**THE HOPE PACKAGE**

***LIGHT IN THE DARKNESS***

Pastor Kingston Tong

Revised November 27, 2021

**THE PERSON**

**THE ONE WHO IS ILL**

***“TEACH US TO NUMBER OUR DAYS ARIGHT,***

***THAT WE MAY GAIN A HEART OF WISDOM.”***

PSALM 90:12

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**THE HOPE PACKAGE**

Dear Brother or Sister in the Lord,

This booklet is called **“The Hope Package.”** The Hope Package is designed to be personal and practical by allowing you to journal and to journey with your God. In walking with God, you will need faith, hope, and love (I Cor. 13:13). The Hope Package seeks to do the following:

* **To provide spiritual guidance in your life**
* **To reflect on the troubling questions in your life**
* **To provide a journal for the journey in your life**
* **To provide information about the conditions around your life**

As you write in this journal and journey with God, may you come to discover the God who said, **“I AM WHO I AM”** (Exodus 4:14). The LORD Almighty is present with you and will help you in your illness. Jesus said that He will never leave you or abandon you (Hebrews 13:5). He will go ahead of you and will be by your side. He is the Good Shepherd (John 10:11). He will give you the strength to make it through this day. God’s promise to you is that His grace will be sufficient for each day and one day at a time. He will give you the strength to endure even triumph in your trial (II Corinthians12:8-9).

God has a purpose for your illness and your life (Romans 8:28). Although it may not evident to you as to the reason, it will require faith to trust God and to walk with Him. “For we walk by faith and not by sight” (II Corinthians 5:7). As you have committed your soul and spirit to the Lord, are you willing to commit your body to Him to let Him work out His perfect will in your life? May you come to deeper understanding of God and His grace in your life.

With Love and Prayer in Christ Jesus,

Kingston Tong

Pastor

**FOOTPRINT**

MARGARET FISHBACK POWERS

One night I dreamed a dream.

As I was walking along the beach with my Lord.

Across the dark sky flashed scenes from my life.

For each scene, I noticed two sets of footprints in the sand,

one belonging to me and one to my Lord.

 When the last scene of my life shot before me

I looked back at the footprints in the sand.

There was only one set of footprints.

I realized that this was at the lowest

and saddest times of my life.

This always bothered me

and I questioned the Lord about my dilemma.

 "Lord, you told me when I decided to follow You,

But I'm aware that during the most troublesome

times of my life there is only one set of footprints.

I just don't understand why when I needed You most,

You leave me."

He whispered,

"My precious child, I love you and will never leave you

never, ever, during your trials and testings.

When you saw only one set of footprints,

it was then that I carried you."

## “MY QUESTIONS”

# Chapter 1

If you are asking, “Why Me?”, “Why Now?”, and “What did I do to deserve this?”, you

are asking normal and natural questions. Your range of feelings may be from hopefulness to

helplessness, peace to anger, faith to fear. Your feelings may be steady or fluctuating from

hour by hour even minute by minute. At times, your mind is blank while at other times full

of questions. This is normal.

The answer to the questions relating to “Why Me?” can only be answer by God alone. No

one knows the exact reason or cause for your illness except for God. To seek the answers to

your questions, you must go God in prayer. Go to God with your questions and your confusion.

God may choose to reveal them to you or at a later time. It will be difficult for you to be still and

know that He is God, but you must wait patiently on the Lord. His Spirit will guide your heart

and your mind.

It is our prayer that ultimately your search will not be to answer the question of why, but

how can I trust God more. “For my thoughts are not your thoughts, neither are your ways my

ways, “ declares the LORD” (Isaiah 55:8-9). You may never know the reason why, but will you

still trust and praise God in and through it all? It is not a matter of fairness, but of faith. As Job

said, “Though He slay me, yet will I hope in Him” (Job 13:14). It is not a matter of quantity of

life on earth, but the quality of life with God. “He cuts off every branch in me that bears no fruit,

while every branch that does bear fruit he prunes so that it will be even more fruitful” (John

15:2). There is more to your illness than just you. It is ultimately about God and His glory. As

you begin your journey, may you discover the greatness and grace of God and a growing faith in

our Lord Jesus Christ.

***When Did I First Discover My Illness?***

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***What Is The Diagnosis Of My Illness?***

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***What Is The Prognosis Of My Illness?***

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***What Are The Troubling Questions That I Have About My Illness?***

List the questions that you have at this moment. Don’t be afraid to write it out. This will be the beginning of your search of the unfathomable questions. My questions are as follows:

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**MY SEARCH OF THE UNFATHOMABLE**

Chapter 2

Take a moment to be still before God. Draw near to God and He will draw near to you. Don’t be afraid of your feelings. Share them with God. Talk to Him as if you are talking to a Person, for He is your Heavenly Father. Ask the Spirit of God to search your spirit, your heart, and your mind and let the Spirit of God speak to you. Let’s begin by reflecting on your spiritual life.

**The Search of My Spiritual Realm:**

* How would I describe my spiritual life and condition before God?
* Have I asked Jesus Christ to be my personal Savior for my sins?
* Have I placed anything above God?
* Are there any areas of my life that I have been unwilling to yield to God?
* Am I harboring any sin(s) in my life?

* Am I harboring bitterness against someone who has hurt me?
* Am I refusing to forgive someone who has hurt me?
* Am I striving to live a life that is pleasing to God?
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

God loves you and wants your fellowship. He’s concern for your spiritual life and relationship with Him. As you look at your own spiritual life, what is God saying to you right now? What is it that you want to talk to Him about? Will you do this right now through prayer?

The one thing(s) that I would like to talk to God about is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**The Search of My Physical Realm:**

Now that you have searched the spiritual realm, let’s look at your physical realm. Take a moment to review your physical health.

* Is my illness related to any hereditary or genetic diseases in my family history?
* Have I been in an environment that may have caused my illness?
* Have I taken the proper precaution as having my yearly medical examination?
* Have I followed my doctor’s advice in caring for my health?
* Have I taken care of my body as the temple of the Holy Spirit by eating and exercising properly?
* Have I placed undue stress on my body and heart by overworking and not getting enough rest?
* Did I do anything that might have brought on this illness?
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

God wants you to take care of your physical body. Your body is a temple of the Holy Spirit

(I Corinthians 3:16). The Holy Spirit lives in you. He wants to use you and work through you. As you reflect on your physical condition, what is it that God wants you to do better for Him? What changes are you willing to make in your life?

I am willing to make the following changes to care for my physical body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**The Search of My Mental Realm:**

Your psychological or mental state which includes your emotional feelings is very important to overall health. Take a look at your past and recent mental and emotional state.

* Have I been sleeping soundly and receiving a good night rest?
* What emotional stresses have I been under recently or in the past?
* Have I been depressed or angry in the past or lately? How long and about what?
* Am I living under any guilt, even if it is false guilt?
* Am I seeking to compensate for something in my life?
* Do I love and accept myself for who I am and what I am?
* Have I cast all my cares on the Lord?
* Is Spirit of God and the Word of control guiding my life and my decisions?
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

God wants you to have inner peace in your life. You may or may not be aware of the amount of emotional or psychological stress that you have been under. All of this have an adverse affect on your body and spirit. As you reflect on your mental and emotional state, how would you describe or characterize your own mental state? What changes are you willing to make to experience greater peace and contentment in life?

I am willing to have greater peace and contentment by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**The Search of the Heavenly Realm:**

The last realm that you might want to consider is the heavenly realm. It’s consider that there might be something more to your illness than yourself. Consider the following questions.

* How have (might) this illness cause me to consider God or spiritual things?

* How have (might) this illness affected my priorities and values in life?
* How has (might) this illness draw my family members closer to God and to each other?
* How has (might) this illness draw my unsaved family members and friends to God?
* What have learned about myself from this illness?
* What have I discover about God that you didn’t know before?
* How have I seen God’s grace and mercy on myself and on my family?
* Am I willing to entrust completely my life to God?
* Am I willing to commit my family to God?
* If I recover from this illness, what will I do with the remaining days of my life?
* What is God is trying to reveal to me through this illness of mine?

God wants you to experience a meaningful and fulfilling life (Philippians 1:6). However, God may be using you to touch someone else’s life that you might not quite understand right now. What do you think God is trying to say to you in this illness? What have you learned?

I am learning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***What Insights Have I Gained From My Self-Evaluation?***

I have gained the following insights from my self-reflection and evaluation of my life. My insights are as follows:

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###### MY INNER STRUGGLE

**Chapter 3**

***What Is Happening To Me?***

This may be your first major crisis in your life. You may find yourself unexpectedly in the hospital, rehabilitation center or at home. You may be where you are due to an accident or a major illness. Your life has changed. The future is uncertain for you. Your plans are put on hold. You are in a crisis.

***What Is A Crisis?***

A crisis is an unwanted or unexpected change. You did not anticipate your serious condition.

Most of us look at a crisis as a turn for the worse. You may feel that “the rug has been pulled out from underneath you.” You life is in danger, serious danger. However, a crisis is a decisive or critical moment, a sudden change, a turning point in the course of life for better or worse. You can see what you facing as a “danger” or an “opportunity.”

A crisis can be a number of things:

* A Crucial Time
* A Turning Point
* A Time of Change
* A Time of Despair but also of Opportunity
* A Pivotal Point in a Person’s Life

***What Is My Crisis?***

As I look at my illness, state in one sentence my crisis. My crisis is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***What About My Losses?***

As I reflect on myself, my family and my world, I am facing some real or potential loses. The losses may either be real as a sight or limb or perceived losses my job, house health, and even

my life. The losses that I feel and fear are as follows:

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***What Are My Feelings?***

How do I feel about those losses in my life? You may or may not be able to describe how you feel. You may not even be able to imagine what it will be like for you or for your family. You may be feeling overwhelmed at this time, perhaps even numb.

Some of your feelings may be this:

1. **BEWILDERMENT –** “I never felt this way before.”
2. **SCARE –** “I am frightened, scare to death.”
3. **CONFUSION –** “I just can’t think clearly.” “My mind is in a fog.”
4. **TRAP** - “I’m stuck.” “Nothing seems to work.”
5. **DESPERATION** – “I’ve got to do something, but I don’t know what to do.”
6. **APATHY –** “Nothing can help me!” “What’s the use? Why try?”
7. **HELPLESSNESS** – “I can do anything. Will you please help me?”
8. **URGENCY** - “Do something right now! I can’t wait.”
9. **DISCOMFORT** - “I’m so miserable and unhappy.”

List the feelings that I have experienced with my illness.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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## *How Do I Cope With My Feelings?*

You will need to understand the stages or phrase of a crisis and how that impacts your feelings and thoughts. There are four stages:

* **THE IMPACT STAGE**

This is a time when you are stunned or numbed from the crisis. You can’t believe it is true. This phrase may last between 24-36 in which you will run from it or deal with it.

In this stage, you are assessing the truthfulness of what has been shared with you. This

is a time you want to be alone.

* **THE WITHDRAWAL AND CONFUSION STAGE**

During this stage, you will be experiencing the wide range of feelings from uncertainty

to anger, even depression. This is where you have more questions than answers. It is important for you to find someone whom you trust that will listen to how you feel without judging your feelings and thoughts. It is a time when you don’t know what to

do or what can be done. Writing in the journal will help. This is a time when you need

to talk and to talk. Expressing your feelings is paramount. This stage will take some

time to work it through.

If you have feelings of suicide or deep depression, you will need to talk to a counselor

or to your doctor. You may need someone who guide and sort out your feelings and thoughts.

* **THE ADJUSTMENT STAGE**

This is a time where there are more positive thoughts than negative thoughts. You are finding that you are able to live with or work with your illness and the implications of it.

This stage includes the grief process of dealing with the real or potential losses in your life. You are coming to some acceptance of your illness. You are able to make short range plans and find meaning in your life.

* **THE HOPE STAGE**

This phase is working with what you got and not what you don’t have. It’s seeing life is still worth the living and that whatever months or years that you may have is still good. The medications or treatments may be working. Each day is precious to you. And even if you have a short time, you want to make the most of it. You accept the inevitable, but you will determine to make each day count for something. It’s looking ahead.

In all of these stages, you will need your family and friends. You will need time to

understand your own feelings and thoughts. Your family and friends will need time to do so as well. It is all right to cry and laugh together, to feel sad and to have hope. It’s all part of life.

## *Who Can I Talk To About How I Feel?*

Think about who you can share with how you feel and think. This person needs to be foremost a good listener, patient and understanding without being critical and judgmental. You may want to consider speaking to a pastor.

Be sensitive to the other person who you are sharing. You may want to let him or her know the purpose of this conversation. You may want to ask him or her to just listen to you share your thoughts and feelings, not that he or she has to solve your problems.

The person(s) that I feel most comfortable sharing with are as follows:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***How Long Should I Talk To This Person?***

Most people have a time limit. They want to care by listening. They may be hesitant to set a time limit out of courtesy for you, but you must respect their time. Limit your conservation no more than an hour. The sharing will be emotionally draining for you and for the listener. If you notice that they are distracted or distraught, you may need to stop. They may have reached their emotional limit. Be sure to thank them for listening.

## MEDITATION AND MY JOURNAL

**Chapter 4**

Your life is both a physical and spiritual one. Some illnesses are brought on by hereditary, by emotional stress, while others can come from the environment or through someone carelessness. Some illnesses are given to teach you something or to prevent you from doing something. God uses the Holy Spirit and His Word to speak to you. He uses circumstances to direct you in a certain path. It will take discernment to understand the purpose and will of God.

Each person responds to trials and tribulations differently. If you are doing well emotionally and spiritually, you are truly blessed. If your life is turned upside down and in toil, your life will not

always be like this for you. You’re going through a crisis that is a process. It will take time. As you meditate and write in your journal, you will begin to find your way through your confusion and frustration. If you know Jesus as your personal Savior, He is your Great Shepherd. He is asking you to take a step and follow after Him day by day. Jesus has gone ahead of you. He is asking you to follow Him. If you don’t know who Jesus is, may you come to discover His love

and care for you. May your journey with Him be one that will bring you into a greater faith and love for our Savior and our God.

Write down what you are feeling and thinking. Be honest with yourself. A journal is provided for you. You may want to write down your thoughts of the meditation passages from the Bible or whatever you think or feel. It is ultimately a journey and journal of your faith.

Here is a suggestion on how to meditate on a Bible passage:

* Ask the Spirit of God to guide you in reading the Bible
* Read the passage slowly and aloud twice
* Look over every word and make it personal
  + What does it say about God or about my Savior Jesus Christ?
  + What does it say about life?
  + What does it say that I should do or not do?
  + What word or phrase stands out in the passage to you?
  + How does this passage help you in your illness or trial?
  + What is God trying to say to you through this passage?
* Reflect on this passage as to how you are to respond to your illness or trial
* Take a few minutes to memorize this passage
* Take a few minutes to talk to the Lord about this passage that you are meditating
* Take a few minutes to praise God and then to petition God for your needs
* Ask the God to help you apply this truth throughout the day
* Write down your thoughts in your journal
* Share with someone your thoughts

Don’t worry if your thoughts are jumble or confusing. It’s alright. It will become clearer and better in the days ahead.

# BIBLE MEDITATION PASSAGES

Enclosed are some Bible passages that you may want to meditate in the days to come. Choose the passage that best meets your need. Feel free to choose other passages of the Bible that comes to your mind. Write your thoughts down in the journal.

DAY PASSAGE THOUGHT

|  |  |  |
| --- | --- | --- |
|  | Psalm 23:1-4 | The Presence of God |
|  | Psalm 23:5-6 | The Assurance from God |
|  | II Corinthians 12:8 | Petition to God |
|  | II Corinthians 12:9 | Sufficiency of God |
|  | II Corinthians 4:16-18 | Our Life on Earth |
|  | Romans 5:1-6 | Hope in our Suffering |
|  | James 1:12 | Result of Perseverance |
|  | Romans 8:18-25 | Endurances in Suffering |
|  | Romans 8:28-30 | Design of God |
|  | Romans 8:31-39 | Love of God |
|  | John 9:1-2 | Reason for Illness |
|  | John 9:3 | Purpose of God |
|  | Job 1:6-22 | Test of Faith |
|  | Job 2:1-10 | Test of Faith |
|  | Hebrews 4:14-16 | The Great High Priest |
|  | Psalm 139:1-6 | Knowledge of God |
|  | Psalm 139:7-16 | Presence of God |
|  | Psalm 139:23-24 | Search of God |
|  | Philippians 4:4-9 | Trusting God |
|  | Philippians 3:12-14 | Purpose of God |
|  | I Corinthians 10:12-13 | The Power to Endure |
|  | Psalm 90 | The Brevity of Life |
|  | James 1:13-18 | The Benefits of Trials |
|  | II Corinthians 5:6-10 | The Results of Trials |
|  | John 14:1-7 | The Promise of Life |
|  | I Corinthians 15:1-34 | The Resurrection of Jesus |
|  | I Corinthians 15:35-58 | The Resurrection of Believers |
|  | Romans 10:9-13 | The Way to God |
|  | I John 1:8-10 | The Assurance of Forgiveness |
|  | Luke 23:40-43 | The Assurance of Heaven |

Each day is a choice for you. You determine the quality of your life. You may not determine the length of your time, but you can choose to live your days, months, or even years

in a certain attitude. You can respond by being bitter, angry, or depress or you can respond with faith, hope and love. You can either push your loved ones away or hold your loved ones. You

can blame your loved ones for your illness or you can cherish each day you have with them. It’s all up to you.

Your spiritual, mental, and emotional state will have a lot of affect on your body. In this illness, you need spiritual encouragement and support. Everyone needs help. The Bible is a great source for daily help and comfort, helping you to gain a more Godly perspective on life.

We encourage you to set aside each time to read the suggested Bible passages and to meditate on it. Think about what you read each day. Talk to God about what you are reading and how you are feeling. Your attitude will determine how you will respond and live with your illness. Your recovery will be dependent on your response to God, to yourself, and to others. Remember, it is not how long you live, but how you live each day. May each day be a new and transforming day for you. May you find purpose and meaning even in your illness.

You will find additional pages of the Journey and the Journal in the Appendix 1.

THE JOURNEY AND THE JOURNAL

Journal Entry: Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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THE JOURNEY AND THE JOURNAL

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##### **MY FAMILY AND DOCTORS**

##### **Chapter 5**

***What Is Happening To My Body?***

You know that you are sick. You want to know what is happening to you physically. Your physician is the person who will or has diagnosed and prescribed a course of treatment for you. You have the right to ask honest questions and to expect a truthful answer from your physician or specialists about your health.

* Make an appointment to talk to your doctor.
* Write down your questions and concerns.
* Ask your doctor to explain medical words and procedures
* Ask the doctor for alternative treatments.
* Ask the doctor for the prognosis for improvement
* Don’t be afraid to ask them explain it to you again or to ask follow-up questions.
* Don’t be afraid to ask for a second opinion on your condition or treatment.

Obtaining information about your health condition and its effect will prepare you to deal with your physical illness. However, you must remind yourself that you are more than a physical being. You are a spiritual being. Your physical body only houses your spirit (Genesis 2:7). God is far more interested in your spirit and your spiritual condition. You must assess your physical condition with your physician and your spiritual condition with the Great Physician, Jesus. You

must ask yourself what is happening to me physically and spiritually. It is only then will you have true understanding of your whole condition (Psalm 139:23-24). May I encourage you to speak to a pastor about your spiritual condition regarding the Savior Jesus Christ who came and died for your sins. To neglect your spiritual condition and the offer of forgiveness of sins will be the greatest tragedy of all. “What good will it be for a man if he gains the whole world, yet forfeits his soul? Or what can a man give in exchange for his soul?” (Matthew 16:26).

***What About My Family?***

Your family and friends love you. Of course, they want to know what is happening to you.

You have the discretion and decision as to how much you want to share with them and when

you want to share it with them. If you decide not to disclose a major illness to your family

and something happens to you, you must consider how they will feel and respond. Soon or

later, they will discover that you are ill. They want to be with you and support you in this

illness. Allowing your family to share in your crisis will help them feel that they are part of

and not apart from you. Remember, it is not just about you but you and your family.

***What Should I Talk About With My Family?***

Sharing your illness with your family is not easy, but talking about your wishes will even be harder. It is important that your family members and doctors know what are your wishes. Sharing your thoughts and feelings with them will allow your family members to understand what kind of medical care and to what extent you want the medical care. Doing this will relieve a tremendous burden on your family. It is also important to listen to the wishes and feelings of your family members. Here are some suggested phrases to begin a serious conversation.

* “As you know I am seriously ill. I want to express some of my personal thoughts and

feelings about my …(medical care and illness or my personal beliefs).“

* “I want to thank you for coming and supporting me. I do not know what will happen to me but if things just happen not to get better for me, I want to express some of my

personal thoughts about my medical care and illness.”

* “The topic that I am about to share is a very difficult one for me and for you. I want to

talk about….”

When appropriate and if you wish, you may want to talk about these important topics:

* Your Medical Condition – explaining the illness
* Advance Medical Directive and Will – explaining your wishes
* Your End-of-Life Care – explaining how you want to be care for
* Your Finances – explaining your financial funds and arrangements
* Your Funeral Service - explaining what you want in the event you die
* Your Love and Appreciation and or Forgiveness – having family intimate times
* Your Spiritual Journey and Beliefs – explaining your beliefs or asking about beliefs
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Family members and friends do not want to upset you by bring certain topics up for sharing. It requires great courage and strength to initiate them. Don’t waste the remaining days by talking about what doesn’t matter to you. Talk about the things that matters the most to you and to them. The greatest conversation that you can have with your family and friends is about your beliefs and faith and what each family members means to you. Use this time for family reconciliation, if it is warranted. Don’t forget you and your family members have thoughts and feelings. The key to sharing is speaking the truth in love (Ephesians. 4:15).

***When Should I Have These Conversations?***

It’s best to share when you are well and healthy about your Advance Medical Directives and Will. Since you are ill, it is important that you give yourself some time to sort through all the doctor’s information.

There isn’t a good time to share difficult news with the family and friends. When faced with a major illness or end-of-life care, you can help the family by bringing up the subject. Good communication and shared decision-making will help the family know how to carry out your wishes. It is important for the family members to know what are your wishes and desires. Don’t wait too long in sharing with them (Ecclesiastes. 3:1-8). You do not know how much time God will give you on earth. You will need their support and care (Ecclesiastes. 4:10). They will need your love and acceptance. See Appoint Calendar at the end of this section.

***What Reactions Should I Expect From My Family Members?***

Some family members and friends might be ready to listen and respond while others feel uncomfortable and distraught just listening to you. The responses may be from silence to tears, peace to anger, thankfulness to denial of your illness. It is normal for family members to express their feelings through tears or silence. Give the family members time to assimilate and process what you have shared with them. Don’t forget you have had time to process your thoughts and feelings. They will need some time to process their thoughts and their feelings. Be gracious to them.

***How Can I Make My Wishes Legal?***

You can communicate your wishes by making an Advance Health Care Directive, a legal document that outlines your wishes about your medical care. Without an Advance Health Care Directive, the doctors are legally bounded to preserve your life if you are unable to make that decision yourself. You may want to make an appointment to talk with your family about your wishes and making it legal.

***Should I Also Be Talking To My Doctor About My Wishes?***

Your doctor can’t make health care choices or end-of-life decisions for you. They can give you

their recommendation. Expressing your wishes and giving the doctor a copy of your Advance

Health Care Directive means that they will implement your wishes. This could include with-

holding food, medication and resuscitation.

***What Do I Do If My Family Never Talks About Dying And Death?***

If the subject of dying and death is never brought up by the sick person or the family members, then someone may begin to think about how to bring this difficult subject up. You may speak to

the doctor, a spiritual leader or a respected family member to see if he or she is willing to bring this subject up for discussion.. Be sure to consider how he/she feels about talking about it and his/her understanding of the quality of life and the gift of life. The medical and emotional condition of the person will affect the responses of the family members. You may need a counselor to help sort through the issues of dying and death. You may want to talk to family members privately before bringing the subject up as a group. Usually a family member will be asked to bring the subject up or to make the final decision as to what to do. There is no easy decision in regard to End-of-Life Care. Pray and ask the Lord to give you wisdom and strength

to bring this delicate subject up to the family members (James 1:5). The Holy Spirit will guide and enable you (Philippians 4:13).

###### MY APPOINTMENT CALENDAR

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DATE TOPIC PERSON(S) METHOD NOTATION

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###### MY WISHES AND DIRECTIVES

###### Chapter 6

***What Are My Wishes and Directives?***

We all hope that we will die quickly and easily at an old age. No one wants to suffer too much nor be a burden to our family and friends. You can help by writing down your wishes and your directives for your family. This will be one of the hardest decision that you will make, but the greatest kindness you can do for them. You may want to consider having the following directives and wishes for your life:

* The Advance Health Care Directive
* The Durable Power of Attorney
* The Last Will and Testament or Living Trust

***What Is The Advance Health Care Directive?***

The Advance Health Care Directive is your written or oral instruction to caregivers about which specific medical treatments you do or do not want performed on you in certain situations where you are not able to speak for yourself. This would include being unconscious, in a coma, too ill to communicate your wished, or when you have chosen someone you trust to make these decisions for you. See Appendix 3 on Sample of Advance Health Care Directive Form.

***What Is The Durable Power Of Attorney?***

The Durable Power of Attorney is a legal document in which you appoint someone to act for you if you later become disabled or incapacitated. This person has the power to represent you and to make decisions regarding your health care and or termination of life. Usually this person is a family member. The person that you appoint must be trustworthy and honest. See Appendix 4 on Sample of Durable Power of Attorney.

If you wish someone to have oversight of your financial affair, you will need to designate someone with the Power of Attorney. The Power of Attorney allows the person to access your accounts and pay your bills, even to liquidate assets. Again, you must find someone trustworthy and honest for they will be your legal representative and decision maker of your property and income. See Appendix 6 on Sample of General Power of Attorney.

***What Is The Last Will and Testament or Living Trust?***

The Last Will and Testament or the Living Trust is a legal document stating how the assets of your estate will be dispense at your death to family members, friends, and or organization(s). Without a written Will or Living Trust, the Probate Court will decide in a hearing how the estate will be divided up among the surviving family members. Having a Will or a Living Trust will

simplify the court proceeding. Every person should have a Will or a Living Trust. See Appendix 7 on Sample of The Last Will and Testament.

By law, you have the legal right to provide these instructions to caregivers or an agent whom you choose while you are capable of doing so. If you choose an agent to make these decisions for you, that person’s responsibility is to ensure your wishes are carried out, even if the family members object. The Patient Self-Determination Act requires health care facilities that receive Medi-Cal and Medicare funds to inform patients of their rights to execute an Advance Health Care Directive.

***Why Do I Need An Advance Health Care Directive?***

The advantages or reason for having completed an Advance Health Care Directive are as followed:

* Your wishes will communicate the care you want and do not want on yourself.
* Your wishes will help your loved ones know what treatment you want or do not want.
* Your wishes will reduce the uncertainty and conflict among family members about what should be done for you.
* Your wishes will lessen anxiety and guilt for family member(s) who may have to make the “life-and-death” decision regarding your care.
* Your wishes may lessen the family’s financial burden by avoiding unwanted costly medical treatment
* Your wishes will let the doctors know how to care for you.
* Your wishes will let the doctors know your decision on being an organ donor after you die.

***Where Do I Get An Advance Health Care Directive?***

Enclosed is an Advance Health Care Directive in the Appendix. It is advisable to speak to your family members and to your doctor before you complete and sign the form. Once you sign the Advance Health Care Directive, the doctors will fulfill your wishes without consulting any of your family members. Review the form carefully and have all your questions answer before you sign the Advance Health Care Directive.

***What Is My Advance Health Care Directive?***

Knowing the importance of my Advance Health Care Directive, my response to this is as followed:

□ I do not wish to make or have an Advance Health Care Directive

□ I am still undecided on making an Advance Health Care Directive

□ I wish to make an Advance Health Care Directive

□ I already have an Advance Health Care Directive

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***What Does The Bible Say About Termination of Life?***

God is the Author of Life. He is our Creator and the Finisher of our Faith. Since God is the Giver of Life, you are to entrust your life into the Lord’s hands. The Bible prohibits us from

committing murder, including active euthanasia. Active euthanasia is whereby one intentionally or actively take one’s life or another person’s life. (Exodus 20:13). The Bible does permit passive euthanasia whereby the person is made comfortable in facing death without food and or water. In the Old Testament, death was not prolong unnecessarily but recognized as a fact of life. “ When Jacob had finished giving instruction to his sons, he drew his feet up into the bed,

breathed his last and was gathered to his people “ (Genesis 49:33).

The complexity of when is a person is considered “dead” is a difficult one. It is generally accepted that when a person has little or no brain activity that the person is considered brain dead. Removing of life support from the person is a matter of personal conscience when the prospect of recovery is unlikely and in a vegetated state. If the brain has minimal activity while the heart continues to beat involuntarily, and the damage to the brain in such a way that recovery is unlikely, the family must consider whether to continue life support or the termination of all life support, including feeding. This decision can only be made by the family unless the person has an Advance Health Care Directive. Since each situation is different and unique, do share your concerns with your family members, doctors, and the pastoral team. You may want to read in the Appendix 2 on The Decision on Life Support.

###### MY HOSPICE CARE

###### Chapter 7

### ***What Is Hospice?***

Hospice provides comfortable and compassionate care for people who are terminally ill. A person or the family may choose hospice care when the person wishes no longer to receive medical treatment and prefer comfort care for the last months or weeks of their lives. The person may choose to stay at a hospice place or at home. Hospice helps the person to live as fully as possible with dignity and provides support to family and friends during the dying process, at death and after death has occurred. Quite often the person chooses to go home and be with the family for the remaining time of his/her life.

***What Services Would I Receive From Hospice?***

Hospice provides a well-trained team of health professionals and volunteers on call 24 hours a day, seven days a week to offer the following services:

* A nurse to keep the patient comfortable by helping control pain and other symptoms, and to each family members how to safely care for their sick family member.
* A home health aide to help with personal care.
* A social worker to help the patient and family ensure their wishes are honored by the caregiver, and to support them in any way possible.
* A chaplain to help with spiritual issues or to connect the patient with his or her own church or religion.
* Volunteers to stay with the patient when the family has to leave the house to take care of business.
* Medical equipment, supplies and medications related to the terminal illness.
* Bereavement service after death to help adults and children in the family through their grief.

***How Do I Pay For Hospice Services?***

Patients with Medicare or your Medi-Cal, and other private insurance, usually are entitled to hospice care. You may ask your doctor or call your local hospice organization to ask about the details of hospice care. Many non-profits hospices will cover services even if you don’t have insurance and can’t pay for it. When looking for a hospice, it is important that you sure it is certified by Medicare and Medi-Cal; and that it is a Hospice License. That will ensure that the care team follows the national standard for quality care.

***What Is My Preference For Hospice Care?***

I prefer to be in the following place during the last few weeks or months before my death.

□ I prefer to be in a nursing home

□ I prefer to be at a hospice care place

□ I prefer to be at a hospital

□ I prefer to be at home

□ I prefer to be at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***How Will The Church Support Me During This Time?***

Your Pastor or the hospital chaplain will provide spiritual, emotional, and physical support for you and for your family. Depending on what is needed, the Church will do its best to meet your needs and your families.

* Praying for your physical and spiritual well-being
* Sharing or confirming your faith in Jesus Christ
* Seeking to bring about family reconciliation, if needed
* Helping you and the family to deal with their feelings and thoughts
* Providing supportive counseling for you and the family members
* Seeking to fulfill your wishes and the family
* Being present with you and your family at the moment of death, if you wish
* Providing physical and emotional support to you and your family through Member Care

Ministry members

* Helping with any funeral arrangements
* May be able to provide limited financial aid

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###### MY PAIN

###### Chapter 8

Pain is part of life. Pain is important for it indicates that something in either physical or emotional indicator that something is wrong with you. Telling your doctor about your pain is crucial for the treatment of it. You don’t have to suffer needlessly. Relief is possible.

When pain is not treated properly, you can become irritable, short-tempered, tired, even depress.

You can’t sleep and you can’t enjoy life. With proper pain management, you can have an increased satisfaction in life. Your doctor may be able to incorporate both Western and non-Western methods of pain management. Always consult your doctor before you attempt to treat yourself. You may be complicating even counteracting what the doctor has prescribed to you.

***What Does The Bible Say About Pain?***

Pain is part of our feelings. The pain can be both emotional and physical. God made our bodies to be able to sense and to respond to pain. We have a nervous system. The Lord said to Eve, “I will greatly increase your pains in your childbearing; with pain you will give birth to children:” (Genesis 3:16). This was before Adam and Eve sinned against God. With the coming of sin into the world, we have the feelings of mourning and death. “Brothers, we do not want you to be ignorant, about those who fall asleep, or to grieve like the rest of men, who have no hope.” I Thessalonians 3:13). One day when we are in the presence of heaven there will be no more pain and tears. “He will wipe very tear from their eyes. There will be no more death or mourning or crying or pain, for the old order of things has passed away” (Revelation 21:4). It is only on earth that we will experience pain and suffering. Praise God, one day there will be no more pain, but for now I must manage my pain.

***How Do I Begin To Manage My Pain?***

You will need to describe to your doctor about the time and duration of your pain, the depth and extent of your pain, and the place or position of the pain in your body. The doctor may use a pain scale in describing how much pain you are feeling. A common pain scale is from 0-10. You will be asked to assign a number from 0-10 to your pain level. 0 means no pain and 10 means that it is unbearable, as bad as it can be. You then can tell the nurse or doctor how bad your pain is by saying, “My pain is a 7 on a scale of 0-10.” If you are unable to describe the pain to your doctor, have a family member or friend describe it for you.

It will be very helpful to keep a record of when the pain occurs the greatest and the least part of the day. This will help them determine what kind of pain control to apply to you.

***What Types Of Pain Medicine Are Available?***

**Important: Consult your doctor or specialists on medication.** It is for your information and not a medical advice. Medications have evolved.

The type of medicine and the method by which the medicine is given depend on the type and cause of pain. For example, constant, persistent pain is best relieved by methods that delivers a steady dose of pain medicine over a long period of time. It may be a slow release oral tablet or a skin patch. A skin patch releases a small amount of medicine on the skin continuously.

* For Mild to Moderate Pain – Nonopoids such as acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDS) including aspirin and ibuprofen. You can buy many of these over the counter without a prescription. NSAIDS can slow blood clotting. Check with your doctor before using these medications.
* For Moderate to Severe Pain – Opioids (also known as narcotics) such as morphine, fentanyl, hydromorphone, oxycodone, and codeine can be used. You will need a prescription for these medicines.
* For Breakthrough Pain – Rapid-onset opioids such as immediate-release oral morphine can be used. Short-acting opioids, which relieve breakthrough pain quickly, need to be used with long-acting opiod for persistent pain. You will need a prescription for these medicines.
* For Tingling and Burning Pain – Antidepressants such as amitriptylines, nortriptyline and desipramine can be used. Taking these antidepressant does not mean that you are depressed or have a mental illness. You need a prescription for these medicines.

***Will I Become Addicted To My Pain Medicine?***

Rarely do people become addicted to pain medicines as your doctor will gradually lower the dosage of your medicine. The fear of addiction may cause you to “hold off” on taking the

medicine.

An addiction can be defined as an uncontrollable drug craving, seeking and using it. When opioids, the strongest pain reliever available also known as narcotics, are taken for pain, your doctor will help your body to adjust slowly without it.

CRITICAL NOTE: Please CONSULT your doctor. The information may be outdated or no longer relevant. Advances in treatment is changing.

***What Are Common Side Efforts Of Pain Medicine?***

The common side efforts of pain medicine are as followed:

* May cause you to feel sleepy or drowsy when you first take them. This happens because with the relief of pain, your body is able to get the much-needed rest it missed when you were in pain. Do not drive when you are taking this medication.
* May become dizzy or feel confused when you take them. Tell your doctor or nurse if this occurs. Changing the dose or type of medicine will usually solve the problem. Do not drive when you are taking this medication.
* May experience constipation, nausea and vomiting, or drowsiness. Usually these symptoms go away after a few days as your body adjusts to the medicine. Tell your doctor if you have these problems.

Pain should be treated earlier than later on in the illness. It is important to take whatever medicine is needed at the time. Your body may become accustom to the medicine you are taking, so you may need to change your dosage or type of medicine. Do not take more than the doctor has prescribed for you.

***What Alternatives To Control Pain Beside Medication?***

The decision to pursue alternatives to pain control is a personal one but it should be done with your doctor’s awareness and or consent with it. Some people find that they can lower the dose of medicine with alternative pain control methods. Some of the methods include the following:

* Relaxation and meditation
* Biofeedback imagery
* Hypnosis
* Transcutaneous electric nerve stimulation (TENS)
* Acupuncture
* Physical therapy
* Emotional support and counseling
* Prayer

***Where Can I Learn About These Alternative Pain Control Methods?***

Ask your doctor, health professional-social worker, physical therapist, psychologists, nurses or family and friends who know about these techniques. Research these alternative methods through your library, bookstore or the Web. You may want to contact the American Cancer

Society at 1-800-ACS-2345 or visit [www.cancer.org](http://www.cancer.org/) for more information.

Before you begin any alternative pain control method check with your medical plan and your physician. It is important that some alternative pain control methods may interfere with the results of traditional medical treatment.

**MY EVERLASTING HOPE**

**Chapter 9**

When the end of life is approaching and imminent, the comfort care and quality of life are paramount to you and to the family. The physician, nurse or hospice team, and the pastoral team will work closely with the family to ensure the patient’s wishes are honored and the family is comforted. Each person experience and beliefs will affect how one faces death. For the Christian, it is knowledge and assurance that one is not leaving home but going home to the Heavenly Father. The assurance of the forgiveness of sins and the Savior’s love for you is assuring and comforting. Making peace and faith with God is crucial in facing and accepting death as a transition of life from this physical life to the full realization of our eternal life.

***What Are The Signs That Death Is Imminent?***

There are some signs that reflect that the loved one is approaching the end of his/her life. Some of the expected changes include:

* An Acceptance or Withdrawal - Some people having come to peace within themselves are not afraid of dying and death while others may turn inward to prepare themselves for death. Allow yourself and your family time to deal with the imminent death.
* Change of Appetite - As the body begins to decline, the patient may lose the desire to eat or to drink. The family members must not force the person to eat or drink. It is particularly important to watch for difficulty in swallowing. The nurse or doctor will give their advice to assist you in honoring the wishes of the patient.
* Sleeping More – General physical decline and increased sleeping are very natural for people close to death. If the person appears comfortable and sleep is peaceful, it is a normal process.
* Disorientation – Sometimes people become disoriented due to the physical changes in the body that affects their mind. Your physician or hospice nurse will help to clarify whether this is part of the dying process or a possible issue related to medication.
* Confusion and Hallucinations – Some people appear to report near death experiences of the afterlife. We believe that the spirit of a person leaves the body at the moment of death, but the moments between life and death is one in which we can’t comprehend.
* Incontinence – Some people experience incontinence of the bowel or bladder or both.

There are special personal hygiene requirements that your nurse can instruct you on in caring for your love one.

* Other physical changes related to dying – Changes in breathing patterns, slowing of circulation with color changes and body temperature variations are all a normal part of the dying process. It is helpful to confirm the onset of these changes with a medical or nursing professional.

***What Will Happen At The Moment Of My Death?***

At the time of death, breathing and heartbeat stop. The person will quickly have color change in the face, and the extremities will become very pale. At the moment of death, the spirit of the person leaves the body and is received by the Lord, if he (she) is a believer. “While they were stoning him, Stephen prayed, “Lord Jesus, received my spirit” (Acts 7:59). The spirit does not linger on earth or wanders on earth, but ascends into the very presence of God.

***What Will My Family or Doctor Do As The Heartbeat Stops?***

First, it is very important that your loved one has discussed with the doctors whether you want to be resuscitated or not. The Advance Directive Will be give instructions to the medical team what to do or what not to do.

*If you are not a hospice patient and die at home:*

* Call 911 immediately, if they know that you want to be resuscitated.
* Do not call 911, if they know that you do not want to be resuscitated. Call the doctor and then call the mortuary. If possible, it helps to have a mortuary selected in advance of the death.
* Call the pastor or family members when death is imminent. Be sure to provide sufficient time for the family members or friends to arrive to be with their loved one before he (she) is moved to the mortuary.

*If you are a hospice patient and die at home you should call the hospice service:*

Notify the hospice service that your loved one has died. They will offer to make a visit to provide comfort and emotional support, assist in the removal of the body, and make calls to the physicians, mortuary or other services providers that may be involved.

*If you die in a hospital or nursing facility:*

Communicate to the staff how involved and informed you would like to be in the care of the loved one at or near the time of death. Some families prefer to stay at the bedside while others do not wish to be present. There is no right or wrong way to feel. The medical facility will assist in any way to ensure the needs and wishes of the loved one and family are honored and supported.

Your pastor or close church friends may/will be present, if you wish, to provide spiritual and emotional support for the loved one and the family.

*What Will I Experience At My Death?*

It is our belief that death is not leaving home but going home. We were created to be with our God and our Savior forever and forever. Apart from the Lord’s coming for us, death is the means whereby we come to the full realization of our faith and our salvation. As long as we are present on this earth, we are apart from the Lord (II Corinthians 5:6). Death allows us to go heavenly home.

Although no one knows exactly what happens at death though some have near death experience,

the Scriptures declares that there is no fear for the believer. For fear has to do with judgment. Yes, you will be leaving your loved ones here on earth, but you know that you will see them one day in heaven. You are going ahead of them. You have run your race on earth and the Lord will received and reward you for your faithfulness and service to Him (I Corinthians 3:10-15). Your sins are forgiven and you are accepted in the Beloved Son (I John 4:9-10). Jesus will personally receive you into God’s presence. The eternal life that is given to you is now fully realized. You will be free from the bondage of sin and death. When you close your eyes for the last time, you will open them in heaven. You will hear your loved one voices but you will also hear your Savior calling you. You will be in the presence of God and the saints in heaven.

***How Do I Have The Forgiveness Of Sins And The Hope of Heaven?***

The Bible declares that there are three steps to the forgiveness of sin and the hope of heaven.

It is as simple as the “ABC”.

A – ADMIT THAT I AM A SINNER

I must acknowledge that I have sinned against God by my talk and my walk. “For all have

sinned and fall short of the glory of God. (Romans 3:23). I do not deserve heaven and I

can’t earn heaven by my good works on earth. “For the wages of sin is death” (Romans

6:23).

B – BELIEVE THAT JESUS CHRIST DIED FOR MY SINS

I must acknowledge that Jesus Christ died for my sins. “But God demonstrates His own

love for us in this: While we were still sinners, Christ died for us” (Romans 5:8). I must

believe that when Jesus died on the cross, He took my sins upon Himself. He took the

punishment of my sin upon Himself for me.

C – CONFESS THAT JESUS IS MY PERSONAL SAVIOR

It is more than just knowing the fact that Jesus died for my sins, but believing in my heart

that this is true for me. “That if you confess with your mouth, “Jesus is Lord,” and believe

in your heart that God raised Him from the dead, you will be saved. For it is with your heart

that you believe and are justified, and it is with your mouth that you confess and are saved”

(Romans 10:9-10). “For everyone who calls on the name of the Lord will be saved”

(Romans 10:13). God’s promise to you is that if you believe in Jesus and confess your sins,

He will forgive your sins and give you eternal life. “For God so loved the world that He

gave His one and only Son, Jesus Christ, that whoever believes in Him will not perish but

have everlasting life” (John 3:16).

***How Do I Believe In Jesus Christ As My Savior?***

You received this promise of forgiveness of sins and the assurance of heaven through prayer.

Prayer is talking to a person. In this case, you are talking to God. You may use this prayer

as a model,

“Heavenly Father,

I confess that I have sinned against you in words and deeds. I am sorry for my sins.

I believe that your Son, Jesus Christ died for my sins on the cross and rose again. I now

accept, receive Jesus Christ as my personal Savior and Lord. Thank you for forgiving me

of my sins and giving me eternal life. I believe this with all my heart and soul. I pray

this in the name of your Son, Jesus Christ, Amen.”

***What Should I Do Now That I Asked Jesus To Be My Savior?***

Share this with your family members and your pastor. They will want to confirm your faith and

pray with and for you. If you have a Bible, my I suggest that you read the Gospel of John. This

book is a tremendous book on comfort. You may want to read Psalm 23. Take time to pray or

talk to God through prayer and God will talk to you through reading the Bible.

You may want to talk to a pastor about water baptism. Baptism is your confirmation or outward expression of inward belief in Jesus as your personal Savior.

***Can I Lose My Salvation?***

The Bible promises that at the moment you believe Jesus Christ as your personal Savior, you have eternal life. “And this is the testimony: God has given us eternal life, and this life is in His Son. He who has the Son has life; he who does not have the Son of God does not have life”

(I John 4:11-12). Jesus said, “I tell you the truth, whoever hears my word and believes Him who sent me has eternal life and will not be condemned; he has crossed over from death to life” (John 5:23). You have eternal life at this moment. You are now a child of God. He will receive you into His presence at the moment of your death.

##### ***What Questions Do I Have About The Bible, God, or Salvation?***

The questions that I have about the Bible, God, or salvation are listed below. I would like someone to help me understand more about the Bible and God.

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##### CONCLUSION

Chapter 10

God has a purpose for your life and the results are in His hands. As the Lord has guided you in these past days, will you continue to trust Him to guide you in the future. It is our prayer that our family and friends will recover from their sickness. God may answer our prayers, but there remains three unanswered question for you. You have two responses:

A. My response if I am healed by God.

1. If God was to extend my life, I will make the following changes:

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1. If God was to extend my life, what will be my response to God? I will respond by:

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B. My response if I am not healed by God.

1. If God chooses not to heal me, what will my response be to God: My response is:

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C. My lessons from this illness.

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APPENDIX

Enclosing are the following Appendixes that you may find helpful. The following appendixes

are not to be viewed as legal documents or an endorsement, but as a sample and for your personal consideration. **CONSULT A LAWYER AND YOUR FAMILY BEFORE YOU SIGNED ANY LEGAL DOCUMENT.**

|  |  |
| --- | --- |
| Appendix 1: MY DAILY JOURNEY AND JOURNAL | Pages 43-48 |
| Appendix 2: THE DECISION ON LIFE SUPPORT | Pages 49-51 |
| Appendix 3: SAMPLE OF ADVANCE HEALTH CARE DIRECTIVE | Pages 52-57 |
| Appendix 4: SAMPLE OF DURABLE POWER OF ATTORNEY | Pages 58-67 |
| Appendix 5: SAMPLE OF LIVING WILL | Pages 68-69 |
| Appendix 6: SAMPLE OF GENERAL POWER OF ATTORNEY | Pages 70-72 |
| Appendix 7: SAMPLE OF LAST WILL AND TESTAMENT | Pages 73-81 |
| Appendix 8: SAMPLE OF REVOCABLE LIVING TRUST | Pages 82-88 |

THE JOURNEY AND THE JOURNAL

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THE JOURNEY AND THE JOURNAL

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MY JOURNEY AND MY JOURNAL

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APPENDIX 2

**THE DECISION ON LIFE SUPPORT**

Dear Brother or Sister in the Lord,

In seeking to understand the Will of God on the loved one who is facing terminal illness or in a coma, the issues are a complex one. The Bible provides some principles on this matter. May the Lord give you wisdom and peace in your decision.

1. Our God is the Author and Giver of life (Psalm 139:16).

Before we were born, God ordained the day of our birth and the day of our death. Since God knows the number of hairs on our head, He knows everything that is happening in our lives. The illness or death is not a surprise to God. God knows the numbers of our days on earth.

2. God created Man and Women both as a physical and spiritual being (Genesis 1:27,

I Thessalonians 5:23).

God created man and woman with a physical body, a soul, and a spirit. The physical

body enables him to relate to the physical world. The soul of the person comprises of the mind, will, and emotion of the person. The soul allows a person to relate his thoughts and feelings to the created world and other living creatures. The spirit allows a person to relate primarily to God, since God is Spirit. We are called to worship God in spirit and in truth (John 4:24). Thus, we are foremost a spiritual being, housed in a physical body.

3. Our Savior holds the key of death and Hades (Revelation 1:18).

Our Savior triumphed both over sin and death. Jesus overcame death through His

resurrection. Because Jesus is at the right hand of the Father, He is the one who holds the

key of life and death. Thus, we have no fear of death.

4. Believers have eternal life and the forgiveness of sins (I John 5:11, I John 4:10).

As Christians, we believe that Jesus Christ died for our sins and have given us eternal life.

Jesus died for all of our sins. We have been given the righteousness of our Savior. (II Corin-thians 5:21). This eternal life begins the moment we believe in Christ Jesus. Eternal life is not just duration of life but quality of life with God. Thus we have no fear of judgment and condemnation from God.

5. Believers are in the presence of God upon death (II Corinthians 5:4-6, Acts 7:59).

Death is separation. Death separates the spirit from the body. As long as the body is still

alive, the spirit of the person is within in the body. “..and now that as long as we are at home in the body we are absent from the Lord (II Corinthians 5:6).” Paul recognized that as long as he can serve God in the body, he wants to do so to bring honor and glory to our God “So we make it our goal to please him, whether we are at home in the body or away from it (II Corinthians 5:9).” However at the moment of death, Jesus receives us into very His heavenly presence.

6. Believer’s spirit will one day be re-united with a new resurrected body (I Cor. 15:50-57).

As Christians, we believe in the resurrection of the dead. The separation of the spirit

from the body is a temporary one. When Jesus Christ returns, the bodies of all the deceased Christians will be resurrected to a new immortal body where the spirit of the person will

re-unite with the body. This is the Christian hope of seeing our loved ones not only in heaven but having a new body from God.

7. Jesus permitted people to die (John 11:6, Genesis 49:33).

Although God made us to be with Him in eternity but because of sin, everyone faces earth. While Jesus was on earth, He did not prevent death for everyone. Jesus allowed Lazarus to die even though he knew he was very sick. Jesus allowed the sickness to overtake Lazarus. It also appears that when death was imminent to people, they accepted it. “He (Jacob) drew his feet up into the bed; breathed his last, as was gathered to his people (Genesis 49:33).” Jacob knew that it was his time to die and he accepted it. He did nothing to try to prevent it. We do not know whether he died immediately or that he just refused to eat and then died.

8. Believers are not to commit suicide or murder (Exodus 20:13).

The Sixth Commandment is, “You shall not murder.” The word, murder is intentionally taking a life, not an accident. We are not to purposefully take a life that is living or take our own life. Since we have offered our bodies and spirit to the Lord, He is the Lord over our bodies and our spirits. The ownership belongs to Jesus. Thus we can’t do what we want with our own bodies. Our bodies belong to Him.

9. Is suffering and pain a justification for active euthanasia?

If a person is in such tremendous pain and suffering, is it proper to actively seeking an

early termination of life to relief the suffering? Exodus 20:13 would speak against active euthanasia on oneself or upon another person. Active euthanasia is intentionally taking some medication or some harmful act to terminate one’s own life. We believe active euthanasia is a violation of the Bible.

10. When is a person “dead”?

This is both a medical and Biblical issue. Death comes when there is a separation of the spirit from the body. The dilemma is that we are not able to discern when that happens.

Doctors can keep a body alive by heart and lung respiration, but if there is no brain activity

or minimal activity so that the person can respond to his environment, then the question will

arise, “What is the purpose of sustaining the person’s physical life by artificial means?” If there is no consciousness or is considered by the doctors as being brain dead, then the family must consider whether their loved one is dead and let the his/her spirit go to be with Lord. This is a matter of personal conviction.

If there is brain activity or consciousness, then that person is alive even though he may

not be able to move his body. If the person is “conscious,” then care ought to be provided

for the family member. The quality of life is not based on the person’s movement but his consciousness of his environment. .

11. What if a person is still breathing after the life support is turned off?

This is the most difficult situation. We are not to actively terminate his life by drugs or

other means. If the person is still breathing, then the family will need to decide whether to continue to give the family member nutrient and water or to withhold nutrient (not water) until the person passes away. This will be a spouse’s decision unless the spouse defers to the family decision.

12. What if a one family members wants “to care” for the family member until there is some

bodily failure as heart attack or kidney failure or recovery?

This is a complex question. Without an Advance Health Care Directive by the sick family member, there will be dissenting voices. This question deals with the continual care of the sick family member by one family or family member to the disagreement of the other family members. The central question will be what is the purpose of the continuing care and what is the prospect of recovery for the comatose loved one. If the prognosis is not if he/she would die, but when the bodily failure will happen, then the family must examine their motives. The issue of “guilt” or “love” for the person ought to be considered and the impact on the family members.

Dissenting family members may be viewed as “unloving” or feel guilty if they do not help in the

care or the medical expenses if continuing care is provided. The caring family may struggle with the daily care of the sick family member and the continuing health care cost. The caring family must consider the long term physical and emotional cost and sacrifice. The cost of caring for a family member is at least $25,000 a year for nursing care. The family will need to have a

honest discussion and conclusion on this matter. This will be a family decision.

CONCLUSION.

There are times when family members are asked to make a decision for their loved ones.

The decision is a personal one between you and God, between the family members and God.

We believe the Bible allows for passive termination depending on the condition of the person by withholding medical treatment including food. If the person is unconscious or unable to make the decision, the factors that are to be considered is the Word of God, the wishes of the person, the medical condition and recommendation by the doctor(s), and the feelings of the immediate family. It is a decision that is made by faith and love.

**APPENDIX THREE**

###### SAMPLE OF

###### ADVANCE HEALTH CARE DIRECTIVE

**WARNING**

**CONSULT A LAWYER AND/OR YOUR FAMILY**

**BEFORE SIGNING ANY DOCUMENT**

**APPENDIX 3**

**ADVANCE HEALTH CARE DIRECTIVE**

**California Advance Health Care Directive**   
(California Probate Code Section 4701)

Explanation  
  
You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.  
  
Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

a. Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.   
b. Select or discharge health care providers and institutions.   
c. Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.   
d. Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.   
e. Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.  
  
Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death.  
  
Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end.

The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

**\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \***

**PART 1  
POWER OF ATTORNEY FOR HEALTH CARE**

(1.1) **DESIGNATION OF AGENT**: I designate the following individual as my agent to make health care decisions for me:  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(name of individual you choose as agent)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(address)                                                 (city)               (state)         (zip code)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(home phone)                                                                               (work phone)  
  
OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(name of individual you choose as first alternate agent)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(address)                                                 (city)               (state)         (zip code)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(home phone)                                                                               (work phone)  
  
OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(name of individual you choose as second alternate agent)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(address)                                                 (city)               (state)         (zip code)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(home phone)

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

work phone)

(1.2) **AGENT'S AUTHORITY**: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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(Add additional sheets if needed.)  
  
(1.3) **WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE**: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box. If I mark this box ڤ, my agent's authority to make health care decisions for me takes effect immediately.  
  
(1.4) **AGENT'S OBLIGATION**: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.  
  
(1.5) **AGENT'S POSTDEATH AUTHORITY**: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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(Add additional sheets if needed.)  
  
(1.6) **NOMINATION OF CONSERVATOR**: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

**PART 2  
INSTRUCTIONS FOR HEALTH CARE**

If you fill out this part of the form, you may strike any wording you do not want.  
  
(2.1) **END-OF-LIFE DECISIONS**: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:  
  
**ڤ**  (a) Choice Not To Prolong Life I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR  
  
**ڤ**  (b) Choice To Prolong Life I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.  
  
(2.2) **RELIEF FROM PAIN**: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Add additional sheets if needed.)  
  
(2.3) **OTHER WISHES**: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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(Add additional sheets if needed.)

**PART 3  
DONATION OF ORGANS AT DEATH  
(OPTIONAL)**

(3.1) Upon my death (mark applicable box):  
  
**ڤ**  (a) I give any needed organs, tissues, or parts, OR **ڤ**  (b) I give the following organs, tissues, or parts only.  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
(c) My gift is for the following purposes (strike any of the following you do not want):

(1) Transplant  
(2) Therapy  
(3) Research  
(4) Education

**PART 4  
PRIMARY PHYSICIAN  
(OPTIONAL)**

(4.1) I designate the following physician as my primary physician:  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(name of physician)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(address)                                                 (city)               (state)         (zip code)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(phone)  
  
OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(name of physician)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(address)                                                 (city)               (state)         (zip code)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(phone)

**\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \***

**PART 5**

(5.1) **EFFECT OF COPY**: A copy of this form has the same effect as the original.  
  
(5.2) **SIGNATURE**: Sign and date the form here:  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(date)                                        (sign your name)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(print your name)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      
(address)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(city)                     (state)                     (zip)

(5.3) **STATEMENT OF WITNESSES**: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.  
  
First witness                                              Second witness  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(print name)                                            (print name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(address)                                                  (address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(city)                (state)                (zip)        (city)                (state)                (zip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(signature of witness)                              (signature of witness)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(date)                                                         (date)

(5.4) **ADDITIONAL STATEMENT OF WITNESSES**: At least one of the above witnesses must also sign the following declaration: I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          
(signature of witness)                              (signature of witness)

**PART 6  
SPECIAL WITNESS REQUIREMENT**

(6.1) The following statement is required only if you are a patient in a skilled nursing facility--a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

**STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN**

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(date)                                        (sign your name)

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_print your name)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      
(address)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(city)                      (state)                     (zip)

**APPENDIX FOUR**

###### SAMPLE OF

###### DURABLE POWER OF ATTORNEY

**WARNING**

**CONSULT A LAWYER AND/OR YOUR FAMILY**

**BEFORE SIGNING ANY DOCUMENT**

**APPENDIX 4**

**SAMPLE OF DURABLE POWER OF ATTORNEY**

***NOTE: You must execute "Notice to Person Executing Durable Power of Attorney" in conjunction with this document. It is included at the end of this document.***

**California Durable Power of Attorney For Health Care**

**Warning To Person Executing This Document**

This is an important legal document which is authorized by the Keene Health Care Agent Act. Before executing this document, you should know these important facts:

This document gives the person you designate as your agent (the attorney in fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document or otherwise made known.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection at the time, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any statement of your desires and any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent (1) authorizes anything that is illegal, (2) acts contrary to your known desires, or (3) where your desires are not known, does anything that is clearly contrary to your best interests.

The powers given by this document will exist for an indefinite period of time unless you limit their duration in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating doctor, hospital, or other health care provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to

(1) authorize an autopsy,

(2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes, and

(3) direct the disposition of your remains.

This document revokes any prior durable power of attorney for health care.

You should carefully read and follow the witnessing procedure described at the end of this form. This document will not be valid unless you comply with the witnessing procedure.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

Your agent may need this document immediately in case of an emergency that requires a decision concerning your health care. Either keep this document where it is immediately available to your agent and alternate agents or give each of them an executed copy of this document. You may also want to give your doctor an executed copy of this document.

Do not use this form if you are a conservatee under the Lanterman-Petris-Short Act and you want to appoint your conservator as your agent. You can do that only if the appointment document includes a certificate of your attorney.

**CALIFORNIA DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

**[PRINT YOUR NAME AND ADDRESS]**

**1. Designation of Health Care Agent.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(name)***

of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(address)***

**[PRINT NAME AND ADDRESS OF YOUR AGENT]**

do hereby designate and appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(name of agent)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(address and telephone number of agent)***

as my attorney in fact (agent) to make health care decisions for me as authorized in this document. For the purposes of this document, "health care decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition.

**2. Creation of Durable Power of Attorney for Health Care.**

By this document I intend to create a durable power of attorney for health care under Sections 2430 to 2443, inclusive, of the California Civil Code. This power of attorney shall not be affected by my subsequent incapacity.

**3. General Statement of Authority Granted.**

Subject to any limitations in this document, I hereby grant to my agent full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my agent shall make health care decisions that are consistent with my desires as stated in this document or otherwise made known to my agent, including, but not limited to, my desires concerning obtaining or refusing or withdrawing life-prolonging care, treatment, services, and procedures.

**4. Statement of Desires, Special Provisions, and Limitations.**

In exercising the authority under this durable power of attorney for health care, my agent shall act consistently with my desires as stated below and is subject to the special provisions and limitations stated below:

**[ADD PERSONAL INSTRUCTIONS CONCERNING LIFE SUPPORT (IF ANY)]**

(a) Statement of desires concerning life-prolonging care, treatment, services, and procedures:

**[ADD OTHER PERSONAL INSTRUCTIONS (IF ANY)]**

(b) Additional statement of desires, special provisions, and limitations:

*(You may attach additional pages if you need more space to complete your statement. If you attach additional pages, you must date and sign EACH of the additional pages at the same time you date and sign this document.)*

**5. Inspection and Disclosure of Information Relating to My Physical or Mental Health.**

Subject to any limitations in this document, my agent has the power and authority to do all of the following:

(a) Request, review, and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records.

(b) Execute on my behalf any releases or other documents that may be required in order to obtain this information.

(c) Consent to the disclosure of this information.

*(If you want to limit the authority of your agent to receive and disclose information relating to your health, you must state the limitations in paragraph 4 ["Statement of Desires, Special Provisions, and Limitations"] above.)*

**6. Signing Documents, Waivers, and Releases.**

Where necessary to implement the health care decisions that my agent is authorized by this document to make, my agent has the power and authority to execute on my behalf all of the following:

(a) Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice."

(b) Any necessary waiver or release from liability required by a hospital or physician.

**7. Autopsy; Anatomical Gifts; Disposition of Remains.**

Subject to any limitations in this document, my agent has the power and authority to do all of the following:

(a) Authorize an autopsy under Section 7113 of the Health and Safety Code.

(b) Make a disposition of a part or parts of my body under the Uniform Anatomical Gift Act (Chapter 3.5 [commencing with Section 7150] of Part I of Division 7 of the Health and Safety Code).

(c) Direct the disposition of my remains under Section 7100 of the Health and Safety Code.

*(If you want to limit the authority of your agent to consent to an autopsy, make an anatomical gift, or direct the disposition of your remains, you must state the limitations in paragraph 4 ["Statement of Desires, Special Provisions, and Limitations"] above.)*

**[SPECIFY A DURATION (IF ANY)]**

**8. Duration.**

This durable power of attorney for health care expires on \_\_\_\_\_\_\_\_\_***(fill in this space ONLY if you want to limit the duration of this power of attorney)***

**[PRINT THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF YOUR ALTERNATIVE AGENTS]**

**9. Designation of Alternate Agents.**

If the person designated as my agent in paragraph 1 is not available or becomes ineligible to act as my agent to make a health care decision for me or loses the mental capacity to make health care decisions for me, or if I revoke that person's appointment or authority to act as my agent to make health care decisions for me, then I designate and appoint the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:

A. First Alternate Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(name of first alternate agent)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(address and telephone number of first alternate agent)***

B. Second Alternate Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(name of second alternate agent)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(address and telephone number of second alternate agent)***

**[PRINT THE NAME AND ADDRESS OF YOUR CONSERVATOR (OPTIONAL)]**

**10. Nomination of Conservator of Person.**

*(A conservator of the person may be appointed for you if a court decides that one should be appointed. The conservator is responsible for your physical care, which under some circumstances includes making health care decisions for you. You are not required to nominate a conservator but you may do so. The court will appoint the person you nominate unless that would be contrary to your best interests. You may but are not required to, nominate as your conservator the same person you named in paragraph 1 as your health care agent. You can nominate an individual as your conservator by completing the space below.)*

If a conservator of the person is to be appointed for me, I nominate the following individual to serve as conservator of the person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(name of person nominated as conservator)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(address of person nominated as conservator)***

**11. Prior Designations Revoked.**

I revoke any prior durable power of attorney for health care.

**[DATE AND SIGN THE DOCUMENT, AND PRINT THE CITY AND STATE IN WHICH YOU SIGNED IT]**

**DATE AND SIGNATURE OF PRINCIPAL**

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

I sign my name to this Durable Power of Attorney for Health Care on \_\_\_\_\_\_\_\_\_***(date)*** at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,***(city)*** \_\_\_\_\_\_\_\_***(state)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(you sign here)***

**[*NOTE*:**

**YOU MAY SIGN THIS FORM *EITHER* IN THE PRESENCE OF A NOTARY PUBLIC *OR* IN THE PRESENCE OF TWO WITNESSES]**

**(THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS IT IS SIGNED BY *EITHER* A NOTARY PUBLIC *OR* TWO QUALIFIED WITNESSES WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE. IF YOU HAVE ATTACHED ANY ADDITIONAL PAGES TO THIS FORM, YOU MUST DATE AND SIGN EACH OF THE ADDITIONAL PAGES AT THE SAME TIME YOU DATE AND SIGN THIS POWER OF ATTORNEY.)**

**[THIS SECTION MUST BE FILLED OUT BY A NOTARY PUBLIC]**

**EITHER**

State of California

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

On this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the year \_\_\_\_\_, before me,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,***(insert name of notary public)***

personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,***(insert name of principal)***

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

NOTARY SEAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(signature of notary)***

**[OR]**

**[YOUR WITNESSES MUST READ THIS STATEMENT AND SIGN BELOW]**

**OR**

**STATEMENT OF WITNESSES**

*(READ CAREFULLY BEFORE SIGNING. You can sign as a witness only if you personally know the principal or the identity of the principal is proved to you by convincing evidence.) (To have convincing evidence of the identity of the principal, you must be presented with and reasonably rely on any one or more of the following:*

*(1) An identification card or driver's license issued by the California Department of Motor Vehicles that is current or has been issued within five years.*

*(2) A passport issued by the Department of State of the United States that is current or has been issued within five years.*

*(3) Any of the following documents if the document is current or has been issued within five years and contains a photograph and description of the person named on it, is signed by the person, and bears a serial or other identifying number:*

*(a) A passport issued by a foreign government that has been stamped by the United States Immigration and Naturalization Service.*

*(b) A driver's license issued by a state other than California or by a Canadian or Mexican public agency authorized to issue drivers' licenses.*

*(c) An identification card issued by a state other than California.*

*(d) An identification card issued by any branch of the armed forces of the United States.*

*(4) If the principal is a patient in a skilled nursing facility, a witness who is a patient advocate or ombudsman may rely upon the representations of the administrator or staff of the skilled nursing facility, or of family members, as convincing evidence of the identity of the principal if the patient advocate or ombudsman believes that the representations provide a reasonable basis for determining the identity of the principal.)*

*(Other kinds of proof of identity are not allowed)*

**[*NOTE*: IF YOU ARE A PATIENT IN A NURSING HOME, A PATIENT ADVOCATE MUST BE ONE OF YOUR TWO WITNESSES AND MUST ALSO SIGN A SEPARATE STATEMENT AT THE END OF THIS DOCUMENT]**

**WITNESS #1:**

I declare under penalty of perjury under the laws of California that the person who signed or acknowledged this document is personally known to me (or proved to me on the basis of convincing evidence) to be the principal, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as attorney in fact by this document, and that 1 am not a health care provider, an employee of a health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

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

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

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

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

**WITNESS #2:**

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

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

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

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

**[AT LEAST ONE OF YOUR WITNESSES MUST ALSO READ AND SIGN THIS STATEMENT]**

I further declare under penalty of perjury under the laws of California that I am not related to the principal by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

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

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

**[IF YOU ARE A PATIENT IN A NURSING HOME, THE PATIENT ADVOCATE MUST READ AND SIGN THIS STATEMENT]**

**STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN**

I further declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by subdivision (f) of Section 2432 of the Civil Code.

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

**Notice to Person Executing Durable Power of Attorney**

**A durable power of attorney is an important legal document. By signing the durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:  
  
Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.  
  
This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your agent borrows money on your behalf. This document does not give your agent the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.  
  
Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you provide otherwise in this power of attorney.  
  
The powers you give your agent will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney. The powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions respecting the management of your property.  
  
You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this durable power of attorney at any time, so long as you are competent.  
  
This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the signing of the power of attorney or (2) the principal's signing or acknowledgment of his or her signature. A durable power of attorney that may affect real property should be acknowledged before a notary public so that it may easily be recorded.  
  
You should read this durable power of attorney carefully. When effective, this durable power of attorney will give your agent the right to deal with property that you now have or might acquire in the future. The durable power of attorney is important to you. If you do not understand the durable power of attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.  
  
Notice to Person Accepting the Appointment as Attorney-in-Fact By acting or agreeing to act as the agent (attorney-in-fact) under this power of attorney you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include:  
  
1. The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.  
  
2. The legal duty to keep the principal's property separate and distinct from any other property owned or controlled by you.  
  
You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorizes you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time that the property is transferred to you without authority, you may also be prosecuted for elder abuse under Penal Code Section 368. In addition to criminal prosecution, you may also be sued in civil court.  
  
I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this power of attorney.  
  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Signature of agent)  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Print name of agent)**

**APPENDIX FIVE**

###### SAMPLE OF LIVING WILL

###### 

**WARNING**

**CONSULT A LAWYER AND/OR YOUR FAMILY**

**BEFORE SIGNING ANY DOCUMENT**

**APPENDIX 5**

**SAMPLE OF LIVING WILL**

**LIVING WILL OF  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a resident of the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, State of \_\_\_\_\_\_\_\_\_\_\_\_\_, being of sound and disposing mind, memory and understanding, do hereby willfully and voluntarily make, publish and declare this to be my LIVING WILL, making known my desire that my life shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:   
  
l. This instrument is directed to my family, my physician(s), my attorney, my clergyman, any medical facility in whose care I happen to be, and to any individual who may become responsible for my health, welfare or affairs.   
  
2. Death is as much a reality as birth, growth, maturity and old age. It is the one certainty of life. Let this statement stand as an expression of my wishes now that I am still of sound mind, for the time when I may no longer take part in decisions for my own future.   
  
3. If at any time I should have a terminal condition and my attending physician has determined that there can be no recovery from such condition and my death is imminent, where the application of life-prolonging procedures and "heroic measures" would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally. I do not fear death itself as much as the indignities of deterioration, dependence and hopeless pain. I therefore ask that medication be mercifully administered to me and that any medical procedures be performed on me which are deemed necessary to provide me with comfort, care or to alleviate pain.  
  
4. In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences for such refusal.

5. In the event that I am diagnosed as comatose, incompetent, or otherwise mentally or physically incapable of communication, I appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to make binding decisions concerning my medical treatment.   
  
6. If I have been diagnosed as pregnant and that diagnosis is known to my physician, this declaration shall have no force or effect during the course of my pregnancy.   
  
7. I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration. I hope you, who care for me, will feel morally bound to follow its mandate. I recognize that this appears to place a heavy responsibility upon you, but it is with the intention of relieving you of such responsibility and of placing it upon myself, in accordance with my strong convictions, that this statement is made.   
  
IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my seal at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, in the presence of the subscribing witnesses whom I have requested to become attesting witnesses hereto.   
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Declarant  
The declarant is known to me and I believe him/her to be of sound mind.   
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Witness                                             Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Witness                                             Address  
  
  
  
  
Subscribed and acknowledged, before me by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and subscribed and sworn to before the witnesses, on the \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.  
  
  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SEAL) NOTARY PUBLIC  
  
State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
  
Copies of this instrument have been given to:   
  
  
  
  
Receipt and acknowledged & date:

**APPENDIX SIX**

###### SAMPLE OF

###### GENERAL POWER OF ATTORNEY

**WARNING**

**CONSULT A LAWYER AND/OR YOUR FAMILY**

**BEFORE SIGNING ANY DOCUMENT**

###### APPENDIX 6

###### GENERAL POWER OF ATTORNEY

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [YOUR FULL LEGAL NAME], residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [YOUR FULL ADDRESS], hereby appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as my Attorney-in-Fact ("Agent").

If my Agent is unable to serve for any reason, I designate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_, as my successor Agent.

I hereby revoke any and all general powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1.  Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.

a.  Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.

b.  Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.

c.  Have access to any safe deposit box that I might own, including its contents.

2.  Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.

3.  Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.

4.  Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.

5.  Enter into binding contracts on my behalf.

6.  Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, or other investments.

7.  Maintain and/or operate any business that I may own.

8.  Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.

9.  Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.

10.  Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:

a.  Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.

b.  Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).

c.  Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).

11.  Make gifts from my assets to members of my family and to such other persons or charitable organizations with whom I have an established pattern of giving. However, my Agent may not make gifts of my property to the Agent. I appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_, as my substitute Agent for the sole purpose of making gifts of my property to my Agent, as appropriate.

12.  Transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer.

13.  Disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing: (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

YOUR SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
YOUR PRINTED FULL LEGAL NAME:  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| WITNESS' SIGNATURE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  WITNESS' PRINTED FULL LEGAL NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | WITNESS' SIGNATURE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  WITNESS' PRINTED FULL LEGAL NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Acknowledgement:**   
  
STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [YOUR FULL LEGAL NAME], who is personally known to me or who has produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of person taking acknowledgment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name typed, printed, or stamped

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Title or rank

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Serial number (if applicable)

This document was prepared by:

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

**APPENDIX SEVEN**

###### SAMPLE OF

###### LAST WILL AND TESTAMENT

**WARNING**

**CONSULT A LAWYER AND/OR YOUR FAMILY**

**BEFORE SIGNING ANY DOCUMENT**

**APPENDIX 7**

**LAST WILL AND TESTAMENT OF**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Name of Testator]

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Testator], a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, California, being of sound and disposing mind and memory and over the age of eighteen (18) years or lawfully married or having been lawfully married or a member of the armed forces of the United States or a member of an auxiliary of the armed forces of the United States or a member of the maritime service of the United States, and not being actuated by any duress, menace, fraud, mistake, or undue influence, do make, publish, and declare this to be my last Will, hereby expressly revoking all Wills and Codicils previously made by me.

**I.  MARRIAGE AND CHILDREN**  
  
I am married to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and all references in this Will to my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [husband or wife] are references to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [him or her].  I have the following children:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II.  EXECUTOR**:  I appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as Executor of this my Last Will and Testament and provide if this Executor is unable or unwilling to serve then I appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as alternate Executor. My Executor shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses.  
  
**III.  SIMULTANEOUS DEATH OF SPOUSE**:  In the event that my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [wife or husband] shall die simultaneously with me or there is no direct evidence to establish that my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [wife or husband] and I died other than simultaneously, I direct that I shall be deemed to have predeceased my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [wife or husband], notwithstanding any provision of law to the contrary, and that the provisions of my Will shall be construed on such presumption.   
  
**IV.  SIMULTANEOUS DEATH OF BENEFICIARY**:  If any beneficiary of this Will, including any beneficiary of any trust established by this Will, other than my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [wife or husband], shall die within 60 days of my death or prior to the distribution of my estate, I hereby declare that I shall be deemed to have survived such person.  
  
**V.  BEQUESTS**:

I will, give, and bequeath unto the persons named below, if he or she survives me, the Property described below:  
  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a named beneficiary to this Will predeceases me, the bequest to such person shall lapse, and the property shall pass under the other provisions of this Will. If I do not possess or own any property listed above on the date of my death, the bequest of that property shall lapse.

**VI.  ALL REMAINING PROPERTY; RESIDUARY CLAUSE**:  I give, devise, and bequeath all of the rest, residue, and remainder of my estate, of whatever kind and character, and wherever located, to my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [wife or husband], provided that my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [wife or husband] survives me.  I make no provision for my children, knowing that, as their parent, my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [wife or husband] will continue to be mindful of their needs and requirements.  If my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [wife or husband] does not survive me, then I give, devise, and bequeath all of the rest, residue, and remainder of my estate, of whatever kind and character, and wherever located, to my children per share, but if any child predeceases me, then his or her share will pass, per share, to his or her lineal descendants, natural or adopted, if any, who survive me; but if there are none, then his or her share will lapse and pass equally as part of the shares of my other named children; but if none of my named children survives me or leaves a lineal descendant who survives me, then according to the order of intestate succession in the State of California.

**VII.  ADDITIONAL POWERS OF THE EXECUTOR**: My Executor shall have the following additional powers with respect to my estate, to be exercised from time to time at my Executor's discretion without further license or order of any court.   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VIII.  WAIVER OF BOND, INVENTORY, ACCOUNTING, REPORTING AND APPROVAL**:   My Executor and alternate Executor shall serve without any bond, and I hereby waive the necessity of preparing or filing any inventory, accounting, appraisal, reporting, approvals or final appraisement of my estate. I direct that no expert appraisal be made of my estate unless required by law.

**IX.  OPTIONAL PROVISIONS**:  I have placed my initials next to the provisions below that I adopt as part of this Will. Any unmarked provision is not adopted by me and is not a part of this Will.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_ | If any beneficiary to this Will is indebted to me at the time of my death, and the beneficiary evidences this debt by a valid Promissory Note payable to me, then such person's portion of my estate shall be diminished by the amount of such debt. |
| \_\_\_\_\_\_\_\_ | Any and all debts of my estate shall first be paid from my residuary estate. Any debts on any real property bequeathed in this Will shall be assumed by the person to receive such real property and not paid by my Executor. |
| \_\_\_\_\_\_\_\_ | I direct that my remains be cremated and that the ashes be disposed of according to the wishes of my Executor. |
| \_\_\_\_\_\_\_\_ | I direct that my remains be cremated and that the ashes be disposed of in the following manner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_ | I desire to be buried in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cemetery in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

**X.  CONSTRUCTION**:  The term "testator" as used in this Will is deemed to include me as Testator or Testatrix. The pronouns used in this Will shall include, where appropriate, either gender or both, singular and plural.   
  
**XI.  SEVERABILITY AND SURVIVAL**:  If any part of this Will is declared invalid, illegal, or inoperative for any reason, it is my intent that the remaining parts shall be effective and fully operative, and that any Court so interpreting this Will and any provision in it construe in favor of survival.

**IN WITNESS WHEREOF**, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Testator], hereby set my hand to this last Will, on each page of which I have placed my initials, on this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of California.  
  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature]  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Printed or typed name of Testator]  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Testator, Line 1]  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Testator, Line 2]

**WITNESSES**

The foregoing instrument, consisting of \_\_\_\_\_\_\_\_ pages, including this page, was signed in our presence by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of Testator] and declared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [him or her] to be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [his or her] last Will.  We, at the request and in the presence of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [him or her] and in the presence of each other, have subscribed our names below as witnesses.  We declare that we are of sound mind and of the proper age to witness a will, that to the best of our knowledge the testator is of the age of majority, or is otherwise legally competent to make a will, and appears of sound mind and under no undue influence or constraint.  Under penalty of perjury, we declare these statements are true and correct on this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of California.  
  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature of Witness #1]   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Printed or typed name of Witness #1]   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Witness #1, Line 1]  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Witness #1, Line 2]  
  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature of Witness #2]   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Printed or typed name of Witness #2]   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Witness #2, Line 1]  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Witness #2, Line 2]  
  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature of Witness #3]   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Printed or typed name of Witness #3]   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Witness #3, Line 1]  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Witness #3, Line 2]

**APPENDIX EIGHT**

###### SAMPLE OF

###### REVOCABLE LIVING TRUST

**WARNING**

**CONSULT A LAWYER AND/OR YOUR FAMILY**

**BEFORE SIGNING ANY DOCUMENT**

**APPENDIX EIGHT**

**REVOCABLE LIVING TRUST**

Known As: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**I.**

Agreement made and executed this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, by and between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as the Settlor, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as the Trustee.  
  
Settlor desires to create a revocable trust of the property described in Schedule A hereto annexed, together with such monies, and other assets as the Trustee may hereafter at any time hold or acquire hereunder (hereinafter referred to collectively as the "Trust Estate") for the purposes hereinafter set forth.  
  
NOW, THEREFORE, in consideration of the promises and of the mutual covenants herein contained, the Settlor agrees to execute such further instruments as shall be necessary to vest the Trustee with full title to the property, and the Trustee agrees to hold the Trust Estate, IN TRUST, NEVERTHELESS, for the following uses and purposes and subject to the terms and conditions hereinafter set forth:  
  
The Trustee shall hold, manage, invest and reinvest the Trust Estate (if any requires such management and investment) and shall collect the income, if any, therefrom and shall dispose of the net income and principal as follows:  
  
(1) During the lifetime of the Settlor, the Trustee shall pay to or apply for the benefit of the Settlor all the net income from the Trust.  
  
(2) During the lifetime of the Settlor, the Trustee may pay to or apply for the benefit of the Settlor such sums from the principal of this Trust as in its sole discretion shall be necessary or advisable from time to time for the medical care, comfortable maintenance and welfare of the Settlor, taking into consideration to the extent the Trustee deems advisable, any other income or resources of the Settlor known to the Trustee.  
  
(3) The Settlor may at any time during his/her lifetime and from time to time, withdraw all or part of the principal of this Trust, free of trust, by delivering an instrument in writing duly signed by him/her to the Trustee, describing the property or portion thereof desired to be withdrawn. Upon receipt of such instrument, the Trustee shall thereupon convey and deliver to the Settlor, free of trust, the property described in such instrument.  
  
(4) In the event that the Settlor is adjudicated to be incompetent or in the event that the Settlor is not adjudicated incompetent, but by reason of illness or mental or physical disability is, in the opinion of the Trustee, unable to properly handle his/her own affairs, then and in that event the Trustee may during the Settlor's lifetime, in addition to the payments of income and principal for the benefit of the Settlor, pay to or apply for the benefit of the Settlor's spouse, and of any one or more of Settlor's minor children, such sums from the net income and from the principal of this Trust in such shares and proportions as in its sole discretion it shall determine to be necessary or advisable from time to time for the medical care, comfortable maintenance and welfare of the Settlor's said spouse and children taking into consideration to the extent the Trustee deems advisable, any other income or resources of the Settlor's said spouse and minor children known to the Trustee.  
  
(5) The interests of the Settlor shall be considered primary and superior to the interests of any beneficiary.

**II.**

The Settlor reserves and shall have the exclusive right any time and from time to during his/her lifetime by instrument in writing signed by the Settlor and delivered to the Trustee to modify or alter this Agreement, in whole or in part, without the consent of the Trustee or any beneficiary provided that the duties, powers and liabilities of the Trustee shall not be changed without his/her consent; and the Settlor reserves and shall have the right during his/her lifetime, by instrument in writing, signed by the Settlor and delivered to the Trustee, to cancel and annul this Agreement without the consent of the Trustee or any beneficiary hereof. Settlor expressly reserves the right to appoint successor trustees, replace present trustees and change the beneficiaries or the rights to property due any beneficiary.

**III.**

In addition to any powers granted under applicable law or otherwise, and not in limitation of such powers, but subject to any rights and powers which may be reserved expressly by the Settlor in this Agreement, the Trustee is authorized to exercise the following powers to the Trustee's sole and absolute discretion.

1. To hold and retain any and all property, real, personal, or mixed, received from the Settlor's estate, or from any other source, regardless of any law or rule of court relating to diversification, or non-productivity, for such time as the Trustee shall deem best, and to dispose of such property by sale, exchange, or otherwise, as and when they shall deem advisable; not withstanding this provision or any other contained herein.
2. To sell, assign, exchange, transfer, partition and convey, or otherwise dispose of, any property, real, personal or mixed, which may be included in or may at any time become part of the Trust Estate, upon such terms and conditions as deemed advisable, at either public or private sale, including options and sales on credit and for the purpose of selling, assigning, exchanging, transferring, partitioning or conveying the same, to make, execute, acknowledge, and deliver any and all instruments of conveyance, deeds of trust, and assignments in such form and with such warranties and covenants as they may deem expedient and proper; and in the event of any sale, conveyance or other disposition of any Trust Estate, the purchaser shall not be obligated in any way to see the application of the purchase money or other consideration passing in connection therewith.
3. To lease or rent and manage any or all of the real estate, which may be included in or at any time become a part of the Trust Estate, upon such terms and conditions deemed advisable, irrespective of whether the term of the lease shall exceed the period permitted by law or the probable period of any trust created hereby, and to review and modify such leases; and for purpose of leasing said real estate, to make, execute, acknowledge and deliver any and all instruments in such form and with such covenants and warranties as they may deem expedient and proper; and to make repairs, replacements, and improvements, structural and otherwise, of any property, and to charge the expense thereof in an equitable manner to principal or income, as deemed proper.
4. To borrow money for any purpose in connection with said Trust created hereby, and to execute promissory notes or other obligations for amounts so borrowed, and to secure the payment of any such amounts by mortgage or pledge or any real or personal property, and to renew or extend the time of payment of any obligation, secured or unsecured, payable to or by any trust created hereby, for such periods of time as deemed advisable.
5. To invest and reinvest or leave temporarily uninvested any or all of the funds of the Trust Estate as said Trustee in the Trustee's sole discretion may deem best, including investments in stocks, common and preferred, and common trust fund, without being restricted to those investments expressly approved by statute for investment by fiduciaries, and to change investments from realty to personality, and vice versa.
6. To compromise, adjust, arbitrate, sue defend, abandon, or otherwise deal with and settle claims, in favor of or against the Trust Estate as the Trustee shall deem best and the Trustee's decision shall be conclusive.
7. To determine in a fair and reasonable manner whether any part of the Trust Estate, or any addition or increment thereto be income or principal, or whether any cost, charge, expense, tax, or assessment shall be charged against income or principal, or partially against income and partially against principal.
8. To engage and compensate, out of principal or income or both, as equitably determined, agents, accountants, brokers, attorneys-in-fact, attorneys-at-law, tax specialists, realtors, custodians, investment counsel, and other assistants and advisors, and to do so without liability for any neglect, omission, misconduct, or default of any such agent or professional representative, provided he or she was selected and retained with reasonable care.
9. To vote any stock, bonds, or other securities held by the Trust an any meetings of stockholders, bondholders, or other security holders and to delegate the power so to vote to attorneys-in-fact or proxies under power of attorney, restricted or unrestricted, and to join in or become a party to any organization, readjustment, voting trust, consideration or exchange, and to deposit securities with any persons, and to pay any fees incurred in connection therewith, and to charge the same to principal or income, as deemed proper, and to exercise all of the rights with regard to such securities.
10. To purchase securities, real estate, or other property from the executor or other personal representatives of the Settlor's estate, the executor or other personal representative of the Settlor's spouse's estate, and the Trustee of any agreement or declaration executed by the Settlor during his/her lifetime under his/her last will in case his/her executors or Trustees are in need of cash, liquid assets, or income-producing assets with which to pay taxes, claims, or other estate or trust indebtedness, or in case such executors or Trustees are in need of such property to properly exercise and discharge their discretion with respect to distributions to beneficiaries as provided for under such bills, declarations, or agreements. Such purchase may be in cash or may be in exchange for other property of this Trust, and the Trustees shall not be liable in any way for any loss resulting to the Trust Estate by reason of the exercise of said authority.
11. To undertake such further acts as are incidental to any of the foregoing or are reasonably required to carry out the tenor, purpose and intent of the Trust.
12. To make loans or advancements to the executor or other personal representative of the Settlor's estate, the executor or other personal representative of the Settlor's spouse's estate, and the Trustees of any agreement or declaration executed by the Settlor during his/her lifetime or under his/her last will in case such executors or Trustees are in need of cash for any reason. Such loans or advancements may be secured or unsecured, and the Trustees shall not be liable in any way for any loss resulting to the Trust Estate by reason of the exercise of this authority.

**IV.**

Upon death of the Settlor, or the last surviving Settlor if more than one, the remaining Trust assets shall be distributed to the beneficiaries in the proportionate or allocable amounts as are specified in the schedule of beneficiaries, hereto annexed as Schedule B, as may then be in force.  
  
If any beneficiary and the Settlor should die under such circumstances as would render it doubtful whether the beneficiary or the Settlor died first, then it shall be conclusively presumed for the purposes of this Trust that said beneficiary predeceased the Settlor.

**V.**

If it shall be determined that any provisions of the Trust created herein violates any rule against perpetuities or remoteness of vesting now or hereafter in effect in a governing jurisdiction, that portion of the Trust herein created shall be administered as herein provided until the termination of the maximum period allowed by law at which time and forthwith such part of the Trust shall be distributed in fee simple to the beneficiaries then entitled to receive income therefrom, and for the purpose, it shall be presumed that any beneficiary entitled to receive support or education from the income or principal or any particular fund is entitled to receive the income therefrom.

**VI.**

Except as otherwise provided herein, all payments of principal and income payable, or to become payable, to the beneficiary of any trust created hereunder shall not be subject to anticipation, assignment, pledge, sale or transfer in any manner, nor shall any said beneficiary have the power to anticipate or encumber such interest, nor shall such interest, while in possession of the Trustee, be liable for, or subject to, the debts, contracts, obligations, liabilities or torts of any beneficiary.

**VII.**

This Trust Agreement shall be construed, regulated and governed by and in accordance with the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  
  
I certify that I have read the foregoing Trust Agreement and it correctly states the terms and conditions under which the Trust Estate is to be held, managed and disposed of by the Trustee.  
  
  
  
  
Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Settlor]   
  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Trustee]

**WITNESSES**

The foregoing instrument, consisting of \_\_\_\_\_\_\_\_ pages, including this page, was signed in our presence by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of Settlor].  We, at the request and in the presence of the Settlor and in the presence of each other, have subscribed our names below as witnesses.  We declare that we are of sound mind and of the proper age to witness a revocable trust, that to the best of our knowledge the Settlor is of the age of majority, or is otherwise legally competent to make a revocable trust, and appears of sound mind and under no undue influence or constraint.  Under penalty of perjury, we declare these statements are true and correct on this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  
  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature of Witness #1]   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Printed or typed name of Witness #1]   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Witness #1, Line 1]  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Witness #1, Line 2]  
  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature of Witness #2]   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Printed or typed name of Witness #2]   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Witness #2, Line 1]  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Witness #2, Line 2]  
  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature of Witness #3]   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Printed or typed name of Witness #3]   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Witness #3, Line 1]  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Address of Witness #3, Line 2]

**ACKNOWLEDGEMENT OF NOTARY PUBLIC**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
On\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_before me,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as Settlor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as Trustee, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as Witnesses, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  
  
WITNESS my hand and official seal.  
  
  
  
  
Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Affiant:  \_\_\_\_\_Known \_\_\_\_\_Unknown  
  
ID Produced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
(Seal)

**Schedule A**  
Description of Property

[Insert description of the property to be placed in the revocable trust.]

**Schedule B**  
Schedule of Beneficiaries

[Insert a listing of the beneficiaries and for each note the proportionate or allocable amounts each is to receive.]

###### ACKNOWLEDGMENTS

The Hope Package is grateful and indebted to the following organizations or persons for their information that is included in The Hope Package:

* The American Cancer Society in their handbook, “Quality of Life Handbook-A Guideline For Patients With Terminal Cancer or Long Term Illness and Their Families”
* The First Presbyterian Church of Burlingame, California
* Crisis Care by Dr. Norman Wright

###### WARNING

It is imperative that those who read The Hope Package to verify and confirm the information with their physicians, lawyers or specialists. This Hope Package is NOT a medical journal nor a medical advice book, but a handbook that makes the information readily available to you. This handbook is not an exhaustive study of what is available but what is commonly available. Only you, your family, and your doctor can determine your medical condition and treatment. If you have any doubts or questions as to your medical treatment or health condition, please call your doctor.

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**CONCLUDING REMARKS**

May the Lord bless and comfort you, your loved one or a friend. I trust The Hope Package will enable you and your loved one who is ill to find peace in the midst of sorrow, but remember there is the hope of the resurrection and re-uniting with our loved at the return of Jesus Christ.

Sincerely Yours,

Pastor Kingston Tong