Get What YOU Want in Life and Death: The Eight "Essential Documents"
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Although life doesn't always go as planned, planning helps us prepare for what is to come. If you are expecting a baby, you plan for where the baby will sleep, buy a crib, and start thinking about names. If you are going on a road trip, you look at maps and plan the route. If you are planting a garden, you evaluate the planting site, select plants that will grow well there, and learn about the care the plants need. The end of life is no different.

End-of-life planning is the process of creating documents that specify your wishes regarding end-of-life care, management of your assets, and treatment of your body after death. The following documents, sometimes called the "eight essential documents," are included in most end-of-life plans.

Will and/or Trust: A will is a legal document that makes provisions for the disposition of your estate after your death. In your will you name the person who will oversee paying your debts and distribution of your probated assets after you die. A will does not control certain assets, such as retirement accounts, payable on death accounts, or life insurance policies.

A trust is a legal document that can be used to manage and control your assets while you are alive and after you die. A trust usually provides who manages the assets in your trust during your lifetime and after your death. Assets in a trust do not need to go through the public probate process and are often used to manage assets of blended families following the death of one spouse.

Community Property Agreement: A community property agreement is a written contract between married spouses or registered domestic partners that leaves all community property to the surviving spouse/partner upon the death of the other without probate of a will or administration of a trust.

Health Care Directive: Also known as a "living will" or "advanced directive," this document describes your wishes should you become unable to speak for yourself. A health care directive can address use of cardiopulmonary resuscitation (CPR), mechanical ventilation, tube feeding, dialysis, administration of antibiotics, and comfort care. The health care directive helps ensure that you get the care that you want.

In certain situations, a health care directive might not be followed. For example, emergency medical services (EMS) personnel are required to provide CPR and other life-sustaining treatments unless a valid POLST is present. (See below.)

Portable Orders for Life-Sustaining Treatment (POLST): This document describes the types of life-sustaining treatment you want or do not want in a medical emergency. It is like a DNR (Do Not Resuscitate) order but makes provisions for other types of care. The POLST must be signed by your health care provider.

EMS personnel are required by law to honor a POLST if it is brought to their attention, but they rarely have time to search for one during an emergency.

Durable Power of Attorney (DPOA) for Health Care: This legal document names a health care agent or proxy who is authorized to make medical treatment decisions for you if you are unable to do so. Designation of a DPOA for health care is often included in the health care directive.

DPOA for Finances: This legal document names the person who has authority to control your finances while you are unable to attend to them. In designating the agent, you should specify the financial powers given to your agent such as the capacity to change beneficiaries or make gifts of your money or property.

Health Insurance Portability and Accountability Act (HIPAA) Release: Also known as a "HIPAA authorization form," this document gives permission to medical care providers and staff to discuss your health conditions and care with designated people. It does not, however, allow them to make health care decisions on your behalf. The HIPAA release is often included in documents that designate DPOA.

Disposition of the Body: Sometimes called a "letter of intent," this document specifies how you would like your body to be handled after your death (e.g., burial, cremation, or alkaline hydrolysis) and authorizes an agent to carry out your instructions. Pre-arranging and paying for body disposition before death (e.g., a pre-paid funeral plan) is considered designation of authority in Washington state.

Final thoughts

Legal assistance might be helpful in drafting and executing the essential documents. You can, however, prepare most of them yourself. Many standardized versions are available online; look for those created for Washington residents and consider whether your circumstances require modifications.

It is critical to execute these documents properly. All essential documents require your signature (sometimes in multiple places) and the date of execution. Some require notarization and some can be signed by witnesses. The definition of a qualified witness varies depending on the document. DPOA documents need to be signed by the designated agent(s). The POLST needs to be signed by your health care provider.

As you complete these documents, place them in one binder or file that is easily accessible to those who will support you upon death or incapacitation. It is also good to provide copies to others named in the documents such as your health care provider or designated agent.

Finally, it is helpful to create one consolidated document that captures all critical information that others might need upon your death such as a list of your financial accounts, where your legal documents are kept, and insurance information. A free template can be found at https://volunteerhospice.org/resources.php?page=2#top

Jeanette Stehr-Green volunteers at Volunteer Hospice of Clallam County along with a host of other community members who provide respite care, grief and bereavement support, and access to free medical equipment.