a natural Burial
- Advanced Directive for Funeral Care—Death-Care Power of Attorney
- People to be Notified of My Death
- Obituary Information
- Important Documents and Locations
- Digital Estate

## **Forms Checklist**

- End of Life Forms Packet Completion Checklist



# Texas State Forms





## Statutory Durable Power of Attorney

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, SUBTITLE P, TITLE 2, OF THE TEXAS ESTATES CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO. IF YOU WANT YOUR AGENT TO HAVE THE AUTHORITY TO SIGN HOME EQUITY LOAN DOCUMENTS ON YOUR BEHALF, THIS POWER OF ATTORNEY MUST BE SIGNED BY YOU AT THE OFFICE OF THE LENDER, AN ATTORNEY AT LAW, OR A TITLE COMPANY.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until—

1. you die or revoke the power of attorney;
2. your agent resigns, is removed by court order, or is unable to act for you; or
3. a guardian is appointed for your estate.

I, \_\_\_\_\_  
[your name and address], appoint \_\_\_\_\_ [name and address of person  
appointed] as my agent to act for me in any lawful way with respect to all of the following powers that I have initialed below. (YOU MAY APPOINT CO-AGENTS. UNLESS YOU PROVIDE OTHERWISE, CO-AGENTS MAY ACT INDEPENDENTLY.)

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (O) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS LISTED IN (A) THROUGH (N).

TO GRANT A POWER, YOU MUST INITIAL THE LINE IN FRONT OF THE POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF THE POWER. YOU MAY, BUT DO NOT NEED TO, CROSS OUT EACH POWER WITHHELD.

- \_\_\_\_(A) Real property transactions;
- \_\_\_\_(B) Tangible personal property transactions;
- \_\_\_\_(C) Stock and bond transactions;
- \_\_\_\_(D) Commodity and option transactions;
- \_\_\_\_(E) Banking and other financial institution transactions;
- \_\_\_\_(F) Business operating transactions;

- \_\_\_\_(G) Insurance and annuity transactions;
- \_\_\_\_(H) Estate, trust, and other beneficiary transactions;
- \_\_\_\_(I) Claims and litigation;
- \_\_\_\_(J) Personal and family maintenance;
- \_\_\_\_(K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs or civil or military service;
- \_\_\_\_(L) Retirement plan transactions;
- \_\_\_\_(M) Tax matters.
- \_\_\_\_(N) Digital assets and the content of an electronic communication;
- \_\_\_\_(O) ALL OF THE POWERS LISTED IN (A) THROUGH (N). YOU DO NOT HAVE TO INITIAL THE LINE IN FRONT OF ANY OTHER POWER IF YOU INITIAL LINE (O).

#### SPECIAL INSTRUCTIONS

Special instructions applicable to agent compensation (initial in front of the following sentences to have it apply; if no selection is made, each agent will be entitled to compensation that is reasonable under the circumstances):

\_\_\_\_\_ My agent is entitled to reimbursement of reasonable expenses incurred on my behalf and to compensation that is reasonable under the circumstances.

\_\_\_\_\_ My agent is entitled to reimbursement of reasonable expenses incurred on my behalf but shall receive no compensation for serving as my agent.

Special instructions applicable to co-agents (if you have appointed co-agents to act, initial in front of one of the following sentences to have it apply; if no selection is made, each agent will be entitled to act independently):

\_\_\_\_\_ Each of my co-agents may act independently for me.

\_\_\_\_\_ My co-agents may act for me only if the co-agents act jointly.

\_\_\_\_\_ My co-agents may act for me only if a majority of the co-agents act jointly.

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

\_\_\_\_\_ I grant my agent the power to apply my property to make gifts outright to or for the benefit of a person, including by the exercise of a presently exercisable general power of appointment held by me, except that the amount of a gift to an individual may not exceed the

amount of annual exclusions allowed from the federal gift tax for the calendar year of the gift.

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

---

---

---

---

Any authority granted to my agent herein shall be limited so as to prevent this general power of attorney from causing my agent to be taxed on my income (unless my agent is my spouse) and from causing my assets to be subject to a general power of appointment by my agent, as that term is defined in section 2041 of the Internal Revenue Code of 1986, as amended.

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

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

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

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).

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

I agree that any third party who receives a copy of this document may act under it. Termination of this durable power of attorney is not effective as to a third party until the third party has actual knowledge of the termination. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. The meaning and



effect of this durable power of attorney is determined by Texas law.

If any agent named by me dies, becomes incapacitated, resigns, or refuses to act, or is removed by court order, or if my marriage to an agent named by me is dissolved by a court decree of divorce or annulment or is declared void by a court (unless I provided in this document that the dissolution or declaration does not terminate the agent's authority to act under this power of attorney), I name the following (each to act alone and successively, in the order named) as successor(s) to that agent: **[list name[s] and address[es]]**

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
[Sign here]  
\_\_\_\_\_  
[Print Name]

SIGNED under oath before me on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

#### IMPORTANT INFORMATION FOR AGENT

##### Agent's Duties

When you accept the authority granted under this power of attorney, you establish a "fiduciary" relationship with the principal. This is a special legal relationship that imposes on you legal duties that continue until you resign or the power of attorney is terminated, suspended, or revoked by the principal or by operation of law. A fiduciary duty generally includes the duty to—

- (1) act in good faith;
- (2) do nothing beyond the authority granted in this power of attorney;
- (3) act loyally for the principal's benefit;
- (4) avoid conflicts that would impair your ability to act in the principal's best interest;

and

(5) disclose your identity as an agent when you act for the principal by writing or printing the name of the principal and signing your own name as “agent” in the following manner:

(Principal’s Name) by (Your Signature) as Agent

In addition, the Durable Power of Attorney Act (title 2, subtitle P, of the Texas Estates Code) requires you to—

(1) maintain records of each action taken or decision made on behalf of the principal;

(2) maintain all records until delivered to the principal, released by the principal, or discharged by a court; and

(3) if requested by the principal, provide an accounting to the principal that, unless otherwise directed by the principal or otherwise provided in the Special Instructions, must include—

(A) the property belonging to the principal that has come to your knowledge or into your possession;

(B) each action taken or decision made by you as agent;

(C) a complete account of receipts, disbursements, and other actions of you as agent that includes the source and nature of each receipt, disbursement, or action, with receipts of principal and income shown separately;

(D) a listing of all property over which you have exercised control that includes an adequate description of each asset and the asset’s current value, if known to you;

(E) the cash balance on hand and the name and location of the depository at which the cash balance is kept;

(F) each known liability;

(G) any other information and facts known to you as necessary for a full and definite understanding of the exact condition of the property belonging to the principal; and

(H) all documentation regarding the principal’s property.

#### Termination of Agent’s Authority

You must stop acting on behalf of the principal if you learn of any event that terminates or suspends this power of attorney or your authority under this power of attorney. An event that terminates this power of attorney or your authority to act under this power of attorney includes—

(1) the principal’s death;

- (2) the principal's revocation of this power of attorney or your authority;
- (3) the occurrence of a termination event stated in this power of attorney;
- (4) if you are married to the principal, the dissolution of your marriage by court decree of divorce or annulment or declaration that your marriage is void, unless otherwise provided in this power of attorney;
- (5) the appointment and qualification of a permanent guardian of the principal's estate unless a court order provides otherwise; or
- (6) if ordered by a court, your removal as agent under this power of attorney. An event that suspends this power of attorney or your authority to act under this power of attorney is the appointment and qualification of a temporary guardian unless a court order provides otherwise.

#### Liability of Agent

The authority granted to you under this power of attorney is specified in the Durable Power of Attorney Act (title 2, subtitle P, of the Texas Estates Code). If you violate the Durable Power of Attorney Act or act beyond the authority granted, you may be liable for any damages caused by the violation or subject to prosecution for misapplication of property by a fiduciary under chapter 32 of the Texas Penal Code.

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

# MEDICAL POWER OF ATTORNEY DESIGNATION OF HEALTH CARE AGENT

Advance Directives Act (see §166.164, Health and Safety Code)

I, \_\_\_\_\_ (insert your name) appoint:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DESIGNATION OF AN ALTERNATE AGENT:

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

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

### First Alternate Agent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

### Second Alternate Agent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

The original of the document is kept at \_\_\_\_\_

\_\_\_\_\_

The following individuals or institutions have signed copies:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

- Call the person's employer, if he or she was working. Request info about benefits and any pay due. Ask whether there was a life-insurance policy through their company if you do not know.
- Ask a family or friend member to go with you to the mortuary.
- Prepare an obituary.
- If the person was in the military or belonged to a fraternal or religious group, contact that organization. They may have burial benefits or conduct funeral services.
- Ask a friend or relative to keep an eye on the person's home, answer the phone, collect mail (or stop mail), throw food out and water plants.

### **Up to 10 Days After Death**

- Obtain death certificates (from Texas Department of Vital Records or the funeral home). Get multiple copies, as you will need them for financial institutions, government agencies and insurers.
- Take the Will to the appropriate county or city office to have it accepted for probate.
- If necessary, the state's executor should open a bank account for the deceased estate.

### **Who to Contact**

- A trust and estates attorney to learn how to transfer assets and assist with probate issues.
- Police, to have them periodically check the deceased's house if vacant.
- Accountant or tax preparer to find out whether an estate-tax return or final income-tax return should be filed. Call the person's investment adviser, for information on holdings.
- Bank to find accounts and safe deposit box.
- Life insurance agent to get claim forms.
- Social Security and other agencies from which the deceased received benefits, such as Veterans fairs, to stop payments and ask about applicable survivor benefits.
- Agency providing pension services, to stop monthly check and get claim forms.
- Utility companies, to change or stop service, and postal service to stop or forward mail.

### **Most Important: Know the following ahead of time**

- Location of the Will, birth certificate, marriage and /or divorce certificates, Social Security information, Life Insurance policies, financial documents and keys to safe deposit box or home safe (or combination).
- Ask their wishes about funeral arrangements, organ donation, and burial or cremation. Have the person complete an Advance Directive, including a Living Will, which specifies wanted and unwanted procedures.
- Also have the person appoint a Power of Attorney for Health and/or Financial. Have the person draw up a Do or Do Not resuscitate order.
- Make sure the person gives copies of the documents to his or her doctor and family members or friends.
- Take the document to the hospital if the person is admitted.

All couples or family members need to sit down and talk with their particular loved one(s) their Wishes....and be sure the information is done quickly as we see many families who do not have Power of Attorney for Medical/Financial if their loved one(s) have not specified. Make sure a Will is completed or if other assets a Trust set up (seek attorney advice).

## DURATION

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

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

## PRIOR DESIGNATIONS REVOKED

I revoke any prior medical power of attorney.

## DISCLOSURE STATEMENT

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

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are unable to make the decisions for yourself. Because "health care" means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority is effective when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have if you were able to make health care decisions for yourself. It is important that you discuss this document with your physician or other health care provider before you sign the document to ensure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing facility, or residential care facility, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not allow a person to serve as both at the same time. You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions that you intend to have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Once you have signed this document, you have the right to make health care decisions for yourself as long as you are able to make those decisions, and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing or by your execution of a subsequent medical power of attorney. Unless you state otherwise in this document, your appointment of a spouse is revoked if your marriage is dissolved, annulled, or

declared void.

This document may not be changed or modified. If you want to make changes in this document, you must execute a new medical power of attorney.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. If you designate an alternate agent, the alternate agent has the same authority as the agent to make health care decisions for you.

THIS POWER OF ATTORNEY IS NOT VALID UNLESS:

- (1) YOU SIGN IT AND HAVE YOUR SIGNATURE ACKNOWLEDGED BEFORE A NOTARY PUBLIC; OR
- (2) YOU SIGN IT IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES.

THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:

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

By signing below, I acknowledge that I have read and understand the information contained in the above disclosure statement.

(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY. YOU MAY SIGN IT AND HAVE YOUR SIGNATURE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR YOU MAY SIGN IT IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES.)

SIGNATURE ACKNOWLEDGED BEFORE NOTARY

I sign my name to this medical power of attorney on \_\_\_\_\_ day of \_\_\_\_\_  
(month, year) at

\_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

State of Texas

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_  
(name of person acknowledging).

\_\_\_\_\_  
NOTARY PUBLIC, State of Texas

Notary's printed name:

\_\_\_\_\_

My commission expires:

\_\_\_\_\_

OR

**SIGNATURE IN PRESENCE OF TWO COMPETENT ADULT WITNESSES**

I sign my name to this medical power of attorney on \_\_\_\_\_ day of \_\_\_\_\_ (month, year)  
at

\_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

**STATEMENT OF FIRST WITNESS**

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**SIGNATURE OF SECOND WITNESS**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_





**ADVANCE DIRECTIVE FOR FUNERAL CARE  
DEATH-CARE POWER OF ATTORNEY**

Be it known to all parties that I, \_\_\_\_\_, am an Orthodox Christian of sound mind and I direct that my remains be treated in a traditional Orthodox Christian manner.

I hereby direct (Name) \_\_\_\_\_, (address) \_\_\_\_\_, (phone #s) \_\_\_\_\_ at his/her/their discretion to make any and all arrangements for the care and disposition of my bodily remains after my death as directed in the following pages of this document. Should he/she pre-decease me, or for any other reason be unable to fulfill this responsibility, I designate and direct \_\_\_\_\_ (address) \_\_\_\_\_, (phone #s) \_\_\_\_\_ to make any and all arrangements regarding the care and disposition of my bodily remains upon my death as directed in a subsequent document. A copy shall be as good as the original.

Absolutely NO AUTOPSY shall be performed unless required by law.

I AM     AM NOT an organ donor

Neither doctors, hospitals, nursing homes, hospice, coroner nor any other person or entity in whose care I may be has any authority to make any arrangements, including calling a funeral home, for any reason before contacting the person(s) named above to be advised by that person of my wishes concerning the disposition of my bodily remains after my death. The above-named parties should be contacted promptly if death is imminent or expected.

Signature \_\_\_\_\_ date \_\_\_\_\_ SEAL

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness 1 \_\_\_\_\_ date \_\_\_\_\_ SEAL

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness 2 \_\_\_\_\_ date \_\_\_\_\_ SEAL

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the said \_\_\_\_\_ (principal), \_\_\_\_\_, and \_\_\_\_\_ (witnesses) known to me (or satisfactorily proven) to be the person named in ther foregoing instrument and witnesses, respectively, personally appeared before me, a Notary Public within the State and County aforesaid, and acknowledged that they freely and voluntarily executed the same for the purposes stated therein.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public





# OUT-OF-HOSPITAL DO-NOT-RESUSCITATE (OOH-DNR) ORDER

## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Person's full legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  Male  Female

*This document becomes effective immediately on the date of execution for health care professionals acting in out-of-hospital settings. It remains in effect until the person is pronounced dead by authorized medical or legal authority or the document is revoked. Resuscitation measures include cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation. Comfort care will be given.*

**A. Declaration of the adult person:** I am competent and at least 18 years of age. I direct that no resuscitation measures be initiated or continued for me.  
Person's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

**B. Declaration by legal guardian, agent, or proxy on behalf of the adult person who is incompetent or otherwise incapable of communication:**  
I am the  legal guardian,  agent in a Medical or  proxy in a directive to physicians of the above-noted person who is incompetent or Power of Attorney, otherwise mentally or physically incapable of communication.  
Based upon the known desires of the person or a determination of the best interest of the person, I direct that no resuscitation measures be initiated or continued for the person.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

**C. Declaration by a qualified relative of the adult person who is incompetent or otherwise incapable of communication:** I am the above noted person's  spouse,  adult child,  parent, or  nearest living relative, and I am qualified to make this treatment decision under Health and Safety Code §166.088.  
To my knowledge the adult person is incompetent or otherwise mentally or physically incapable of communication and is without a legal guardian, agent, or proxy. Based upon the known desires of the person or a determination of the best interests of the person, I direct that no resuscitation measures be initiated or continued for the person.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

**D. Declaration by physician, based on directive to physicians by a person now incompetent or nonwritten communication to the physician by a competent person:** I am the above-noted person's attending physician and have  
 seen evidence of his/her previously issued directive to or  observed his/her issuance before two witnesses of an OOH-DNR in a physicians by the adult, now incompetent, nonwritten manner.  
I direct that no resuscitation measures be initiated or continued for this person. License Number: \_\_\_\_\_  
Attending physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

**E. Declaration on behalf of the minor person:** I am the minor's  parent,  legal guardian, or  managing conservator.  
A physician has diagnosed the minor as suffering from a terminal or irreversible condition. I direct that no resuscitation measures be initiated or continued for the person.  
Person's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

**TWO WITNESSES:** (See qualifications on backside.) We have witnessed the above-noted competent adult person or authorized declarant making his/her signature above and, if applicable, the above-noted adult person making an OOH-DNR by nonwritten communication to the attending physician.

Witness 1 signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_  
Witness 2 signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

The above noted person personally appeared before me and signed the above noted declaration on this date: \_\_\_\_\_.

Notary in the State of Texas and County of \_\_\_\_\_.

Signature & seal: \_\_\_\_\_ Notary's printed name: \_\_\_\_\_ Notary Seal

[Note: Notary cannot acknowledge the witnessing of the person making an OOH-DNR order in a nonwritten manner.]

**PHYSICIAN'S STATEMENT:** I am the attending physician of the above-noted person and have noted the existence of this order in the person's medical records. I direct health care professionals acting in out-of-hospital settings, including a hospital emergency department, not to initiate or continue resuscitation measures for the person. License Number: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

**F. Directive by two physicians on behalf of the adult, who is incompetent or unable to communicate and without guardian, agent, proxy or relative:**  
The person's specific wishes are unknown, but resuscitation measures are, in reasonable medical judgment, considered ineffective or are otherwise not in the best interests of the person. I direct health care professionals acting in out-of-hospital settings, including a hospital emergency department, not to initiate or continue resuscitation measures for the person.

Attending physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Lic. # \_\_\_\_\_

Signature of second physician: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Lic. # \_\_\_\_\_

All persons who have signed above must sign below, acknowledging that this document has been properly completed.

Person's signature: \_\_\_\_\_ Guardian/Agent/Proxy/Relative signature: \_\_\_\_\_

Attending physician's signature: \_\_\_\_\_ Second Physician Signature: \_\_\_\_\_

Witness 1 signature: \_\_\_\_\_ Witness 2 signature: \_\_\_\_\_ Notary signature: \_\_\_\_\_

## INSTRUCTIONS FOR ISSUING AN OOH-DNR ORDER

**PURPOSE:** The Out-of-Hospital Do-Not-Resuscitate (OOH-DNR) Order on reverse side complies with Health and Safety Code (HSC), Chapter 166 for use by qualified persons or their authorized representatives to direct health care professionals to forgo resuscitation attempts and to permit the person to have a natural death with peace and dignity. This Order does NOT affect the provision of other emergency care, including comfort care.

**APPLICABILITY:** This OOH-DNR Order applies to health care professionals in out-of-hospital settings, including physicians' offices, hospital clinics and emergency departments.

**IMPLEMENTATION:** A competent adult person, at least 18 years of age, or the person's authorized representative or qualified relative may execute or issue an OOH-DNR Order. The person's attending physician will document existence of the Order in the person's permanent medical record. The OOH-DNR Order may be executed as follows:

**Section A** - If an adult person is competent and at least 18 years of age, he/she will sign and date the Order in Section A.

**Section B** - If an adult person is incompetent or otherwise mentally or physically incapable of communication and has either a legal guardian, agent in a medical power of attorney, or proxy in a directive to physicians, the guardian, agent, or proxy may execute the OOH-DNR Order by signing and dating it in Section B.

**Section C** - If the adult person is incompetent or otherwise mentally or physically incapable of communication and does not have a guardian, agent, or proxy, then a qualified relative may execute the OOH-DNR Order by signing and dating it in Section C.

**Section D** - If the person is incompetent and his/her attending physician has seen evidence of the person's previously issued proper directive to physicians or observed the person competently issue an OOH-DNR Order in a nonwritten manner, the physician may execute the Order on behalf of the person by signing and dating it in Section D.

**Section E** - If the person is a **minor** (less than 18 years of age), **who has been diagnosed by a physician as suffering from a terminal or irreversible condition**, then the minor's parents, legal guardian, or managing conservator may execute the OOH-DNR Order by signing and dating it in Section E.

**Section F** - If an adult person is incompetent or otherwise mentally or physically incapable of communication and does not have a guardian, agent, proxy, or available qualified relative to act on his/her behalf, then the attending physician may execute the OOH-DNR Order by signing and dating it in Section F with concurrence of a second physician (signing it in Section F) who is not involved in the treatment of the person or who is a representative of the ethics or medical committee of the health care facility in which the person is a patient.

**In addition**, the OOH-DNR Order must be signed and dated by two competent adult witnesses, who have witnessed either the competent adult person making his/her signature in section A, or authorized declarant making his/her signature in either sections B, C, or E, and if applicable, have witnessed a competent adult person making an OOH-DNR Order by nonwritten communication to the attending physician, who must sign in Section D and also the physician's statement section.

**Optionally**, a competent adult person or authorized declarant may sign the OOH-DNR Order in the presence of a notary public. However, a notary cannot acknowledge witnessing the issuance of an OOH-DNR in a nonwritten manner, which must be observed and only can be acknowledged by two qualified witnesses. Witness or notary signatures are not required when two physicians execute the OOH-DNR Order in section F. The original or a copy of a fully and properly completed OOH-DNR Order or the presence of an OOH-DNR device on a person is sufficient evidence of the existence of the original OOH-DNR Order and either one shall be honored by responding health care professionals.

**REVOCACTION:** An OOH-DNR Order may be revoked at ANY time by the person, person's authorized representative, or physician who executed the order. Revocation can be by verbal communication to responding health care professionals, destruction of the OOH-DNR Order, or removal of all OOH-DNR identification devices from the person.

**AUTOMATIC REVOCACTION:** An OOH-DNR Order is automatically revoked for a person known to be pregnant or in the case of unnatural or suspicious circumstances.

### DEFINITIONS

**Attending Physician:** A physician, selected by or assigned to a person, with primary responsibility for the person's treatment and care and is licensed by the Texas Medical Board, or is properly credentialed and holds a commission in the uniformed services of the United States and is serving on active duty in this state. [HSC §166.002(12)].

**Health Care Professional:** Means physicians, nurses, physician assistants and emergency medical services personnel, and, unless the context requires otherwise, includes hospital emergency department personnel. [HSC §166.081(5)]

**Qualified Relative:** A person meeting requirements of HSC §166.088. It states that an adult relative may execute an OOH-DNR Order on behalf of an adult person who has not executed or issued an OOH-DNR Order and is incompetent or otherwise mentally or physically incapable of communication and is without a legal guardian, agent in a medical power of attorney, or proxy in a directive to physicians, and the relative is available from one of the categories in the following priority: **1)** person's spouse; **2)** person's reasonably available adult children; **3)** the person's parents; or, **4)** the person's nearest living relative. Such qualified relative may execute an OOH-DNR Order on such described person's behalf.

**Qualified Witnesses:** Both witnesses must be competent adults, who have witnessed the competent adult person making his/her signature in section A, or person's authorized representatives making his/her signature in either Sections B, C, or E on the OOH-DNR Order, or if applicable, have witnessed the competent adult person making an OOH-DNR by nonwritten communication to the attending physician, who signs in Section D. Optionally, a competent adult person, guardian, agent, proxy, or qualified relative may sign the OOH-DNR Order in the presence of a notary instead of two qualified witnesses. Witness or notary signatures are not required when two physicians execute the order by signing Section F. One of the witnesses must meet the qualifications in HSC §166.003(2), which requires that at least one of the witnesses not: (1) be designated by the person to make a treatment decision; (2) be related to the person by blood or marriage; (3) be entitled to any part of the person's estate after the person's death either under a will or by law; (4) have a claim at the time of the issuance of the OOH-DNR against any part of the person's estate after the person's death; or, (5) be the attending physician; (6) be an employee of the attending physician or (7) an employee of a health care facility in which the person is a patient if the employee is providing direct patient care to the patient or is an officer, director, partner, or business office employee of the health care facility or any parent organization of the health care facility.

**Report problems with this form to the Texas Department of State Health Services (DSHS) or order OOH-DNR Order/forms or identification devices at (512) 834-6700.**

*Declarant's, Witness', Notary's, or Physician's electronic or digital signature must meet criteria outlined in HSC §166.011*

STATE OF TEXAS )  
COUNTY OF \_\_\_\_\_ )

**APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS**

1. DESIGNATION OF AGENT. I, \_\_\_\_\_, Principal, who resides at \_\_\_\_\_, being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by:

**Primary Agent Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

in accordance with Section 711.002 of the Texas Health and Safety Code and, with respect to that subject only, I hereby appoint my above-named individual as my Agent ("Attorney-in-Fact").

All decisions made by my Agent with respect to the disposition of my remains, including cremation, shall be binding.

2. SPECIAL DIRECTIONS. Set forth below are any special directions limiting the power granted to my Agent: \_\_\_\_\_  
\_\_\_\_\_

3. DESIGNATION OF ALTERNATE AGENT. If my Agent dies, becomes legally disabled, resigns, or refuses to act, I hereby appoint the following persons (each to act alone and successively) in the order named to serve as my Agent ("Attorney-in-Fact") to control the disposition of my remains as authorized by this document.

A. **First Successor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

B. **Second Successor Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

4. DURATION. This appointment becomes effective upon my death.
5. PRIOR APPOINTMENTS REVOKED. I hereby revoke any prior appointment of any person to control the disposition of my remains.
6. RELIANCE. I hereby agree that any cemetery organization, business operating a crematory or columbarium, or both, funeral director or embalmer, or funeral establishment who receives a photocopy of this document as executed may act under it. Any modification or revocation of this document is not effective as to any such party until that party receives actual notice of the modification or revocation. No such party shall be liable to any person or entity because of reliance on a photocopy of this document as executed.
7. GOVERNING LAW AND SEVERABILITY. The laws of the State of Texas shall govern the interpretation, operation and construction of this APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS, notwithstanding the fact that I may be located in another jurisdiction from time to time.

If any provision of this APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS should be held illegal or invalid, such invalidity or illegality shall not affect the remaining provisions, each provision of this document shall exist separately and independently of every other provision, and this document shall be construed as if such illegal or invalid provision had never existed.

I sign my name to this APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF

REMAINS on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Principal's signature

\_\_\_\_\_  
Principal's printed name

STATE OF TEXAS )

COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_, Notary Public, on this day personally appeared

\_\_\_\_\_, Principal, proved to me through

\_\_\_\_\_ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that «heshe» executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for  
The State of Texas

Commission Expires: \_\_\_\_\_



8. ACCEPTANCE AND ASSUMPTION. THE AGENT, AND EACH SUCCESSOR AGENT, BY ACCEPTING THIS APPOINTMENT, ASSUMES THE OBLIGATIONS PROVIDED IN, AND AGREES TO BE BOUND BY THE PROVISIONS OF, SECTION 711.002 OF THE TEXAS HEALTH AND SAFETY CODE, INCLUDING THE AGENT'S (AND SUCCESSOR AGENT'S) FINANCIAL LIABILITY FOR THE REASONABLE COSTS OF THE PRINCIPAL'S INTERMENT AS PROVIDED THEREIN.

A. Signature of Primary Agent: \_\_\_\_\_

Printed name of Primary Agent: \_\_\_\_\_

Date of Agent's Signature: \_\_\_\_\_

B. Signature of First Successor Agent: \_\_\_\_\_

Printed name of First Successor Agent: \_\_\_\_\_

Date of First Successor Agent's Signature: \_\_\_\_\_

C. Signature of Second Successor Agent: \_\_\_\_\_

Printed name of Second Successor Agent: \_\_\_\_\_

Date of Second Successor Agent's Signature: \_\_\_\_\_



# Report of Death

Vital Statistics 25 TAC Sec. 181.2(a) "The funeral director, or person acting as such, who assumes custody of a dead body or fetus shall obtain an electronically filed report of death through a Bureau of Vital Statistics system or complete a report of death before transporting the body. The report of death shall within 24 hours be mailed or otherwise transmitted to the local registrar of the district in which the death occurred or in which the body was found. A copy of the completed or electronically filed report of death as prescribed by the Bureau of Vital Statistics shall serve as authority to transport or bury the body or fetus within this state."

**Print in dark ink the legal name of the deceased as shown on the Social Security card or birth certificate.**

\_\_\_\_\_ first middle last suffix AKA maiden

Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year month day year

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  None  Not Available

### Place of Death (check one)

<input type="checkbox"/> Hospital Inpatient	<input type="checkbox"/> Nursing home/Long term care facility
<input type="checkbox"/> Hospital Emergency Room/Outpatient	<input type="checkbox"/> Home of Deceased
<input type="checkbox"/> Hospital Dead on Arrival	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Hospice Facility	
Facility Name (If not institution, give street & number)	
City, Town, or Precinct Number	County

Local registration office for the area where this death occurred: \_\_\_\_\_

This death may be due to homicide, suicide or accident; or this death occurred without medical attendance.

### Check One

This death will be certified by:  Physician  Medical Examiner  Justice of the Peace

Name and address of certifier:

Name and address of person making this report (if funeral director list license number and funeral home):

\_\_\_\_\_  
Signature or electronic verification of person making this report Date of report

The Report of Death may be mailed, faxed, emailed, electronically registered or conveyed in person. A copy of this document is to accompany the body. This report contains confidential information.

Date /Time Received

Report	
Certificate	
Electronic	

**WARNING:** This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.



# Motor Vehicle Beneficiary Designation and Application for Texas Title and/or Registration

## Instructions

### What Happens to My Car After I Die?

Most people think that they can simply give the car keys to the person they want to have the car when they die. Unfortunately, it isn't that easy. The car title must be legally transferred to show that person now owns the car.

Until recently, the only way to legally transfer title to a car after the owner died was to go through probate court, which often costs more than the car is worth.

Now, car owners can complete the two Texas Department of Motor Vehicles forms in this kit before they die to choose who they want the car to go to.

### How Do I Legally Transfer My Car to Someone After I Die? It's a Three-Step Process:

1. Complete the Beneficiary Designation for a Motor Vehicle form in this kit (Form VTR-121, Texas Department of Motor Vehicles). This form tells the Texas Department of Motor Vehicles who you want to give your car to upon your death (also called "the beneficiary").
2. Complete the Application for Texas Title and/or Registration form in this kit (Form 130-U, Texas Department of Motor Vehicles). This form tells the Texas Department of Motor Vehicles to add the beneficiary's name to the car title.
3. Bring both completed forms, proof of your ownership of the car (your car title or other proof), and the \$28 or \$33 title application fee to your county's tax assessor-collector's office.

### Beneficiary Designation of a Motor Vehicle Form

1. What information will I need to fill it out?
  - The Vehicle Identification Number (VIN), which is usually listed on the proof of car insurance, or etched on the window of the car.
  - The full legal name of the person you want the car to go to.
  - Some form of ID that has been issued by the government, such as a driver's license, ID card, or passport.
2. How do I fill it out? For help completing the form, contact your local county tax assessor-collector. It is probably best to go to their office and ask for help.

In the Certification section, choose the box that meets your needs:

- If you've never before named a beneficiary to this vehicle, check the first box that says you are "designating" the beneficiary.
- If you've already named a beneficiary but have changed your mind and want someone else to get it, check the second box that says you are "changing" the beneficiary designation.

- If you've already named a beneficiary and now don't want that person or anyone else to get it, check the third box that says you are "revoking" the beneficiary designation.

## Application for Texas Title and/or Registration Form

1. How do I fill out the Application for Texas Title and/or Registration form? For help completing the form, contact your local county tax assessor-collector. It is probably best to go to their office and ask for help. If you do, make sure to have the information needed to complete the form with you, like the Vehicle Identification Number (VIN), your driver's license number or ID.

General instructions:

- In the "Applying for" section, check the "Title Only" box.
  - In the "For a corrected title or registration, check reason" section, check "Other" and write "Beneficiary Designation" in the blank.
  - It is unlikely that you will need to complete anything after number 28. Contact your local county tax assessor-collector for additional information.
2. What happens after I submit both forms and the application fee to my local tax assessor-collector? They will send you a new car title with the beneficiary's name on it. The beneficiary's name will also be listed in the Texas Department of Motor Vehicle's database, which is important since the beneficiary does not need to have a physical copy of the title with his/her name on it to have the title transferred into his/her name after your death.
-



# Beneficiary Designation for a Motor Vehicle

Vehicle Information				
Vehicle Identification Number	Year	Make	Body Style	Model
Title/Document Number (if available)	License Plate State and Number (if any)			

Owner Information			
First Name	Middle Name	Last Name	Suffix (if any)
Additional Owner (if applicable) First Name	Middle Name	Last Name	Suffix (if any)
Address	City	State	Zip
Email (optional)	Phone Number (optional)		

Designated Beneficiary Information – Must be complete legal name			
First Name	Middle Name	Last Name	Suffix (if any)
Address	City	State	Zip

Designated Beneficiary Government Issued Identification (ID) Information – Optional			
ID Type (driver license, ID card, passport, etc.)	Jurisdiction Issuing ID	ID Number	ID Expiration

Certification – State law makes falsifying information a third degree felony		
<p><b>Select one:</b></p> <p><input type="checkbox"/> I, the owner(s) listed above, am <u>designating</u> the beneficiary listed above to whom interest of the motor vehicle listed above will transfer upon my death, or upon the last surviving joint owner's death. I understand this designation does not provide the beneficiary any interest in this motor vehicle during my life or affect the interest or right of a secured or unsecured creditor or future creditor. I understand a will does not revoke or supersede this designation regardless of when the will is made.</p> <p><input type="checkbox"/> I, the owner(s) listed above, am <u>changing</u> the beneficiary designation from the individual currently reflected on the motor vehicle to the designated beneficiary listed above. I understand this designation does not provide the new beneficiary any interest in this motor vehicle during my life or affect the interest or right of a secured or unsecured creditor or future creditor. I understand a will does not revoke or supersede this designation regardless of when the will is made.</p> <p><input type="checkbox"/> I, the owner(s) listed above, am <u>revoking</u> the beneficiary designation of the designated beneficiary listed above and am not designating a new beneficiary.</p>		
Signature of Owner	Printed Name (Same as Signature)	Date
Signature of Additional Owner (if applicable)	Printed Name (Same as Signature)	Date

# Beneficiary Designation for a Motor Vehicle

## Information

An owner or joint owners may designate a beneficiary to whom interest in the motor vehicle transfers upon the death of the owner or last surviving owner. A designated beneficiary has no interest in a motor vehicle until the owner's (or last surviving owner's) death. **Note: A beneficiary does not have to consent to this designation for it to be valid.**

The beneficiary designation can only be applied when all the recorded owners are individuals. If any recorded owner is an entity (such as a business or trust), the beneficiary designation cannot be applied to the motor vehicle record.

In order for a beneficiary to be designated, changed or revoked, this form must be submitted with an *Application for Texas Title and/or Registration* (Form 130-U), the \$28 or \$33 title application fee, and valid ownership evidence to a county tax assessor-collector's office before the owner's death. This form must contain original signatures of all owners.

## Multiple Owners

In order for joint owners of a motor vehicle to designate a beneficiary, the joint owners must have entered into a *Rights of Survivorship Agreement* (refer to the *Rights of Survivorship Agreement for a Motor Vehicle* (Form VTR-122) for more information). Joint owners will not be able to designate a beneficiary unless they have recorded (or are also recording) the Rights of Survivorship Agreement with the department. The Rights of Survivorship must be indicated on the Texas title record in order to apply the beneficiary designation. The beneficiary will only have claim to the motor vehicle after the death of the last surviving owner.

Whether adding, changing, or revoking a beneficiary designation, each owner is required to sign the same form.

## Revoking/Changing Beneficiary Designation

This designation may be changed or revoked at any time without the consent of the designated beneficiary. To revoke or change a beneficiary, this form must be completed. This completed form must be submitted with an *Application for Texas Title and/or Registration* (Form 130-U), the \$28 or \$33 title application fee, and the current Texas title.

## Upon Owner's Death

Upon the owner's (or last surviving owner's) death, the beneficiary may transfer the motor vehicle into their name if they survive the owner (or last surviving owner) by 120 hours and the title application is submitted not later than the 180th day after the owner's (or last surviving owner's) death. Alternatively, the beneficiary may disclaim (decline) interest in the motor vehicle. A beneficiary must obtain a title in their name prior to any subsequent transfer by the beneficiary. If the beneficiary has not submitted an application by the 180th day or the beneficiary has disclaimed interest, the motor vehicle may be transferred through heirship or must be probated. A beneficiary that claims a motor vehicle subject to a lien (or other interest) is subject to those liens (or other interests). A release of lien from the lienholder on record is required if the current record reflects a lien unless the lien carries forward.

To claim the vehicle, the beneficiary must submit an *Application for Texas Title and/or Registration* (Form 130-U), the \$28 or \$33 title application fee, the Texas title in the deceased owner's name listing the beneficiary, and a death certificate. A release of lien from the lienholder on record is required if the current record reflects a lien unless the lien carries forward. If the Texas title in the deceased owner's name is not available, the beneficiary may obtain a printout of the motor vehicle record at the time of title application from the county tax assessor-collector.

**Note: A will does not revoke or supersede a beneficiary designation, regardless of when the will is made.**





# Application for Texas Title and/or Registration

## General Instructions

**With a few exceptions, you are entitled to be informed about the information the department collects about you. The Texas Government Code entitles you to receive and review the information and to request that the department correct any information about you that is deemed incorrect. Please contact the Texas Department of Motor Vehicles at 1-888-368-4689 or 512-465-3000 for details.**

This form must be completed and submitted to your county tax assessor-collector accompanied by any required application fee, supporting documents, registration fee, if applicable, and any motor vehicle tax due. An application form may be reproduced or faxed. A completed form must contain the original signature of the buyer. The seller's signature may be reproduced or faxed. All title applications must include one of the government-issued photo IDs listed in Box 15. Detailed instructions for completing this form are located in the *Detailed Instructions for Application for Texas Title and/or Registration* (Form VTR-130-UIF).

### AVAILABLE HELP

- For assistance in completing this form, contact your county tax assessor-collector.
- For information about motor vehicle sales and use tax or emission fees, contact the Texas Comptroller of Public Accounts, Tax Assistance Section, at 1-800-252-1382 toll free nationwide or call 512-463-4600.
- For title or registration information, contact your county tax assessor-collector or the Texas Department of Motor Vehicles at 1-888-368-4689 or 512-465-3000.

## Additional Details

**Title Only:** License plates and registration insignia previously issued for this motor vehicle must be surrendered in accordance with Transportation Code §501.0275, if applicable, unless this vehicle displays a license plate under an applicable status of forces agreement. The following types of vehicles are not eligible for Title Only: construction machinery (unconventional vehicles), water well drilling units, machinery used exclusively for drilling water wells, construction machinery not designed to transport persons or property, implements of husbandry, farm equipment (including combines), golf carts, slow moving vehicles, or any vehicle with a suspended or revoked title.

**Registration Purposes Only:** Do not surrender an original out of state title with this application. A Texas title will NOT be issued for a vehicle applying for Registration Purposes Only. The receipt issued upon filing this application will serve as the registration receipt and proof of application for Registration Purposes Only.

- **Foreign Vehicles:** Foreign vehicles applying for Registration Purposes Only must attach DOT Form HS-7 or U.S. Customs Form CF-7501 to indicate the vehicle is: 1) over 25 years old, or 2) complies with Federal Motor Vehicle Safety Standards, or 3) is being imported in the United States for a temporary period by a nonresident or a member of the armed forces of a foreign country on assignment in the U.S., and does not conform to the Federal Motor Vehicle Standards and cannot be sold in the U.S.

**Nontitle Registration:** Certain trailers, farm equipment, construction machinery, oil well servicing machinery, water well drilling units, etc. are either exempt from, or not eligible for title, but are eligible for, or required to, obtain registration or a specialty plate in order to operate on the highway. Applicants should mark this box only when applicable. **Note:** A lien cannot be recorded on this type of application.

**Out of State Vehicles:** Self-certification of the Vehicle Identification Number (VIN) is allowed if a VIN verification form issued by a Texas state-approved safety inspection station is not included with the submission of this application if the applicant certifies the vehicle is located out of state. See *Vehicle Identification Number Certification* (Form VTR-270) for more information.

## Notice

- The sales and use tax must be paid to the county tax assessor-collector within 30 days from the date of purchase or entry of the vehicle into Texas.
- A \$2.50 transfer fee is paid to transfer current registration to the new owner in addition to the title application fee and other applicable fees. If the registration is not current, full registration fees are due unless applying for Title Only.
- A 6.25 percent motor vehicle sales and use tax is imposed on the sales price (less trade-in allowance) of motor vehicles for use in Texas or a motor vehicle purchased outside of the state and later brought into this state by a Texas resident.
- Standard Presumptive Value (SPV) applies to private-party sales of most used motor vehicles purchased or brought into Texas. The tax is computed on the greater of the sales price or 80 percent of the SPV on the day of title application.
- New Texas residents are subject to a \$90 use tax on a vehicle brought into this state that was previously registered to the new resident in another state or foreign country. This is in lieu of the 6.25 percent use tax imposed on a Texas resident.
- A \$10 gift tax is due when a person receives a motor vehicle as a gift from an immediate family member, guardian, or a decedent's estate. A vehicle donated to, or given by, a non-profit service organization qualifying under IRC 501(c)(3) is also taxed as a gift. Both donor and recipient must sign the Comptroller's joint affidavit, *Affidavit of Motor Vehicle Gift Transfer* (Form 14-317). The affidavit and the title application must be submitted in person by either the donor or recipient.
- A transaction in which a motor vehicle is transferred to another person without payment of consideration and one that does not qualify as a gift described above is a sale and will be subject to tax calculated on the vehicle's standard presumptive value.
- A late penalty equal to 5 percent of the tax will be charged if the tax or surcharge is paid from 1 to 30 calendar days late. If more than 30 calendar days late, the penalty will be 10 percent of the tax; minimum penalty is \$1.
- In addition to the late tax payment penalty, Texas Transportation Code provides for an escalating delinquent transfer penalty of up to \$250 for failure to apply for title within 30 days from the date of title assignment. Submit this application along with proper evidence of ownership and appropriate valid proof of financial responsibility such as a liability insurance card or policy.
- All new residents applying for a Texas title and registration for a motor vehicle must file at the county tax assessor-collector of the county in Texas where the applicant resides within 30 days of establishing residency. Texas law requires that all vehicles previously registered and titled or registered in another state or country be inspected for safety and the vehicle identification number verified before such vehicles may be registered in Texas. These inspections must be made by a state appointed safety inspection station that will complete a Texas Vehicle Inspection Report. This form must be submitted to the county tax assessor-collector with your application for registration and Texas title.

# Transfer on Death Deed

## Instructions

### Important Notice to Property Owner

Carefully read all instructions for this form. It is best to talk to a lawyer before using this form. For privacy and identity theft reasons, you should not put your social security number or driver's license number on this form.

### What Is a Transfer on Death Deed?

A transfer on death deed is a simple, inexpensive way to transfer real estate to someone else upon your death. It does not involve going through probate court, which can be a lengthy and costly process. It works similarly to a life insurance policy or a payable on death account at a bank because the asset passes to your named beneficiary upon your death outside the probate system.

### When to Use a Transfer on Death Deed

You may want to use a transfer on death deed when you own real property, such as a house or land, and you want to give that property to someone else when you die.

### Things to Know About Using a Transfer on Death Deed

- A transfer on death deed does not affect any of your property rights during your lifetime. It only takes effect after your death. You can sell the property, use it as collateral on a loan, get property tax exemptions, and enjoy all the other property rights you currently have.
  - The named beneficiary has no legal right to the property until your death. If you decide to sell the property, the named beneficiary cannot stop you from doing so. The sale simply “voids” the transfer on death deed and it is as if the transfer on death deed never existed.
- You can only give someone the portion of the property that you own. For example, if you and your spouse own the property in equal shares and you file a transfer on death deed giving the property to someone, like a child or a friend, that person only gets your share of the property. Your spouse still has their share.
- A transfer on death deed trumps a will.
  - If you have a will that gives the property to someone else, this transfer on death deed “trumps” the will. The beneficiary named in the transfer on death deed gets the property, not the person named in your will. If you already have a will, it is best to talk to an attorney about the pros and cons of using a transfer on death deed.
  - If you make a will at some point in the future that gives the property to a different person than the beneficiary listed in this transfer on death deed, that provision does not override the deed. The beneficiary named in this transfer on death deed still gets the property. If you change your mind about who you want to get the property, you need to complete the cancellation of transfer on death deed or file an updated transfer on death deed.
- A transfer on death deed does not protect the property from creditor claims. You may use a transfer on death deed even if there is a debt or lien, such as a mortgage, against the property. However, upon your death, your beneficiary takes the property subject to all mortgages, liens and claims and will be responsible for paying those debts on the property. Also, if the property owner dies and has other unpaid debts, the property could be tied up in probate court until those debts are resolved.

- The transfer on death deed beneficiary must survive you by at least 120 hours. If not, the property is treated as if the transfer on death deed did not exist.
- A transfer on death deed cannot be created by a person acting under a property owner's power of attorney, however, that person can cancel the transfer on death deed.

## Required

- **Must Sign in Front of a Notary:** Do not sign or date the transfer on death deed until you are standing in front of a notary public.
  - **Must Record Transfer on Death Deed Before Your Death:** You must record (file) this deed before your death with the county clerk where the property is located or it will not be effective.
1. **Property Owner (Transferor) Making this Deed:** Enter your first, middle (if any), and last name, along with your mailing address. Write your name exactly as it appears on the deed you received when you became an owner of the property. If you now go by a different name, write your name as listed on the deed, followed by AKA (also known as) and your current name. If more than one person owns the property, each person must do this.
  2. **Legal Description of the Property:** Enter the legal description of the property, which is different from the mailing or physical address of the property. This information is on the deed you received when you became an owner of the property and is also available at the county clerk's office in the county where the property is located. Do NOT use the legal description listed on your property tax bill because it is usually incomplete. IT IS VERY IMPORTANT THAT THIS INFORMATION IS CORRECT. If you are not absolutely sure, talk to a lawyer.
  3. **Address of the Property:** Enter the physical address of the property.
  4. **Primary and Alternate Beneficiaries:** You must check the box for A, B, or C. Check ONLY ONE box and fill in the blanks in that section.
    - Fill out Selection A if you are married and you and your spouse own the property together.
    - Fill out Selection B if you are married and you own all or part of the property by yourself (your spouse doesn't own any part of it) AND you want your spouse to get your share of the property.
    - Fill out Selection C if either you are not married OR if you are married and do not want your share of the property to go to your spouse.

Each selection (A, B, or C) has three parts:

1. **Primary Beneficiary:** A "beneficiary" is the person who will own the property when you die. The primary beneficiary is the first person you want to own the property. You can, but are not required to, name more than one person as primary beneficiary.
2. **Alternate Beneficiary or Beneficiaries:** The alternate beneficiary or beneficiaries are the people you want to own the property if the primary beneficiary or beneficiaries die before you do.
3. **Transfer on Death:** This section tells how you want your property to pass if all your beneficiaries die before you.
  - o For Selection A and B:
    - Initial option (a) if you want the alternate beneficiary or beneficiaries' living children, grandchildren, or great-grandchildren to get your share of the property if that beneficiary dies before you do.
    - Initial option (b) if you DO NOT want the alternate beneficiary or beneficiaries' children, grandchildren, or great-grandchildren to get your share of the property if that beneficiary dies before you do.
  - o For Selection C, section:
    - A. **If at Least One Primary Beneficiary Survives Me:** If you name more than one primary beneficiary, this section tells what you want to do with your share of the property if one or more primary beneficiaries die before you, but one or more are still living.

- Initial option (a) if you want the deceased primary beneficiary or beneficiaries' share to go to that person's living children, grandchildren, or great-grandchildren.
  - Initial option (b) if you DO NOT want the deceased primary beneficiary or beneficiaries' share to go to that person's children, grandchildren, or great-grandchildren. This share will be split among the living primary beneficiaries.
- B. If NO Primary Beneficiary Survives Me (dies after I do): If my primary beneficiary is my child (or other descendant) or my brother or sister (or other descendant of either of my parents) AND all primary beneficiaries die before I do, I grant and convey (give) my share to (choose by writing your initials in ONE blank ONLY):
- Initial option (a) if you want the deceased primary beneficiary or beneficiaries' share to go to that person's living children, grandchildren, or great-grandchildren.
  - Initial option (b) if you DO NOT want the deceased primary beneficiary or beneficiaries' share to go to that person's children, grandchildren, or great-grandchildren. The alternate beneficiary or beneficiaries will get the share.
- C. If an Alternative Beneficiary Does Not Survive Me: If all your primary beneficiaries and one or more alternate beneficiaries die before you do, this section tells what you want to do with your share of the property.
- Initial option (a) if you want the deceased alternate beneficiary or beneficiaries' shares to go to that person's children, grandchildren, or great-grandchildren.
  - Initial option (b) if you DO NOT want the deceased alternate beneficiary or beneficiaries' shares to go to that person's children, grandchildren, or great-grandchildren. This transfer on death deed will be canceled if no primary or alternate beneficiaries are alive when you die.

If you do not initial any section, it will be assumed you chose option (a).

5. Signature of Property Owner: This deed must be signed before a notary. Do not sign your name or enter the date until you are in front of a notary. If two people own the property, both need to sign before a notary.
6. Acknowledgement: You do not need to fill out anything in this box. The notary will fill it out.
7. "After Recording, Return to" Section: Fill in the property owner's name and address here. Once the transfer on death deed has been recorded, it will be returned to the property owner with the specific information (the volume, page number, and/or deed number) on where the deed has been recorded in the county clerk's office so that it can be located later. Keep the transfer on death deed in a safe place.
8. File the Deed (NOT These Instructions) in the County Clerk's Office:
  - Bring Original and One Copy: Bring the original and at least one copy of the complete and notarized transfer on death deed to the County Clerk's office in the county where the property is located.
  - Bring Personal Identification: The county clerk may require you to show personal identification before you file this document.
  - Bring Money: The County Clerk will charge a fee to file the transfer on death deed, which is typically a per page fee. Many County Clerks do not accept checks. You may want to call the County Clerk's office and find out how much the charge will be and whether they accept checks before you go. Then file the original and ask them to return a copy of the original with the recording information on it to the owner.
  - Do Not File the Instructions: If you file the instructions, it may cause confusion and will also cost you more money.

# Transfer on Death Deed

**IMPORTANT NOTICE TO PROPERTY OWNER:** Carefully read all instructions for this form. It is always best to talk to a lawyer before using this form. For privacy reasons, do not put your social security number or driver's license number on this form. Do not file these instructions.

**REQUIRED:**

- **Must Sign and Date Transfer on Death Deed In Front of a Notary.**
- **Must Record Transfer on Death Deed Before Your Death:** You must record (*file*) this deed before your death with the county clerk where the property is located or it will not be effective.

1. **Property Owner(s) (Transferors) Making this Deed.** *Enter your first, middle (if any), and last name here, along with your mailing address. If more than one person owns the property, all owners must list this information.*

\_\_\_\_\_  
Property Owner's Printed Name

\_\_\_\_\_  
Second Owner's Printed Name (If Applicable)

Mailing Address:

Mailing Address:

\_\_\_\_\_  
*Address 1*

\_\_\_\_\_  
*Address 1*

\_\_\_\_\_  
*Address 2*

\_\_\_\_\_  
*Address 2*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*City State Zip*

2. **Legal Description of the Property.** *The legal description is not the mailing or physical address of the property. The legal description is listed on the deed to the property, which you should have gotten when you became an owner. This information may also be available at the county clerk's office in the county where the property is located. Do NOT use the legal description listed on your property tax bill because it may be incorrect. IT IS VERY IMPORTANT THAT THIS INFORMATION IS CORRECT. If you are not absolutely sure, talk to a lawyer.*

*Print legal description of the property.*

3. **Address of the Property (if any).** *This is the physical address of the property. Include county.*

\_\_\_\_\_  
*Address City County State Zip*

4. **Primary and Alternate Beneficiaries. MUST CHECK AND COMPLETE A, B, OR C (Check ONE and ONLY ONE):**

- *A "beneficiary" is the person who you want to own the property when you die.*
- *Section A: Fill out this section if you are married, and you and your spouse own the property together, and you want your spouse to own the property when you die.*
- *Section B: Fill out this section if you are married and you own the property by yourself – your spouse doesn't own any part of it – and you want your spouse to own the property when you die.*
- *Section C: Fill out this section in all other situations. See #4 in the detailed instructions to this form.*

# Transfer on Death Deed

**A. Both Spouses Own the Property and Want to Leave to Surviving Spouse:** *Fill out this section if you are married, and you and your spouse own the property together, and you want your spouse to own the property when you die. Both spouses must sign the transfer on death deed.*

1) **Primary Beneficiary is Surviving Spouse:** The owners of this property are married to each other and are both signing this deed. If one of us dies and the other is living, the living spouse will be the sole owner of the property.

2) **Alternate Beneficiary or Beneficiaries:** *Enter the first, middle (if any), and last name of each person you want to get the property when both you and your spouse have died. This person(s) will be named the "beneficiary(ies)." You may list more than two beneficiaries by attaching a page with their name and mailing address.*

When we are both deceased, we want the following person(s) to own our property. This person(s) may or may not be our child, descendant, or a member of our family. If more than one alternate beneficiary is listed, they will own the property in equal shares.

\_\_\_\_\_  
Alternate Beneficiary *Print Name*

\_\_\_\_\_  
Second Alternate Beneficiary (Optional) *Print Name*

Mailing Address:

Mailing Address:

\_\_\_\_\_  
*Address 1*

\_\_\_\_\_  
*Address 1*

\_\_\_\_\_  
*Address 2*

\_\_\_\_\_  
*Address 2*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*City State Zip*

3) **Transfer on Death:** *If the alternate beneficiary is your child (or other descendant) or your brother or sister (or other descendant of either of your parents), you must choose an option below.*

At my death, I convey to (*give*) the primary beneficiary my interest in the property to have and hold forever. If my primary beneficiary does not survive me (*dies before I do*), I grant and convey (*give*) my interest in the property to my alternate beneficiary. If my alternate beneficiary is my child (or other descendant) or my brother or sister (or other descendant of either of my parents) AND an alternate beneficiary dies before I do, I grant and convey (*give*) my share to any living alternate beneficiary AND (choose by writing your initials in ONE blank ONLY):

\_\_\_\_\_ (a) the deceased alternate beneficiary's share will pass to his/her surviving children or other descendants.

\_\_\_\_\_ (b) no one else. I do not want the deceased alternate beneficiary's surviving children or other descendants to have a share of the property. If no primary or alternate beneficiary is alive when I die, this deed is canceled and has no force and effect, as if it had never been executed.

# Transfer on Death Deed

**B. Only One Spouse Owns the Property:** *Fill out this section if you are married and you own all or part of the property by yourself – your spouse doesn't own any part of it – and you want your spouse to own the property when you die.*

1) **Primary Beneficiary:** I designate my spouse as the primary beneficiary if I die before my spouse:

Spouse's Printed Name:

Spouse's Mailing Address:

\_\_\_\_\_

\_\_\_\_\_ *Address 1*

\_\_\_\_\_ *Address 2*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip*

2) **Alternate Beneficiary or Beneficiaries:** *Enter the first, middle (if any), and last name of each person you want to get the property if your spouse dies before you. You may list more than two alternate beneficiaries by attaching a page with their name and mailing address.*

If my spouse dies before me, I want the following person(s) to own my property when I die. This person(s) may or may not be my child, descendant, or a member of my family. If more than one alternate beneficiary is listed, they will own the property in equal shares.

\_\_\_\_\_ *Alternate Beneficiary Print Name*

\_\_\_\_\_ *Second Alternate Beneficiary (Optional) Print Name*

Mailing Address:

Mailing Address:

\_\_\_\_\_ *Address 1*

\_\_\_\_\_ *Address 1*

\_\_\_\_\_ *Address 2*

\_\_\_\_\_ *Address 2*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip*

3) **Transfer on Death:** *If the alternate beneficiary is your child (or other descendant) or your brother or sister (or other descendant of either of your parents), you must choose an option below.*

At my death, I convey to (*give*) the primary beneficiary my interest in the property to have and hold forever. If my primary beneficiary does not survive me (*dies before I do*), I grant and convey (*give*) my interest in the property to my alternate beneficiary. If my alternate beneficiary is my child (or other descendant) or my brother or sister (or other descendant of either of my parents) AND an alternate beneficiary dies before I do, I grant and convey (*give*) my share to any living alternate beneficiary AND (choose by writing your initials in ONE blank ONLY):

\_\_\_\_\_ (a) the deceased alternate beneficiary's share will pass to his/her surviving children or other descendants.

\_\_\_\_\_ (b) no one else. I do not want the deceased alternate beneficiary's surviving children or other descendants to have a share of the property. If no primary or alternate beneficiary is alive when I die, this deed is canceled and has no force and effect, as if it had never been executed.

# Transfer on Death Deed

**c. Other:** *Fill out this section if neither section A or B apply to you, including if you are married and you do not want your share of the property to go to your spouse.*

1) **Primary Beneficiary:** *Enter the first, middle (if any), and last name of each person you want to get the property when you die. This person or people will be named the "beneficiary". You may list more than two primary beneficiaries by attaching a page with their name and mailing address.*

I want the following person(s) to own my property. This person(s) may or may not be my child, descendant, or a member of my family. If more than one primary beneficiary is listed, they will own the property in equal shares.

\_\_\_\_\_  
Primary Beneficiary *Print Name*

Mailing Address:

\_\_\_\_\_  
*Address 1*

\_\_\_\_\_  
*Address 2*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
Second Primary Beneficiary (Optional) *Print Name*

Mailing Address:

\_\_\_\_\_  
*Address 1*

\_\_\_\_\_  
*Address 2*

\_\_\_\_\_  
*City State Zip*

2) **Alternate Beneficiary or Beneficiaries:** *Enter the first, middle (if any), and last name of each person you want to get the property if all primary beneficiaries die before you. You may list more than two alternate beneficiaries by attaching a page with their name and mailing address.*

If all the primary beneficiary or beneficiaries die before me, I want the following person(s) to own my property. If more than one alternate beneficiary is listed, they will own the property in equal shares:

\_\_\_\_\_  
Alternate Beneficiary  
*Print Name*

Mailing Address:

\_\_\_\_\_  
*Address 1*

\_\_\_\_\_  
*Address 2*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
Second Alternate Beneficiary (Optional)  
*Print Name*

Mailing Address:

\_\_\_\_\_  
*Address 1*

\_\_\_\_\_  
*Address 2*

\_\_\_\_\_  
*City State Zip*

3) **Transfer on Death:** *If the primary or alternate beneficiary is your child (or other descendant) or your brother or sister (or other descendant of either of your parents), you must choose an option from each A and B below.*

At my death, I convey to (*give*) the primary beneficiary my interest in the property to have and hold forever.



# Transfer on Death Deed

A) If at least one Primary Beneficiary Survives Me (dies after I do):

If my primary beneficiary is my child (or other descendant) or my brother or sister (or other descendant of either of my parents) AND a primary beneficiary dies before I do, I grant and convey (*give*) my share to any living primary beneficiary AND (choose by writing your initials in ONE blank ONLY):

\_\_\_\_\_ (a) the deceased primary beneficiary's share will pass to his/her surviving children or other descendants.

\_\_\_\_\_ (b) no one else. I do not want the deceased primary beneficiary's surviving children or other descendants to have a share of the property.

B) If NO Primary Beneficiary Survives Me (dies after I do):

If my primary beneficiary is my child (or other descendant) or my brother or sister (or other descendant of either of my parents) AND all primary beneficiaries die before I do, I grant and convey (*give*) my share to (choose by writing your initials in ONE blank ONLY):

\_\_\_\_\_ (a) the deceased primary beneficiary's share will pass to his/her surviving children or other descendants.

\_\_\_\_\_ (b) the alternate beneficiary or beneficiaries. I do not want the deceased primary beneficiary's surviving children or other descendants to have a share of the property. If no primary beneficiary is alive when I die and I did not choose an alternate beneficiary, this deed is canceled and has no force and effect, as if it had never been executed.

C) If an Alternate Beneficiary Does Not Survive Me (dies before I do):

If my alternate beneficiary is my child (or other descendant) or my brother or sister (or other descendant of either of my parents) AND an alternate beneficiary dies before I do, I grant and convey (*give*) my share to any living alternate beneficiary AND (choose by writing your initials in ONE blank ONLY):

\_\_\_\_\_ (a) the deceased alternate beneficiary's share will pass to his/her surviving children or other descendants.

\_\_\_\_\_ (b) no one else. I do not want the deceased alternate beneficiary's surviving children or other descendants to have a share of the property. If no primary or alternate beneficiary is alive when I die, this deed is canceled and has no force and effect, as if it had never been executed.

# Transfer on Death Deed

5. Signature of Property Owner(s) Making this Deed: ***Do not sign or date below until you are in front of a notary public.***

\_\_\_\_\_  
*Owner's Signature*

\_\_\_\_\_  
*Second Owner's Signature (If Applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

**FOR NOTARY TO COMPLETE**  
**Acknowledgement**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

**After recording, please return to:**

Owner's Name and Mailing Address

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address 1*

\_\_\_\_\_  
*Address 2*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*





*Another Gift*

For My  
Loved  
Ones

*This package contains everything  
you need to know to arrange  
my funeral and burial.*



Dear Loved Ones,

Here I have done the hard work so that you don't have to.

The following pages provide information for my designated agent to use in making arrangements for my funeral and burial. You do not need to use a funeral director if you choose not to. There are NO states in the US that require embalming. Only eight states require you to use a funeral director at all.

On the following page I have named an agent and alternates and given them exclusive authority to see that the instructions in this document are followed to the best of their ability and according to existing law. I have signed this document in the presence of two witnesses and a notary public. The information provided here will inform them and you of:

- 1) How I would like my burial to be handled
- 2) Who I would like to handle different aspects of the funeral and burial
- 3) Other information to assist those persons in carrying out my wishes
- 4) A list of people to notify of my death
- 5) Information for my obituary
- 6) Information about the location of important papers such as Last Will and Testament, birth certificates, financial documents, insurance policies, military records etc. which will be useful to my family and the executor of my Will.

*(DO NOT place any of these important papers in a safe deposit box. The box will be sealed upon my death.)*

The original copy of my Funeral Instructions can be found in the following

location: \_\_\_\_\_

These people hold a copy of my Funeral Instructions:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## DECLARATION OF A DESIRE FOR A NATURAL DEATH

I, \_\_\_\_\_, of (Town) \_\_\_\_\_, [State] \_\_\_\_\_, believe it is important to make known my decision regarding the administration and continuation of any medical procedure or intervention that would serve only to postpone the moment of my death. To this end I am making the following declaration.

I am of sound mind and at least eighteen years of age. I direct that my life shall not be artificially prolonged under the circumstances set forth below and hereby declare that:

If at any time my attending physician and one other physician who has personally examined me certify in writing that I am: (initial all those that apply)

\_\_\_\_\_ Permanently unconscious with a ventilator breathing for me;

\_\_\_\_\_ Permanently unconscious with a feeding tube and/or intravenous (IV) hydration;

\_\_\_\_\_ Maintained on a ventilator when there is little or no chance for recovery;

\_\_\_\_\_ or In any other permanent and terminal medical condition due to which the application of life sustaining treatment would serve only to artificially prolong the process of dying or maintain me in the permanent medical condition, then;

I direct that life-sustaining procedures shall be withdrawn and withheld pursuant to the terms of this declaration, it being understood that life-sustaining procedures shall not include any medical procedure or intervention for nourishment and hydration considered necessary by the attending physician to provide comfort or alleviate pain. The life-sustaining procedures which may be withheld or withdrawn include, but are not limited to: surgery, antibiotics, cardiac resuscitation, respiratory support, chemotherapy, radiation, dialysis and transfusions, and other forms of medical treatment which sustain, restore or supplant vital bodily functions.

I seek treatment only to keep me comfortable, even if such treatment may shorten my life.

Note: Physician Assisted Suicide is prohibited. Removing artificial nutrition/hydration if I am conscious but unable to communicate but otherwise have no other acute health problems is prohibited. Removing artificial nutrition/hydration if I have severe dementia but otherwise have no other acute health problems is prohibited.

However, I may specifically direct that artificial nourishment be withdrawn or withheld pursuant to the terms of this declaration above. "Artificial nourishment" means nourishment supplied by means of a naso-gastric tube or tube inserted into the stomach or intestines, or nutrients injected intravenously into the bloodstream.



With respect to Nutrition and Hydration, I direct that in situations where life-sustaining treatments are being withheld or withdrawn pursuant to conditions above (INITIAL **ONLY ONE** OF THE FOLLOWING THREE PARAGRAPHS):

\_\_\_\_\_ Artificial nourishment shall not be continued; or

\_\_\_\_\_ Artificial nourishment shall be continued; or

\_\_\_\_\_ Artificial nourishment shall be continued until such time as my Agent and two (2) physicians who have personally examined me determine that the dying process has begun and continuation of nutrition/hydration would only cause me discomfort.

In the event my physicians certify my condition as terminal, my physician may discharge his or her obligation of notice by notifying my Health Care Agent or any successor Health Care Agent serving under my Health Care Power of Attorney.

This instrument is made and given in the full knowledge that I can rely on the love and affection of my relatives and friends and with thankfulness that they will understand my reasons.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ [Principal Signature], Declarant

I hereby state that the declarant, \_\_\_\_\_, being of sound mind, signed the above declaration in my presence and that I am not related to the declarant by blood or marriage and that I do not know or have a reasonable expectation that I would be entitled to any portion of the estate of the declarant under any existing Will or Codicil of the declarant or as an heir under any law regulating intestate succession in this state, if the declarant died on this date without a Will. I also state that I am not the declarant's attending physician or an employee of the declarant's attending physician, or an employee of a health facility in which the declarant is a patient or an employee of a nursing home or any group-care home where the declarant resides. I further state that I do not now have any claim against the declarant.

\_\_\_\_\_ residing at \_\_\_\_\_  
Witness 1

\_\_\_\_\_ residing at \_\_\_\_\_  
Witness 2

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for the County of \_\_\_\_\_, State of \_\_\_\_\_, hereby certify that \_\_\_\_\_, the declarant, appeared before me and swore to me and to the Witnesses in my presence that this instrument is Declaration of a Desire for a Natural Death, and that he/she had willingly and voluntarily made and executed it as a free act and deed for the purposes expressed in it.

I further certify that \_\_\_\_\_ and \_\_\_\_\_,  
Witnesses, personally known to me or providing proper identification appeared before me and swore that they witnessed \_\_\_\_\_, declarant, sign the attached declaration, believing him/her to be of sound mind; and also swore that at the time they witnessed the declaration (i) they were not related within the third degree to the declarant or to the declarant's spouse, and (ii) they did not know or have a reasonable expectation that they would be entitled to any portion of the estate of the declarant upon the declarant's death under any Will of the declarant or Codicil thereto then existing or under any law regulating intestate succession in this state, as it provides at that time, and (iii) they were not a physician attending the declarant or an employee of an attending physician or an employee of a health facility in which the declarant was a patient or an employee of a nursing home or any group-care home in which the declarant resided, and (iv) they did not have a claim against the declarant. I further certify that I am satisfied as to the genuineness and due execution of the declaration.

This the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_



## Directive to Physicians and Family or Surrogates

---

This is an important legal document, known as an *Advance Directive*. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to help you complete your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may want to talk to your physician, family, hospital representative, or other advisers about them. You may also want to make a directive for organ and tissue donation.

You will need **two** witnesses to sign this Directive to acknowledge your signature. Both witnesses must be at least 18 years old, and competent (in good mental health).

And, "Witness 1" must **not** be:

- someone you have asked to make health care decisions for you.
- a person who is related to you by blood or marriage.
- a person who has a right to any part of your estate. (This person is not allowed to make a claim against your estate.)
- your attending physician or an employee of your attending physician.
- an officer, director, partner, or business office employee of the health care facility where you are being cared for, or of any parent organization of the health care facility. (If Witness 1 is an employee of a health care facility where you are being cared for, s/he must not be directly involved in your care.)

In lieu of the two witnesses, you can sign the Directive before a notary public.

---

## DIRECTIVE

---

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

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

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

**OR**

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

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

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

**OR**

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

**Other requests:** (After talking to your physician, you may want to list particular treatments in this space that you *do* or *do not* want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

---

---

---

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

If I do not have a Medical Power of Attorney, and I am unable to make my wishes known, I designate the following person(s) to make treatment decisions with my physician compatible with my personal values: (You do not need to fill out this part, if you already have a valid Medical Power of Attorney.)

1.

---

2.

---

If the people listed above are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

Date: \_\_\_\_\_

---

\_\_\_\_\_  
Type or print name your name here

\_\_\_\_\_  
Sign here

Your address (City, County, State)

---

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

\_\_\_\_\_ ▶  
Type or print name of Witness 1                      Witness 1 signs here

\_\_\_\_\_ ▶  
Type or print name of Witness 2                      Witness 2 signs here

Definitions:

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

"Irreversible condition" means a condition, injury, or illness:

- (1) that may be treated, but is never cured or eliminated;
- (2) that leaves a person unable to care for or make decisions for the person's own self; and
- (3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

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





therein expressed.

---

Declarant (Your Name)

**SUBSCRIBED AND ACKNOWLEDGED BEFORE ME** by the said Declarant,

\_\_\_\_\_ on this the \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

---

Notary Public in and for  
The State of Texas





# Obituary Information

## Birth

Date of Birth:

Place of Birth:

## Current Residence

City:

State:

County:

In USA since:

Previous Residences

City:

State:

County:

Length of time:

City:

State:

County:

Length of time:

City:

State:

County:

Length of time:

City:

State:

County:

Length of time:

## Family

Father's Name/Birthplace (living or deceased?)

Mother's Maiden Name/Birthplace (living or deceased?)

Spouses Name(s) (living or deceased?)

Children (living or deceased?)

Other Relatives (living or deceased?)\_

## **Church Membership**

Church name:

Location:

## **Work History**

Occupation/Employer

Length of time:

Occupation/Employer

Length of time:

Occupation/Employer

Length of time:

Occupation/Employer

Length of time:

Occupation/Employer

Length of time:

## **Military Service**

Branch of service

Rank

Duties

Name of war or dates served

Service Awards/Decorations

## **Civic Service/Volunteer Activities**

Organization name:

Offices held:

Length of time:

Organization name:

Offices held:

Length of time:

Organization name:

Offices held:

Length of time:

Organization name:

Offices held:  
Length of time:

## **Education**

High School College/University College/University  
Diploma/GED  
Degrees Earned Degrees Earned

Year

Year

Year

## **Hobbies**

## **Additional Information**



# Important Documents and Locations

My Legal Name:

My Social Security Number:

My date of birth:

My Priest (Pastor) is:

- Name
- Church Name/Address
- Phone

My Attorney is:

- Name
- Address
- Phone

My Accountant is:

- Name
- Address
- Phone

## Financial Records

Provide the names, addresses, account information (including passwords) for all:

- Banks
- Retirement accounts
- Pensions
- Investments
- Safety Deposit Boxes (include location of key)
- Etc

## Location of Documents/Certificates

- Birth certificate
- Marriage License
- Military Discharge papers (DD214)
- Deeds and Titles
- Mortgages and Notes
- Last Will and Testament
- Income tax records
- Insurance policies



## **Additional Information**

- Location of house keys
- Location of car keys
- House door combinations
- Safe combinations

# Digital Estate

In recent years the explosion of digital technology and social media has left most of us with a Digital Estate. That is, most of us have online accounts that need to be closed after our death or they will remain open long after we are gone. Criminals have started exploiting these digital remains to steal our identity even after we are deceased. I list here all online accounts with banks, retailers on and off-line and all social media outlets with my logon information and passwords/PINs so that you can close these accounts on my behalf.

## *Example*

AT&T (phone service)

Account number: 123456789

Web address: ATT.com

Username: sampleuser

Password: 29dutsW2846

PIN: 1234

Security questions:

—Where born: hospital

—Where did you grow up: with wolves



# End of Life Forms Packet Checklist

## St John the Forerunner Orthodox Church

July 2022

### Introduction

- Steps to Take When a Loved One Dies
- Letter to Loved Ones

### Texas State Forms

*Texas Law Help:* <https://texaslawhelp.org>

*Texas Department of State Health Services:*

- <https://www.dshs.texas.gov>
- <https://www.dshs.state.tx.us/vs/field/Funeral-Home-Forms/>

- Medical Power of Attorney Designation of Health Care Agent
- Directive to Physicians and Family or Surrogates
- Out-of-Hospital Do-Not-Resuscitate (OOH-DNR) Order
- Appointment of Agent to Control Disposition of Remains
- Report of Death
- Motor Vehicle Beneficiary Designation and Application for Texas Title and/or Registration
- Transfer of Deed on Death

### Additional Forms

- Declaration of a Desire for a Natural Death
- Advanced Directive for Funeral Care—Death-Care Power of Attorney
- People to be Notified of My Death
- Obituary Information
- Important Documents and Locations
- Digital Estate