

PLANNING FOR THE FUTURE

An Informational Guide for Veterans & Their Families





Fellow Veterans and Their Loved Ones,

I am happy to present to you this informational guide to assist you in considering your choices in healthcare and matters surrounding the end of life. It is my hope that this guide will empower you with knowledge about end of life issues and raise your awareness about pain and symptom management. The information provided here does not replace the personal and specific advice of your doctor or other experts, but it can help you make sense of what is happening and give you a framework for making care decisions.

Regarding legal affairs to consider, you may have signed a living will or similar document several years ago. However, recent changes in the law have made the advance directive form included in this guide more effective than a living will, so I encourage you to complete the form and discard your existing living will. If you currently have a power of attorney that was executed several years ago, I also encourage you to review it and consider updating it if needed. Some organizations will not accept a power of attorney that is considerably aged.

I also encourage you to talk to your family, health care providers, and clergy about how you wish to spend the end of your life. These are admittedly difficult discussions to have with your loved ones, but they are essential to ensuring your wishes are respected. Inside this guide, you will find some tips for starting these conversations. By communicating openly, you will improve the quality of life for yourself and your family.

Finally, please understand that the legal information and forms in this guide are separate from meeting with and receiving advice and counsel from an attorney-at-law experienced in assisting clients with completing these forms. Often lawyers who do estate planning, elder law, and general practice emphasizing those areas can assist you with your health care advance planning. Please contact any of them if you have any questions. Attorney referral information is provided in this guide. If you are a Veteran or the spouse of a Veteran and live in Missouri, the Missouri Veterans Commission can provide Estate Planning services such as simple wills, powers of attorney, living wills, and health care directives free of charge. For more information on this and many other Veterans benefits, please see <https://veteranbenefits.mo.gov>.

Whether a Veteran or family member, as a Veteran myself I appreciate your sacrifices on behalf of our Great Nation and I sincerely thank you for your service. I hope this guide is of some assistance to you.

Sincerely,
Scotty L. Allen
General Counsel
Missouri Veterans Commission



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CHAPTER 1: COMMUNICATING ABOUT THE END OF LIFE

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COMMUNICATING ABOUT THE END OF LIFE

PLANNING FOR THE FUTURE

Death is something most people find difficult to think about, let alone discuss. The only way to ensure your wishes are fulfilled is to talk about them openly and honestly with your family, care providers and clergy. Putting your wishes in writing can relieve a tremendous burden for your loved ones by sparing them the added stress of contemplating your wishes while they endure the sadness and stress of your illness or injury. Having these important conversations now will save heartache down the road. Where does one begin?

The way you want to die is a very personal decision. Begin by thinking about your personal feelings about your death. Research your options. Talk with your health care provider, clergy and family. Some things you should probably consider are:

- ❖ Who are your closest family members and friends?
- ❖ What do you need most for your physical or mental well-being? Being outdoors? Listening to music? Reading Scripture? Being aware of your surroundings and who is with you? How important are seeing, tasting and touching to you?
- ❖ Are you spiritual or religious? Would you like a member of the clergy to be with you when you are dying?
- ❖ How would you like to be remembered? What kind of person have you tried to be? Which accomplishments are you most proud of?
- ❖ Are there cultural or ethnic beliefs and practices that are important to you?
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- ❖ Are you interested in hospice care (more information on this issue is included later in this chapter)?
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- ❖ Would you like to write a letter or make a recorded message to your loved ones that they can open at a future time? Who should receive this letter or recording?

Once you have a clear picture of your wishes, share them with your loved ones, caregivers and clergy. An excellent way to communicate your wishes is to complete the enclosed advance directive form that includes a durable power of attorney for health care choices and health care directive. These forms were designed so that you can complete on your own, but you may wish to consult an attorney before doing so nonetheless.

Keep in mind that even though your wishes are in writing, it may be difficult for others to understand them. That is why it is so critical to talk to your family, caregivers and clergy, if possible. Having this conversation with your family will lessen the pain, doubt and anxiety for them as you near death. While



there is no “right way” or right time to start a conversation about your death, these tips may help you get started:

- ❖ Describe someone else’s experience.
- ❖ Say someone (friend, attorney, social worker, etc.) urged you to have the conversation.
- ❖ Answer the questions set forth above that pertain to you and use that as an outline for your conversation.
- ❖ Write a letter or make a recording describing your wishes, have your family review it and then have the conversation.

As I am sure you can appreciate, your loved ones may resist having the conversation because it is difficult for them to contemplate losing you. Stand your ground, insist on having the conversation and mention the consequences of putting it off. It may also help to have someone be your spokesperson and lead the conversation for you. In the end, you and your loved ones will have greater peace of mind from having this admittedly difficult discussion.

DO YOU NEED AN ATTORNEY?

The forms included herein are designed to be used directly by individuals and meet the requirements of Missouri law. However, if you decide to consult an attorney, you can contact the Missouri Bar Lawyer Referral Service (there is a small fee):

- ❖ Jefferson City: 573-636-3635
- ❖ St. Louis: 314-621-6681
- ❖ Kansas City: 816-221-9472
- ❖ Springfield: 417-831-2783

ADVANCE DIRECTIVES

Although you may not think it could happen to you, it is possible that you will someday become physically or mentally incapable of communicating your desires for medical care due to an accident or an illness. Your family and doctors will better understand your preferences if you have expressed them in writing in advance. One way of accomplishing this is through an advance directive form (see Appendix A) that names a durable power of attorney for health care choices and includes a health care choices directive. If you are a Veteran or the spouse of a Veteran and live in Missouri, the Missouri Veterans Commission can provide Estate Planning services such as an advanced directive free of charge. For more information on this and many other Veterans benefits, please see <https://veteranbenefits.mo.gov>.

It is important to remember that you have a constitutional right to refuse any medical treatment, including those that prolong your life. You also have the right to name a person of your choice, called an agent, to make health care decisions for you if you lose the ability to make your own decisions. You may choose a family member, spouse, adult child or close friend who is at least 18 years old. Your agent cannot be a doctor, an employee of a doctor, or an owner, operator or employee of a health care facility in which you live, unless you are related. However, given the serious nature of health care choices, it is prudent to

appoint someone you completely trust to act in your best interest and to make good decisions under stressful conditions. For example, many people appoint their spouse, sibling or adult child as their health care agent, but it is certainly not required that you do so.

Advance directives alleviate some of the stress in deciding on whom you want to appoint as your health care agent in that they allow you to state exactly what treatments you do or do not want if you are unable to communicate your wishes. Thus, if you want to, you can appoint a health care agent to deal with routine care decisions and take the pressure off your agent by completing an advance directive that sets forth your preferences for major decisions that could be very stressful for your agent to make due to their emotional attachment to you.

Many people have living wills and mistakenly believe this document will communicate their treatment wishes in any situation in which they are incapacitated. Even if you already have a living will, you should consider creating a health care choices directive. Many living wills apply only when you are near death and do not include the withdrawal or withholding of artificial nutrition and hydration. Health care choices directives address these issues and give specific instructions of your preferences. Please see the advance directive form at Appendix A and consider using it to express your wishes regarding the end of life, or contact MVC for estate planning services.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE CHOICES

The durable power of attorney for health care choices, included in the form found at Appendix A, allows you to appoint another person to make health care decisions that you have not specified in the health care choices directive. The person you appoint, called your agent, also can decide what should be done with your body after your death, if you have not already specified that in advance (see the Burial Arrangements discussion in Chapter 3).

You may already have a power of attorney for business and financial matters. If so, it is important to remember that you do not have to appoint the same person to be your health care agent and your financial agent. It is legally permissible to appoint the same person to be both your health care agent and your financial agent, but it is not legally required that you do so. Your health care agent should be someone who understands your goals and values and that you trust to carry out your wishes. You may choose a family member, spouse, adult child or close friend who is at least 18 years old. Your agent cannot be a doctor, an employee of a doctor, or an owner, operator or employee of a health care facility in which you live, unless you are related. Make sure that you ask the person whether he or she is willing to serve as your agent before you appoint them, and talk candidly with him or her about your wishes so there are no misunderstandings.

Your agent may make decisions for you only if you are physically or mentally unable to do so yourself. Missouri law requires two doctors to declare a person incapacitated, unless you specify otherwise. The durable power of attorney section on the form found at Appendix A allows you to choose whether you want one or two doctors to determine whether an agent should make decisions on your behalf. If you are a Veteran or the spouse of a Veteran and live in Missouri, the Missouri Veterans Commission can provide Estate Planning services such as an advanced directive free of charge. For more information on this and many other Veterans benefits, please see <https://veteranbenefits.mo.gov>.



HEALTH CARE CHOICES DIRECTIVE

A health care choices directive, included in the second part of the form found at Appendix A, allows you to provide clear and convincing proof of whether you want your life lengthened by medical treatment. When you become unable to make decisions or communicate your wishes, your doctor and agent will make decisions based on what you have expressed in the health care choices directive section of your form.

GIVE OUT COPIES OF YOUR DIRECTIVE

Give copies of the advance directives form in Appendix A to your doctor, the agent named in the durable power of attorney section, and your family, friends and clergy. Have conversations with these people about your health care decisions and ask your doctor to put a copy of your advanced directive in your permanent medical record. Many people travel with copies of their advance directives form as a precaution (See the Safekeeping of Testamentary Documents section in Chapter 2 for more information).

If you have named an agent, only this person has the legal authority to make health care decisions for you. Be sure that everyone in your family that may become involved in your health care is aware of whom you have chosen as your agent. Likewise, be sure to tell your agent which members of your family you want them to consult with should there be any need to. While it is a good idea to name an alternate agent in case your primary choice cannot serve for whatever reason, it is not recommended that you have more than one person serve as your agent. Having “co-agents” may slow down the process considerably because the two people must be together to execute their duties and they must agree on everything before they can act. Achieving agreement when both parties are stressed can be very difficult for some people.

Health care providers and your agent must follow the directions given in your advance directive. The only exception is if your request would require your health care provider to break the law. A provider who does not want to follow your directive must help you transfer to another facility where your advance directive will be honored.

Unless you cancel it, your advance directive will remain in effect until you die unless otherwise specified. If you want to make changes to your advance directive, you can initial and date the changes in the margin of your advance directive form, but I recommend completing a new one to avoid confusion. Completing a new advance directive form will eliminate any argument as to the validity of your wishes.

LIVING WILLS

By creating a living will, you direct health care providers to withhold or withdraw medical treatment under certain circumstances. Missouri law authorizes the creation of living wills that use a statement or declaration in this form:

“I have the primary right to make my own decisions concerning treatment that might unduly prolong the dying process. By this declaration, I express to my physician, family and friends my intent. If I should have a terminal condition, it is my desire that my dying not be prolonged by administration of death-prolonging procedures. If my condition is terminal and I am unable to participate in decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw medical procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain. It is not my intent to authorize affirmative or deliberate acts or omissions to shorten my life, rather only to permit the natural process of dying.”

To create a living will, you must be at least 18 years old and have two witnesses who are also at least 18 years old. You and your two witnesses must sign the living will and it must contain a statement substantially similar to that set forth above. The statement can be typed or handwritten. The witnesses must be “disinterested”. This means that they cannot be family members, beneficiaries of your estate or financially responsible for your medical care.

Living wills do have limitations that you need to be aware of. First, they apply only to near death situations in which the patient will die shortly without medical intervention. Second, Missouri law prohibits a living will from being used to withhold or withdraw artificially supplied nutrition and hydration. In some cases, artificially supplied nutrition and hydration is what is keeping the patient alive, so the inability to remove it means you may be inadvertently prolonging the natural dying process. It is for this reason that I recommend using the Advanced Directive if it is your intention to remove life support if you are persistently unconscious or there is no reasonable expectation of your recovery from a seriously incapacitating or terminal illness or condition. To give instructions beyond what a living will allow, you must use an advance directive such as the one found in Appendix A. If you are a Veteran or the spouse of a Veteran and live in Missouri, the Missouri Veterans Commission can provide Estate Planning services such as an advanced directive or living will free of charge. For more information on this and many other Veterans benefits, please see <https://veteranbenefits.mo.gov>.

Once you complete a living will, be sure to give copies to your doctors, family members and the person you have chosen as your power of attorney for health care. If you later decide to cancel your living will, you can do so verbally, in writing or simply destroy (burn, shred) the existing living will. Health care providers are required to note a revocation of a living will in your medical record.

UNDERSTANDING LIFE-SUSTAINING TREATMENTS

Your doctor can answer your questions about the types of treatments and medical interventions that may lengthen your life and delay death in much greater detail than what you will find in this booklet. Understanding these treatments and interventions will help you create your advance directive or living

will. The following is a brief discussion of a few life-sustaining treatments to give you some understanding of the options available. Please consult with your care providers for more details.

- ❖ **CARDIOPULMONARY RESUSCITATION (CPR):** CPR is performed when the heart or lungs suddenly stop working. CPR usually includes chest compressions, administration of drugs and/or electric shock to restore the heartbeat, and a tube placed in the windpipe for breathing.
- ❖ **RESPIRATOR (ALSO CALLED A VENTILATOR):** This is a machine that breathes for you when you are unable to breathe naturally on your own, by moving air into the lungs for you. Patients recovering from surgery or illness are sometimes placed on a ventilator to help them breathe until they can do so on their own.
- ❖ **ARTIFICIAL NUTRITION & HYDRATION:** A patient who is unable to eat or drink may receive nutrition and fluids directly or indirectly into his or her stomach by a feeding tube or through an intravenous line. This artificial method of nutrition and hydration ordinarily is used when a person loses the ability to eat or digest food or water.

DO-NOT-RESUSCITATE ORDER (DNR) & OUTSIDE THE HOSPITAL DO-NOT-RESUSCITATE ORDER (OHDNR)

A doctor may write a do-not-resuscitate (DNR) order instructing health care providers to not attempt CPR in the case of cardiac or respiratory arrest. In contrast to advance directives, the patient or health care agent cannot prepare the DNR order. Every health care facility has its own policy on when to use DNR orders, as do emergency medical services providers. Check with your local ambulance service, hospital and/or nursing home for information on how they handle DNR orders.

DNR orders have long been allowed in hospitals, but it is relatively new that they are now allowed outside of the hospital setting. Some people prefer to leave the hospital and die at home, whether it is their own home, a nursing home, hospice or other facility. Missouri law allows these individuals to create an OHDNR order. The OHDNR order must be signed by the patient (or guardian) and a doctor, and it tells emergency responders the patient does not want treatment to restart his or her heartbeat or breathing.

If you elect to create an outside the hospital do-not-resuscitate order, it is essential that it be accessible to others. It is recommended that you keep a copy in your medical file and at home with you. You can always change your mind on the spot and let emergency responders know that you do want to be revived, if necessary. If you would like to create an outside the hospital do-not-resuscitate order, please complete the form found in Appendix B.

In Missouri Veterans Homes, OHDNR orders are effective when there is a signed OHDNR order from the resident's attending physician and it is signed by the patient; the order must be the first page of your medical record; the order will not be interpreted to authorize the withholding of any medical interventions other than CPR; and is not applicable to pregnant patients.

HOSPICE CARE

Recent surveys indicate that most Americans would prefer to die at home, but most do not. In some cases, a hospital or nursing home is the most appropriate place for a person to die, such as when advanced medical technology is necessary. However, most people who die in hospitals or nursing homes could die at home if the right support were available.

In recent years, more Missourians had the opportunity to die at home or in a homelike environment because of hospice care. Hospice care focuses on relieving the symptoms of persons who are dying rather than trying to cure them. Hospice accepts death as a natural part of life and therefore does not attempt to avoid or prolong it.

In hospice care, a team of care providers develops a plan for the patient to control pain and allow them to live life to the fullest until they die. The team usually includes a doctor, nurse, counselors, clergy, volunteers and aides. Hospice care can be provided wherever the patient calls home – the patient’s own home, a nursing home, a hospital, assisted living or hospice facility. The hospice team addresses not only physical symptoms, but also emotional, psychological and spiritual needs. The patient’s family also receives care in many ways including respite care that gives them a break from providing care, as well as counseling to help deal with the grief and stress of the situation. This support continues for up to a year after the patient dies.

Medicare, Medicaid, Veterans Administration benefits and/or private health insurance usually cover the cost of hospice care for eligible patients. To qualify for hospice care, a patient must have a life expectancy of six months or less and agree to forgo curative medical treatments. Many hospices receive donations from the community and offer services based on need, not on a patient’s ability to pay.

HOW TO FIND A HOSPICE

To find a nearby hospice, contact the Missouri Hospice and Palliative Care Association at:

**721 Jefferson Street
Jefferson City, MO 65101
(573) 415-2010
info@mohospice.org**

The Association also has a special program for Veterans that may interest you. To learn more, visit <https://www.mohospice.org/we-honor-veterans-program/> .



CHOOSING A HOSPICE CARE PROVIDER

To choose a hospice, begin by talking to your health care provider, minister or friends who are familiar with local hospice programs. If possible, call several hospices in your area and ask:

- ❖ What services do you provide?
- ❖ What kind of support do you give to the family or caregiver?
- ❖ What role does the attending doctor and hospice play?
- ❖ What do your volunteers do?
- ❖ How do you work to keep the patient comfortable?
- ❖ How are services provided afterhours?
- ❖ How and where do you provide short-term inpatient care?
- ❖ Do you provide care in a nursing home or long-term care facility?

MANAGING YOUR PAIN IS POSSIBLE

The number one reason people seek medical care is pain. You should not have to live in pain, so insist on getting the relief you need by talking with family and health care providers. If you are searching for ways to control your pain, you are certainly not alone. Recent polls have shown that many Americans report living with chronic pain and that is especially true for those with serious illnesses or injuries.

Unrelieved pain can be crippling. If you are in pain, you may become depressed, have trouble sleeping, fall, have trouble thinking clearly, lose your appetite and lose the ability to move around. Thankfully, doctors now have the tools to relieve pain for the vast majority of patients, but many still do not receive the pain relief they need. Some patients refuse narcotic pain relievers because they fear they will become addicted. However, doctors say that addiction to these medications is rare when they are prescribed and used properly. If you are in pain and avoiding the use of pain medication due to a fear of addiction then speak to your healthcare provider about your concerns and pain management options. Together you can come up with a pain management plan that is right for you.

You should consider making your wishes regarding pain management known in a written advance directive. You can also call upon hospice care teams specially trained in managing pain to work on your behalf. You may have to speak up for yourself more than you would like, but remember – your goal is pain relief and it is possible to achieve. It is not unreasonable to simply want to live comfortably.



CHAPTER 2: FINANCIAL CONSIDERATIONS

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❖ SAFEKEEPING TESTAMENTARY DOCUMENTS

- Fireproof Storage
- Safety Deposit Boxes
- Copying Your Will
- Reviewing Your Will
- Prior Will
- Insurance Policy Designation Update
- Asset Overview
- Powers of Attorney
- Advanced Medical Directive/Living Wills

FINANCIAL CONSIDERATIONS

WHAT IS PROBATE?

Probate is a court-supervised process of transferring legal title of property from a person who has died – called the “decedent” – to the person(s) designated by law – called “beneficiaries”, “distributes” or “heirs”. Under the law, a person has the right to designate the person(s) who will receive their property in advance through a will, trust or other legal mechanism, or state law will decide who will receive the property if no advanced designation has been made. Probate is necessary to protect the rights to the probate estate of a decedent’s heirs and creditors by ensuring an orderly transfer of property is done after estate property and debts are administered.

YOUR PERSONAL REPRESENTATIVE

When you pass away, your personal representative will administer your estate. You may name a personal representative in your will to administer your estate, or the court will appoint one for you. Sometimes personal representatives are referred to as your “executor”, so you may encounter that term as well. You may choose one or more persons who are at least 18 years of age, or an institution like a bank, trust or law firm to be your personal representative. While it is a good idea to name an alternate personal representative, in case your primary choice cannot serve for whatever reason, it is not recommended that you have more than one person serve as your personal representative. Having “co-personal representatives” may slow down the process considerably because the two people must be together to execute their duties and they must agree on everything before they can act. Achieving agreement when both parties are stressed and grieving can be very difficult for some people. If you wish to appoint a personal representative in your will, it is recommended that you appoint someone who is trustworthy to follow your wishes and, of course is willing to serve. Your personal representative should be someone who can be relied upon to make difficult decisions under stressful conditions (decisive), and is prudent, intelligent (**NOT** necessarily educated), and is either local to you or can travel as needed.

HOW DOES PROBATE WORK?

The decedent’s property is held and managed by the decedent’s personal representative during the administration of the estate. The personal representative will distribute the estate when the probate court approves the payment of claims and expenses against the estate, and the proposed distribution schedule. The earliest that an estate may be closed and distribution made to the beneficiaries is approximately six months and 10 days after the date of first publication. However, it often takes a year or more to finish the administration. These are the steps in probate administration:

- ❖ Hire an attorney to represent you.
- ❖ Apply for Letters Testamentary if there is a will admitted (or apply for Letters of Administration without a will).
- ❖ Publish notice to creditors. The date of first publication starts a six-month period for claimants to submit their claims to the court and the personal representative.
- ❖ Inventory and appraise assets.
- ❖ Administer the estate and sell property if funds are needed to pay bills.
- ❖ Pay debts, claims, taxes, and expenses. Yes, you read that correctly – **many of your debts will NOT die with you.**
- ❖ Prepare a settlement showing income and disbursements.
- ❖ Obtain court approval for distribution and close estate.



WHAT ASSETS ARE SUBJECT TO PROBATE?

The probate process involves only those assets owned by the decedent alone, not those jointly owned with another person(s), and not those that have valid non-probate beneficiary designations (explained below). Therefore, if you are a “tenant in common” with someone on a piece of property, that means that you have separate ownership of a share of the property and that share of the property would be subject to probate. However, if you are a “joint tenant” or a “tenant by the entirety” with someone on a piece of property, those types of ownership revert to the surviving owner(s) when you die and would not be subject to probate (unless, of course, YOU are the surviving member of the ownership class). Typically, spouses are joint tenants or tenants by the entirety on the family home, so the surviving spouse inherits the property and becomes the sole owner automatically when the other spouse dies. Assets owned in a trust do not go through probate unless that is required by the trust document, but that rarely occurs because avoiding probate is usually why people set up trusts in the first place. Non-probate transfers, explained in greater detail below, also do not go through probate because ownership transfers immediately upon death by operation of law. So, your probate estate consists of everything else – any property not jointly owned, held in trust, or transferred on death through a non-probate transfer.

EXPENSES OF PROBATE

The administration of any probate estate involves the payment of certain expenses. The expenses usually found in the average estate fall into four main categories.

- ❖ **BOND PREMIUMS:** The probate estate may have to pay for a bond for the personal representative to guarantee the proper handling of the estate. All distributees of the estate or the decedent in the will may waive the necessity of a bond if allowed by the court. Wills prepared by MVC will designate that the bond requirement be waived unless you request otherwise.
- ❖ **COSTS OF PUBLICATION:** A notice to creditors must be published announcing that the estate has been opened. A Notice of Intention to File a Final Settlement or Statement of Account must be published before the estate can be closed unless it is waived in writing by the distributees.
- ❖ **COURT COSTS:** Every estate must pay costs based upon the size of the estate being administered and the services the court is called upon to provide.
- ❖ **PERSONAL REPRESENTATIVE'S COMMISSION & ATTORNEY'S FEES:** Missouri law provides for a minimum fee schedule for each. Compensation in excess of the fee set by may be paid upon an order of the court or upon consent of all distributees. The minimum fees are based upon a percentage of the amount of money and personal property administered in the estate.

TYPES OF PROBATE ADMINISTRATION

Missouri law allows for two types of probate administration – “supervised” or “independent.” A supervised administration is closely monitored by the probate court. The court must approve many actions of the personal representative, who must also file annual settlements that are fully reviewed and audited by the probate division. Obviously, a supervised administration is more expensive due to the increased court involvement. Independent administration is more informal and eliminates the need for supervision by the probate court and annual settlements. An estate may be “independently” administered if you designated that in your will, or if the distributees all agree to it. Wills prepared by MVC will designate independent administration of the decedent’s estate unless you request otherwise.

STREAMLINED PROBATE ALTERNATIVES

If a decedent's estate is valued at less than \$40,000, a small estate certificate may be obtained thirty (30) days after the decedent's death by a distributee without going through the full probate process. The distributee, called an "affiant," must file an affidavit promising to use the decedent's assets to pay debts and distribute the property according to law. Publication is required unless the estate is valued at less than \$15,000. Surviving spouses and the decedent's minor children can file what are called "refusals of letters" to have their statutory allowances paid from a decedent's estate if the estate is valued at a lesser amount than the allowances. Creditors can also reach certain assets, such as bank accounts, to pay their bills by filing creditor refusals of letters if the estate value does not exceed \$15,000. Determination of heirship can be accomplished if, within a year of the date of death, no probate estate was opened and no will presented for probate. A petition may be filed to obtain a judgment determining heirship. Another alternative is an affidavit of heirship if acceptable to a title company insuring the title.

IS PROBATE NECESSARY TO TRANSFER PROPERTY AT DEATH?

Yes, probate is necessary unless the decedent did not have any property to be transferred at death through probate. A person may take steps with the titles to their property or rules of various agreements to avoid probate while alive, such as the following:

- ❖ Giving away property;
- ❖ Putting property in a living trust;
- ❖ Setting up joint accounts with right of survivorship;
- ❖ Creating pay-on-death (POD) or transfer-on-death (TOD or beneficiary deeds) designations; and
- ❖ Naming beneficiaries of life insurance or retirement accounts (IRAs).

WILLS

Creating a will allows you to plan for your family's care and decide who will receive your estate after you die. By creating a will, you can give guidance to the probate court on the distribution of property and payment of debts (yes, some debts are still collectable after you die). If you have minor children, you can name a guardian for them in your will thus providing a means for their care with minimal court intervention. You can also set up a trust for your family. If you die without a will, Missouri law dictates that your assets will go to your closest relatives first, and then to distant relatives. It is exceptionally rare that your assets would go to the State itself. That only occurs after the courts have done an exhaustive search and cannot find any living person related to you. Anyone who is 18 years old and of sound mind may make a will in Missouri. To be valid under Missouri law, the will must be in writing and signed by the person making it and two disinterested witnesses in the presence of a notary. "Disinterested" witnesses are people over the age of 18 who are not receiving anything under the will. Under Missouri law, probate may be opened and administered and a will may be filed within one year of the decedent's death.

SELF-PROVING CLAUSE

One option that can speed up the probate process is to add what is called a self-proving clause. As you read above, you need two witnesses for your will and sometimes probate courts call upon these witnesses to testify as to the authenticity of your will. This obviously slows down the process because the witnesses may be dead, or difficult to find. A self-proving clause eliminates the need for the witnesses to testify and thus speeds the process up. All wills produced by the Missouri Veterans Commission contain a self-proving clause.

DO YOU NEED AN ATTORNEY?

Information contained in this chapter is not intended to replace advice from a private attorney. If you need to find an attorney, you can contact the Missouri Bar Lawyer Referral Service (there is a small fee):

- ❖ **Jefferson City: 573-636-3635**
- ❖ **St. Louis: 314-621-6681**
- ❖ **Kansas City: 816-221-9472**
- ❖ **Springfield: 417-831-2783**

WHO RECEIVES YOUR ESTATE

Under Missouri law, you may decide who receives your property to a great extent. However, a surviving spouse may petition the court to receive more than you specified in your will using what is called their “right of election”. With this right, your spouse may ask the probate court for one-third of the estate if you have children or one-half of the estate if you do not. The property you jointly own with your spouse is not included in your will. This property automatically passes to the surviving spouse without going through probate court. Thus, joint ownership of property is one mechanism by which you can keep assets out of probate court and pass them to the co-owner immediately. However, please be cautious when using joint ownership as a probate avoidance tool because control of jointly owned property is shared between the co-owners. You should only jointly own assets with someone that you really trust. Please see the Non-Probate Transfers section below for more details.

If you have divorced a spouse at the time of your death, the law automatically disinherits him or her. There is no need to affirmatively disinherit a former spouse if you have a final divorce from him or her. However, this is not true of a legal separation. A legal separation is mechanism by which a couple can legally separate but remain legally married. With such being the case, a legally separated spouse can still exercise his/her right of election unless you affirmatively disinherit him/her in your will.

TAX IMPLICATIONS FOR BENEFICIARIES

Given the high dollar threshold for “death taxes”, the real concern for most people is the taxes that their beneficiaries will have to pay on their inheritance. The tax implications for beneficiaries depend on whether they received non-cash gifts as lifetime gifts, or as an inheritance. Although neither a gift nor an inheritance are treated as income to the recipient for tax purposes, a non-cash asset may generate a capital gains tax obligation for the recipient if it is later sold and has increased in value since the time it was received. Essentially, the increase in value is considered income and is therefore taxable. For example, if your house is valued at \$80,000 at the time your child inherits it, but is valued at \$100,000 when your child sells it, your child will be taxed on the \$20,000 gain realized by the sale of the house. The amount of tax your child will owe under these circumstances will depend upon the amount of the taxable gain – in our example here, \$20,000 – and the capital gains tax rates in effect at that time. Given that example, the difference between a lifetime gift and an inheritance is how the asset is valued at the

time of receipt by your beneficiary. For a lifetime gift, the value of the asset is calculated by using its tax value at the time of receipt by the beneficiary. For an inheritance, the value of the asset is calculated by using its fair market value at the time of receipt by the beneficiary. You may be wondering, “aren’t those two values the same thing”? No, they are rarely the same thing. Typically, the tax value is less than the fair market value, but that is not true 100% of the time. If minimizing tax implications for your beneficiaries is important to you, it is strongly recommended that you consult with an estate planner or a tax advisor to determine the best strategy for your situation.

“DEATH TAXES”

Under the federal income tax code, “death taxes” are addressed using the term “estate taxes”. However, since most people commonly refer to estate taxes as “death taxes”, this guide will refer to them as “death taxes” throughout this discussion. Please remember that the IRS calls them “estate taxes” so that you are not confused when referencing IRS guidance on the subject.

For the average person, “death taxes” are really nothing to be concerned about. As of January 1, 2023, each taxpayer can pass \$12.92 million in assets to individual beneficiaries, either as lifetime gifts or transfer that occur upon death, under a will or a trust without incurring any estate or gift tax. The fair market value of these items is used to determine whether taxes will be imposed, not necessarily what you paid for them or what their values were when you acquired them. Includible property for taxation purposes may consist of cash and securities, real estate, insurance, trusts, annuities, business interests and other assets. All amounts in excess of \$12.92 million are subject to a 40% federal tax. For married couples, there are provisions in the tax code that allow the surviving spouse to use his or her own exclusion and any portion of the deceased spouse’s exclusion that was not already used. Therefore, using that arrangement a married couple with \$25.84 million or less in assets can avoid all federal estate taxes by owning everything jointly and letting whoever dies second dispose of it all. However, if you are in this wealth range and married, be aware that certain technical requirements must be met at the death of the first spouse to pass away in order to qualify for use of that spouse’s exclusion at the death of the second spouse to pass away. It is strongly recommended that you consult with an estate planner or a tax advisor to ensure those technical requirements are met.

Please note, unless further legislation is enacted, the current gift and estate tax exemption amount will be reduced by approximately one-half at the end of 2025 (estimated at \$6.2 million per individual and \$12.4 million per married couple).

WHAT ASSETS CAN GENERATE “DEATH TAXES”?

- ❖ All real estate located anywhere in the world, including time-shares, oil and gas interests, fractional shares in a family farm, etc.
- ❖ Bank accounts
- ❖ Certificates of Deposit (CDs)
- ❖ Stocks
- ❖ Limited Liability Company (LLC) membership interests and partnership interests
- ❖ Bonds
- ❖ Furniture
- ❖ Clothing
- ❖ Books
- ❖ Art



- ❖ Tools
- ❖ Vehicles
- ❖ Livestock
- ❖ Life insurance proceeds
- ❖ Retirement funds – taxes imposed on whoever withdraws the funds, whether you or someone else, unless they are “Roth” funds
- ❖ Trusts created by you or involving you
- ❖ All non-exempt lifetime gifts made by you
- ❖ Anything you have an ownership interest in to the extent of your interest in it

So, carefully consider your assets – and be realistic in evaluating them – if you reduced all of your assets to cash value, would it exceed \$12.92 million dollars (\$25.84 million if jointly owned with your spouse)? If not, you do not need to worry about “death taxes” under the current tax code at least.

GIFT TAX ANNUAL EXCLUSION

The gift tax annual exclusion is the amount you may give each year to any individual and to certain types of trusts tax-free and without using any of your gift and estate tax exemption. The annual exclusion amount for 2023 is \$17,000 (\$34,000 per married couple). That means you can give up to \$17,000 (or a married couple could give a total of \$34,000) annually to any child, grandchild or other person. Making annual exclusion gifts is a very effective way to reduce your taxable estate.

AVOIDING PROBATE

By far, one of the things that most veterans or their spouses express to me is the desire to avoid probate. Please note that the following discussion is based on Missouri law. Missouri tends to be pretty typical amongst its sister states in how it regulates things generally, but that is not always the case. So, while the following discussion is accurate under Missouri law, that may or may not be the case for other states so please bear that in mind as you consider this information. As previously noted, probate court proceedings are court proceedings and thus they operate like any other court proceeding. Probate court cases take a considerable amount of time, require hiring an attorney to shepherd the case through the process and both the attorney and your personal representative will be entitled to collect fees from your estate as compensation for their services. Additionally, probate court records are, like most other court records, open to the public. Therefore, the expense, delay, and the lack of privacy in probate proceedings are all major reasons that people seek to avoid the process.

LIVING TRUSTS

Establishing a revocable living trust allows a person to transfer property upon death and bypass the probate process. The creator of the living trust usually serves as the trustee and beneficiary until death or incapacity, when successor trustees and beneficiaries take over. When personal property is included in a living trust, the ownership documents of the property must be changed to reflect the trust as the owner, not you. This is true of car titles, house deeds, etc. A revocable living trust does not need to be signed by witnesses, but it must be notarized. A revocable living trust is not an adequate substitute for a will. It may be considered the principal document in an estate plan, but it should be accompanied by a will nonetheless. This type of will, referred to as a “pour over” will, names the revocable living trust as the principal beneficiary of your estate. Thus, any property you failed to transfer to the trust during your lifetime is added to the trust upon your death and distributed to (or held for the benefit of) the beneficiary(ies)



according to the trust instructions. You may not be able to transfer all desired property to a revocable living trust during your lifetime. For example, if you died in an automobile accident, your estate may be entitled to insurance settlement proceeds and those funds could only be transferred from your estate to the trust pursuant to the terms of a will. Without a will, the proceeds would be distributed to your heirs under Missouri law, which may not be who you would want to receive them. Also, a parent cannot nominate a guardian for minor or adult dependent children in a revocable living trust. This can be accomplished only in a will.

CAUTION: If you are now, or think that you may be in the future, applying for public health benefits through the Medicaid program (called “MO HealthNet” in Missouri), please consult an elder law attorney before setting up any trusts or giving away substantial assets. Setting up a trust or giving away substantial assets may disqualify you for Medicaid benefits under certain circumstances and an elder law attorney can help you avoid inadvertently disqualifying yourself from the program.

NON-PROBATE TRANSFERS

In the 1990’s, Missouri was the leader in developing a means of passing property upon death outside of probate called “non-probate transfers”. Since that time, twenty-nine (29) other states have followed Missouri’s lead in creating similar laws as well. In addition to joint ownership discussed above, non-probate transfers are most frequently encountered in the form of “pay on death” (POD) designations used for property such as bank accounts; “transfer on death” (TOD) designations used for items such as brokerage accounts and titled motor vehicles; and beneficiary deeds used for real estate. These designations are much safer than joint ownership because the owner may revoke them at any time, and the consent of the beneficiary is not required for the owner to mortgage or sell the property. However, a word of caution on these designations: they are not intended to be substitutes for a will because they do not specify what happens to the property if the beneficiary predeceases the owner. For example, say that you establish a beneficiary deed to pass your house to your daughter when you pass away. Many years pass, you lose mental capacity and are moved into a nursing home and your daughter tragically dies in an automobile accident. What happens to your house now? State law will determine that based on what relatives you have that survive you. Please see below for some additional thoughts on transferring real estate.

Under Missouri’s non-probate transfer law, an owner (or the last owner to die in the case of joint owners) can designate beneficiaries to become the owners by operation of law at the instant the last present owner dies. A beneficiary deed for real estate takes effect upon the death of the last surviving owner, but has no legal effect until then in restricting the owner’s ability to sell or give away the property. Obviously, selling or giving away property subject to a beneficiary deed revokes the beneficiary deed, but that in no way hampers the current owner’s ability to manage the property as s/he sees fit. Conversely, the opposite is true regarding wills or trusts – if there is a beneficiary deed in place for the property, the property will pass in accordance with the beneficiary deed regardless of what a will or trust may say to the contrary. Finally, under Missouri law virtually any property can be transferred through a beneficiary deed or non-probate transfer, if done correctly.

DANGERS OF NON-PROBATE TRANSFERS

Your estate is not stagnant, so you may forget to create new non-probate transfers for property subsequently acquired. When that occurs, a probate estate is necessary to deal with this new property and that can



frustrate your ultimate estate planning goals. For instance, if it is very important to you that you leave equal shares to your beneficiaries, that may not occur if you have some property disposed of by non-probate transfers, and some property going through probate. Additionally, the goal of making any probate proceedings required quick and easy may also be frustrated by having some property disposed of by non-probate transfers, and some property going through probate because the property subject to probate is not easily divisible. So, if you intend to use non-probate transfers of property as the cornerstone of your estate plan, you must remain diligent to keep it up to date.

WHAT IS A BENEFICIARY DEED?

A beneficiary deed is a legal document that passes your house or other real estate, immediately upon your death or the death of your spouse if you own your house jointly, to whomever you name without the cost or time investment of going through probate. You can name anyone you chose – to include a trust or charitable organization – and it can be more than one person. To be legally effective, a beneficiary deed must be signed in the presence of a notary and recorded with the Recorder of Deeds in the county in which your house is located. Although your house may be your biggest asset, a beneficiary deed is **not** a complete estate plan simply because it can only be used to transfer real estate. You do own other property – clothing, furniture, jewelry, housewares, etc., so other arrangements must be made for your other property and assets.

WHAT ARE THE ADVANTAGES OF A BENEFICIARY DEED?

- ❖ Beneficiary deeds save your beneficiary(ies) the time and expense of having to go through probate in order to get your real estate.
- ❖ You can change your beneficiary at any time through a new beneficiary deed revoking the previous one and naming a new beneficiary(ies).
- ❖ You (and your spouse, if applicable) continue to own the house as long as you live. If you decide to sell your house, or encumber it as collateral for a loan, the agreement or signature of your named beneficiary is not required to do so.
- ❖ Title transfers immediately upon your death (or the death of your spouse, if applicable) to your beneficiary(ies).
- ❖ You can design your beneficiary deed so that your house goes strictly to your children, or so that ownership shares pass to grandchildren in the event that one of your children does not survive you. You may also name contingent beneficiaries in your beneficiary deed, or assign different percentages of ownership to your beneficiaries.
- ❖ You do not need to give your beneficiary(ies) a copy of the beneficiary deed, but it is advisable to ensure they know where to find it.

WHAT ARE THE LIMITATIONS OF A BENEFICIARY DEED?

- ❖ A beneficiary deed must be recorded with the Recorder of Deeds in the county in which your house is located before your death (or that of your spouse, if applicable) in order to be effective. Stated differently, a beneficiary deed is NOT legally effective until it is filed with the appropriate Recorder of Deeds office.
- ❖ A beneficiary deed only transfers title to your real estate (house and land), not the contents of your house or other personal property (cars, tractors, etc.).



- Because a beneficiary deed is specific to a particular piece of real estate, it will become irrelevant should you sell your house sometime thereafter. If you do sell your house and purchase another, you will need a new beneficiary deed for the new house if you want the new house to pass to your beneficiaries through a beneficiary deed.
- Because it is common for people to buy and sell real estate throughout their lives, it is strongly recommended that you account for your real estate in your will or trust as a safety precaution to account for any real property not covered by a beneficiary deed. A valid beneficiary deed will trump a will or trust.

- ❖ A beneficiary deed does not provide protection from creditors. If you or your spouse (if applicable) owe money at the time your property passes to your beneficiary(ies) under a beneficiary deed – to include the costs of administering your estate, your creditors can bring legal action to recover those debts which may include the property you transferred under a beneficiary deed. **NOTE:** This also allows the State to sue to recover money provided for your medical care under the Medicaid (MO HealthNet) program.

- ❖ A beneficiary deed cannot be used to transfer a mortgage from you to your named beneficiary(ies). If your house is still subject to a mortgage when you (or your spouse, if applicable) pass away, your beneficiary(ies) will have to contact the mortgage lender and inquire about assuming the mortgage, or attempt to sell the house and pay off the remaining mortgage. Therefore, a beneficiary deed is not recommended for those who do not currently own their house outright, or are at least relatively confident that they will own it outright before they pass away.

- ❖ You cannot disinherit a spouse without his or her permission by giving your real estate to someone else through a beneficiary deed. Missouri law will not permit that to occur.
 - However, if you get divorced after you have recorded a beneficiary deed, any beneficiary designation made in favor of your former spouse or a relative of your former spouse will be automatically revoked by operation of law.

- ❖ Conversely, you can disinherit your children with a beneficiary deed by not naming them as a beneficiary, or by expressly excluding them from the class of beneficiaries (e.g., “my children, with the exception of.....”)

REAL ESTATE TRANSFERS

Before selling property, transferring a title or adding a name to a title, you should consider some common situations:

- ❖ A person who has deeded his or her house to another person can be forced to move out against his or her will. The person to whom the house is deeded may sell the house whether the person living there agrees to it or not. I know this sounds outlandish to think your loved one would do that to you, but believe me – it happens. Greed can make people do terrible things.



- ❖ Some want to add a person to their deed with equal property share and a right of survivorship. To make this happen the deed must say “as joint tenants with right of survivorship”.
- ❖ If joint tenants are on the deed, one tenant cannot sell the property without the other’s consent. When one tenant dies, the other automatically retains the property.
- ❖ To sell property, the current owner’s name must be on the deed. If one of the names on the title is of someone who has died, the name will have to be removed before a sale can proceed.
- ❖ Under Missouri law, creditors may take actions to enforce claims against the decedent’s estate for up to one year after the decedent’s death. These actions may necessitate the selling of real estate to pay the claims.

POWER OF ATTORNEY

If it becomes difficult for you to take care of your personal business because of an illness or injury, you may want to consider giving someone your power of attorney. This means that you are giving that person written authority to act in your name with regard to your financial and business affairs. This person is called your “attorney in fact”, and is usually a trustworthy relative or friend, not a licensed attorney (although it could be a licensed attorney, if that is what you would prefer.)

A power of attorney must be in writing, state your name and the name of the person who will be your attorney in fact, and list the specific powers you are giving to your attorney in fact. Be cautious in what powers you grant to your attorney in fact. Carefully consider each power and your attorney in fact – can he or she be trusted with this power? Can he or she handle this responsibility adequately? You should consider these things in tailoring your power of attorney. Typically, attorneys in fact handle financial affairs such as cashing and depositing checks, paying bills, submitting taxes and buying groceries.

Under Missouri law, certain powers must be specifically stated in the power of attorney in order for the attorney-in-fact to be authorized to perform such acts. Those powers are:

- ❖ To execute, amend or revoke any trust agreement;
- ❖ To fund any trust not created by you with your assets;
- ❖ To make or revoke a gift of your property in trust or otherwise;
- ❖ To disclaim a gift or devise of property to or for your benefit;
- ❖ To create or change survivorship interests in your property or in property in which you may have an interest;
- ❖ To designate or change the designation of beneficiaries to receive any property, benefit or contract right on your death;
- ❖ To give or withhold consent to an autopsy or postmortem examination;
- ❖ To make a gift of, or decline to make a gift of, your body parts under the Uniform Anatomical Gift Act (more information to follow);
- ❖ To control the disposition of your remains after you die;



- ❖ To nominate a guardian or conservator for you; and if so stated in the power of attorney, the attorney-in-fact may nominate himself as such;
- ❖ To give consent to or prohibit any type of health care, medical care, treatment or procedure; or
- ❖ To designate one or more substitute or successor or additional attorneys-in-fact.

Powers of attorney prepared by MVC will grant your attorney-in-fact all of these powers unless you request otherwise. Likewise, under Missouri law no power of attorney may grant power to an agent to carry out any of the following actions for you:

- ❖ To make, publish, declare, amend or revoke a will for you;
- ❖ To make, execute, modify or revoke a living will declaration for you;
- ❖ To require you, against your will, to take any action or to refrain from taking any action; or
- ❖ To carry out any actions specifically forbidden by you while not under any disability or incapacity.

DURABLE POWER OF ATTORNEY

Unless you specify otherwise, a power of attorney becomes invalid when you become incompetent to make decisions or when you die. There are two other types of powers of attorney as well, the “durable” power of attorney and the “springing” power of attorney. If you want your attorney in fact to continue managing your affairs after you become incapacitated, you should consider a durable power of attorney. To create one, the document needs to be titled “durable power of attorney” and needs to state that the power you are giving your attorney in fact is “durable” and will continue if you become disabled or incapacitated. Sign and date the document and have it notarized. If you want to include real estate matters as one of the powers granted to your attorney in fact, you will need to file a copy of the power of attorney with your local recorder of deeds.

If you want your attorney in fact to manage your affairs only after you become incapacitated, you need a springing power of attorney. To create one, the document needs to state that the power you are giving your attorney in fact is activated only if you become disabled or incapacitated. Sign and date the document and have it notarized. The form provided in Appendix A is a springing durable power of attorney that you may complete on your own, or MVC would be happy to produce a power of attorney for you upon request.

Missouri and Federal law entitle you to keep your health information private. The HIPAA Privacy Authorization form enclosed in Appendix C should be completed if you would like some person other than yourself to have access to your medical records and information. Powers of attorney prepared by MVC will authorize your attorney-in-fact to access to your medical records and information unless you request otherwise. A durable power of attorney for health care is only effective after you have lost capacity to make or communicate decisions and does not authorize release of medical information to the person named while you remain competent. Therefore, it is necessary to complete and sign the HIPAA Privacy Authorization Form, or have that authorization provided for in your power of attorney, if you want to disclose your medical information to someone prior to becoming incompetent.



PERSONAL CUSTODIAN

Another way to allow someone to take care of your personal business is to name a personal custodian. The Missouri personal custodian law gives you the means to transfer care of your personal property and real estate to another person. You still own the property, but the custodian manages it on your behalf. The personal custodianship remains in effect if you become incapacitated. You will need to consult with an attorney to set up a personal custodianship. MVC does not provide these services.

GUARDIANSHIP & CONSERVATORSHIP

If you have not given someone power of attorney and subsequently become incompetent or incapacitated, the only option will be to have a court name a personal guardian and conservator to manage your affairs for you. A conservator manages financial resources, while a guardian takes care of personal needs such as medical treatment. Although they often are the same person, it is not required that the same person serve as your guardian and conservator. Furthermore, it is also not required that you have both a guardian and a conservator. The court will evaluate your need for each and determine if you need either a guardian, a conservator or both.

The guardian and conservator does not have personal financial responsibility for the person for whom they are caring. If you believe your loved one needs a conservator or guardian, you will need to pay court costs, hire an attorney and post a bond. That may sound expensive, but that is not necessarily the case. In those cases in which there is no dispute as to the need for a guardian and/or conservator, the costs associated with establishing one can be relatively reasonable. For those in financial need, there are free legal services available in most parts of the state through Missouri Legal Services. To learn more about their services and eligibility criteria, please visit <https://www.lsmo.org/>.

After a hearing on the matter, the court of the county in which your loved one lives will decide whether he or she needs a guardian and/or conservator. A second attorney, called a guardian ad litem, will be appointed by the court to represent your loved one and ensure that a guardianship/conservatorship is truly needed. This admittedly does drive up the costs of establishing a guardianship/conservatorship, but it is required by law to ensure your loved one is not being exploited. Likewise, once appointed, the guardian/conservator will have to make an annual account to the court of their actions to protect your loved one from fraud and abuse.

OUT-OF-STATE TESTAMENTARY DOCUMENTS

If you have a will, power of attorney or other testamentary document executed in another state, Missouri courts will recognize them so long as they were properly executed under the state of origin's laws. So, in other words, if your Iowa will is valid in Iowa, it will be valid in Missouri too, for example. However, in order to speed up their acceptance, it is advisable to replace such documents with new ones executed in Missouri if possible.

SAFEKEEPING YOUR TESTAMENTARY DOCUMENTS

Your Last Will and Testament is a very fragile legal instrument and it should be cared for appropriately. Any damage to the original document, whether unintentional (e.g. spills, rips, missing staples, etc.) or not (e.g. writing on it, crossing out, etc.) may invalidate your entire Will. Missouri courts will not accept a copy of your Will; your executor must have the original document. Therefore, I suggest:



- ❖ **FIREPROOF STORAGE:** Put the original Will in a sealed envelope in a safe place, preferably a fireproof container, and let your executor and alternate executor know where it is and how to access it. Also, instruct them not to open the sealed envelope until your death. Ensure that your executor knows exactly where the Will is located; you do not want to create a situation where upon your passing, your executor(s) have to search among your belongings for a legal document they may not be able to find during an emotional time. If no one can find the Will, your family will have to proceed as if no Will was ever made and your property may pass to unintended beneficiaries depending on how state law determines an heir's eligibility.
- ❖ **SAFETY DEPOSIT BOXES:** Be careful if you plan to store your Will in a safety deposit box. Some financial institutions require the box to be sealed upon your death. It may take a court order to unseal the box resulting in delays in the administration of your estate as well as additional fees. Check with your financial institution about necessary arrangements for accessing your box in the event of your death.
- ❖ **COPYING YOUR WILL:** Limit the number of copies you make of your Will to persons with a need to know (executors, trustees, guardians). These individuals should have copies to reduce the possibility of fraud later. Multiple copies prevent any one party upon your death from appearing in probate court claiming to have the "real Will." If that document does not match up with the other copies held by others (alternate executors, trustees, guardians), then an investigation will likely be initiated. However, you must bear in mind that the more copies you make, the harder it will be in the future to retrieve them all for destruction should you decide to make a new Will. When copying your Will, do not remove the staples. Additional staple holes may raise suspicion among beneficiaries and the courts. Any copies you make should clearly state "Copy" on every page to avoid confusion on which document is the original.
- ❖ **REVIEWING YOUR WILL:** Review and consider updating your Will on a regular basis. Situations that usually require a new Will are marriage, divorce, birth of children, retiring, a substantial change in financial circumstances, or the death of individuals named in the will (beneficiaries/ guardians/ executors). Remember, when considering changes never write on or alter your original Will. To do so may not only invalidate that Will, but will not legally give you the changes you desire.
- ❖ **PRIOR WILL:** If you have a prior Will, you should destroy it along with any copies once the new Will is properly executed.
- ❖ **INSURANCE POLICY DESIGNATION UPDATE:** If you decided to fund a testamentary trust with your Veterans Group Life Insurance (VGLI) proceeds or the proceeds from a private life insurance policy, contact the plan and fill out a new beneficiary designation form. The following language is recommended on the designation document in the beneficiary space: *"To my children, (Names of Children), or if my children are under the age of (Insert Age) to my trustee to fund a trust established for the benefit of my children, (Names of Children) under my Last Will and Testament."*
- ❖ **ASSET OVERVIEW:** As explained above, some of your assets/estate will pass outside of your will (Non-Probate Assets). Examples of this usually include your home, life insurance, some bank accounts,



etc. I recommend that you make a list of all your assets to give to your executor with sufficient information to enable him or her to obtain information on behalf of your estate. Many accounts and policies go uncollected each year because the executor was unaware of their existence. However, such a list is very dangerous information and you should keep it locked away with your will in a safe place. **Do not give this information to your executor in advance.** If you choose to make such a list, I recommend that you review it for updating annually, both to obtain an overall assessment of your financial assets and facilitate the administration of your estate.

- ❖ ***POWERS OF ATTORNEY:*** Make as many copies of your Power of Attorney that you feel are necessary. Medical Powers of Attorney should be placed in your medical records. Make sure your agent and alternate (if applicable) have copies of these documents. **Please understand no one is legally required to accept a power of attorney.** It is up to the institution or individual to determine if they will honor it. Therefore, it is important to check with the financial institutions with whom you have accounts in advance to ensure your power of attorney will be accepted. Powers of Attorney are extremely difficult to revoke. Do not give a Power of Attorney to your agent unless you are convinced they are trustworthy and will act in your best interests. Almost all Powers of Attorney will expire at some point unless otherwise indicated. Once expired, they are no longer valid.

- ❖ ***ADVANCED MEDICAL DIRECTIVE/LIVING WILLS:*** Advanced Medical Directives/Living Wills should be placed in your medical records and/or given to your treating physician(s). Make as many copies that you feel are necessary. These documents do not expire, but it is a good idea to update them every five years so your family and friends will know that you have recently thought about what you would want to do under these circumstances. Some health care providers are reluctant to accept advanced medical directives or living wills that are older than five years old.



CHAPTER 3: WHEN YOUR LOVED ONE DIES

❖ PAYING FOR THE FUNERAL

- Prepaid Funerals
- Know Your Pre-Need Funeral Plan
- Know Who is Selling the Plan & Who is Honoring It

❖ FUNERAL ARRANGEMENTS

- Right of Sepulcher
- Embalming, Caskets & Vaults
- Cremation
- Funeral Notices
- Benefits Payable on Death
- Obtain Death Certificate
- Military Honors & Burial Benefits
- Safety Concerns

❖ FINANCIAL MATTERS

- Stocks & Bonds
- Life Insurance
- Property Inventory
- Transfer of Property
- Taxes

❖ ORGAN & BODY DONATION

- Organ Donation
- Ways to Enroll in the Registry
- Body Donation

WHEN YOUR LOVED ONE DIES

Missouri laws regarding funerals strive to protect citizens at the time of a loved one's death. If your loved one dies and you must make funeral and cemetery arrangements, begin by finding out if the deceased left instructions for the funeral or cemetery services. If funeral arrangements exist, they must be followed.

PAYING FOR THE FUNERAL

Your loved one may have prepaid for the funeral and burial, or may be entitled to burial benefits due to their military service or marriage to someone who served in the military (see below for more information). If not, you may be asked to sign a contract when ordering such services. The contract usually binds the person who signs it to pay the charges, but some of this money may be reimbursed from the estate of the deceased person or other sources. If the estate does not have funds to pay the funeral costs, the person who signed the contract may have to pay. You should also check to see if your loved one had any death benefits to help cover the funeral costs (see below for more information on death benefits). If you are forced by circumstances to pay for your loved one's funeral on your own, you will have the option of either paying for everything upfront in one lump sum, or many funeral homes will allow you to finance those expenses into a payment plan. However, if you choose to finance the funeral please note that interest rates will apply and those rates can vary considerably amongst providers. Finally, it may be possible to assign insurance benefits you will be collecting from your deceased loved one to the funeral home to cover burial expenses, so that is another option to ask the funeral home representative about if that is a more attractive option for you.

Funeral directors must follow pricing rules established by the Federal Trade Commission (FTC) including:

- ❖ Offering accurate pricing information over the phone.
- ❖ Providing a written, itemized price list if you inquire in person.
- ❖ Giving purchasers a written statement with the total cost and a breakdown of each item or service.
- ❖ Not requiring you to buy certain goods or services to receive others.

If you believe that a funeral director has violated any of these requirements, you may file a complaint with the State Board of Embalmers and Funeral Directors at 3605 Missouri Boulevard, P.O. Box 423, Jefferson City, MO 65102; (573) 751-0813 (Complaint form: <https://pr.mo.gov/boards/embalmers/375-1072%20Complaint%20Form.pdf>); or with the Missouri Attorney General's Office, Consumer Protection Unit online at <https://ago.mo.gov/app/consumercomplaint>, or over the telephone at 1-800-392-8222. The State Board of Embalmers and Funeral Directors also provides a website at which you can search the funeral director you are considering working with to ensure that they are in good standing with the state. This website is located at: <https://pr.mo.gov/embalmers-licensee-search.asp>

PREPAID FUNERALS

Today, many older Missourians are considering pre-need funeral plans. A pre-need funeral plan is an agreement in which a seller agrees to provide funeral services and merchandise at the time of the buyer's death. The costs may be paid in installments, or in one lump sum. Although there are many honest and reputable funeral directors who sell pre-need funeral plans, there are also unscrupulous con artists who will take your money with no intention of fulfilling their end of the agreement. So, how can you be sure a pre-need funeral plan is a good one?



KNOW YOUR PRE-NEED FUNERAL PLAN

If you have any questions, get answers from the seller before buying anything from them. Beware of any plan that does not specify exactly what you will receive. Missouri law requires that pre-need funeral contracts specify in detail the merchandise and services that are to be provided. Moreover, the law requires that funeral directors also must provide written price lists for all merchandise and services they offer. Shop around. Some plans guarantee a fixed price, while others do not.

KNOW WHO IS SELLING THE PLAN & WHO IS HONORING IT

Pre-need funeral plans may be sold directly by funeral homes or by other companies that have arranged to have a funeral home in your area service the plan. Sellers are required by law to have a written contract with the funeral home to ensure there are arrangements. If applicable, ask to see a copy of this contract or check with the funeral home directly. Be certain the funeral home designated in the plan is acceptable to you, and ensure that your family knows of its obligation to honor the plan.

Missouri law gives you the right to cancel a pre-need funeral plan at any time unless at the time of sale you choose to give up that right. You should consider giving up that right only if you are seeking public assistance (especially Medicaid, but really any benefit program in which your assets are relevant). You may wish to consult with an elder law attorney or a representative of a public assistance agency if you think this may be a concern for you.

With the right to cancel, if you default on payments, you are entitled to recover any amount you paid into the plan, minus the amount the seller is allowed to keep – the first 20 percent of the purchase price – usually without interest depending on the contract. Additionally, Missouri law also provides you 30 days in which you have the right to cancel the agreement. To be sure that a pre-need funeral plan is right for you, you may want to consider other options such as buying additional insurance or arranging with a mortuary for a certain type of funeral service without prepayment.

KNOW WHERE YOUR MONEY GOES

By state law, all payments made on a pre-need funeral plan, minus the amount the seller is entitled to keep, must go into a pre-need trust. Those funds must generally be maintained in that trust until you die. Make sure that your pre-need funeral plan identifies that trust, including the name and address of the trustee. You have a right to receive from the seller, on written request, a written statement of all deposits made into the trust on your behalf. Making such a request is a good way to determine that your payments are going into the trust and not into the seller's pocket. You may also want to contact the trustee directly.

FUNERAL ARRANGEMENTS

RIGHT OF SEPULCHER

Your agent (named in your durable power of attorney) will determine the final disposition of your body, such as burial or cremation. The authority to make this decision is known as the right of sepulcher. As with other decisions, you should talk with your agent about these options and your wishes. The Right of Sepulcher must be explicitly stated in your power of attorney. If you receive estate-planning services from MVC, we produce for you a separate document called an Appointment of Agent to Control Disposition of Remains in addition to explicitly stating in your power of attorney that your agent has the right of sepulcher.

EMBALMING, CASKETS & VAULTS

Missouri law does not require embalming in most instances, but it may be required by the funeral home that you or your family choose to use. Further, after 24 hours a body that is not embalmed must be refrigerated or placed in an airtight sealed metal or metal-lined casket or box. For an open casket funeral, you may wish to have the remains embalmed to temporarily preserve the body by replacing bodily fluids with preservative chemicals. Missouri law does require embalming if the person died of a communicable disease and the body is not buried or cremated within 24 hours. Federal law requires a funeral home to obtain authorization before embalming a body.

Likewise, caskets and burial vaults are also not required by Missouri law but may be required by the cemetery that you or your family choose to use.

CREMATION

Missouri law allows cremation of a body. A casket is not required for cremation, which may lower your funeral cost. Funeral directors will provide at a nominal cost an unfinished wood box or alternative container for cremation. Additionally, there are methods of dissolving the body using chemicals instead of the typical cremation using fire that may be preferable to you or your family. Ask your funeral director for further details if this is something that interests you.

FUNERAL NOTICES

Many newspapers include information on deaths. Some papers automatically include the names of people who have died with information from death certificates. Most newspapers also print obituaries using information submitted by the family of the deceased for a fee. These articles include information on the person's family, business life, affiliations (such as military service), funeral service and suggestions for remembrances. Additionally, many funeral homes offer electronic obituaries that are posted online free of charge that can be easily transmitted to family and friends via email and/or social media.

BENEFITS PAYABLE UPON DEATH

You may be eligible for benefits when your loved one dies. Consider these sources:

- ❖ Qualifying Veterans may receive death benefits from the Veterans Administration. For assistance in exploring this possibility, please contact a Missouri Veterans Commission Veterans Service Officer (VSO). Veterans Service offices are located in almost every county to make services available to Veterans close to their homes. Information concerning locations and phone numbers can be found in the local telephone directory under Missouri, State of, Veterans Commission; by contacting 314-340-6389 extension 427; or by using the Service Officer Locator found at <https://mvc.dps.mo.gov/service/serviceofficer/> to locate the nearest office in your area.
 - If your loved one was a Veteran, he or she may have been pre-certified for burial in a Missouri Veterans Cemetery. If that is the case, he or she should have received a letter stating that and you should attempt to locate that document in their personal papers. However, if you are unable to locate any such document, you can call each Missouri Veterans Cemetery and they can confirm or deny whether your loved one pre-certified for burial at their facility (I recommend starting with the cemetery closest to the deceased

Veteran's residence). The contact information for Missouri's Veterans Cemeteries is available at <https://mvc.dps.mo.gov/cemeteries/>.

- ❖ Social Security makes payments to an eligible surviving widow, widower or entitled child.
- ❖ Many employers provide a death benefit for employees.
- ❖ Your loved one may have purchased funeral insurance.
- ❖ Some civic or employment organizations provide death-related benefits.
- ❖ Your loved one may have joined a memorial society that provides low-cost funeral options through a specific funeral home.
- ❖ If your loved one died on the job or was a victim of a qualifying crime, benefits may be available through various state agencies. Please visit the official State of Missouri website for more information.

OBTAINING A DEATH CERTIFICATE

You will need a copy of the deceased's death certificate to settle the estate, and/or to apply for any of the above-mentioned benefits. A funeral director will normally assist you with this.

You may request copies of death certificate directly from your local public health agency or from the Department of Health and Social Services in Jefferson City.

- ❖ **APPLICATION:** Whether in person or by mail you will need to fill out an [Application For Missouri Vital Record-Birth/Death](#). You may download an application from the following website: <https://health.mo.gov/data/vitalrecords/pdf/birthdeath.pdf>.
- ❖ **FEES:** A fee (currently \$14 for the first copy; \$11 for additional copies) must accompany the request. Make your check or money order payable to the Missouri Department of Health and Senior Services. **Do not send cash.** Allow about two weeks for processing.
- ❖ **IN PERSON:** Death certificates can be obtained through most local health departments or with an appointment at Missouri Department of Health and Senior Services-Jefferson City Vital Record Lobby at 930 Wildwood Drive, Jefferson City, MO 65109. Generally, you will have to complete an application, pay the required fee and show appropriate identification to obtain certified copies of a death certificate.
- ❖ **MAIL:** Death certificates can be obtained through the mail either through your local health department (check with your local health department about their process) or the Department of Health and Senior Services in Jefferson City by submitting an application form, necessary documents, a legal size, self-addressed stamped envelope, and a check or money order for the appropriate fees to:

**Missouri Department of Health and Senior Services
Bureau of Vital Records
930 Wildwood Drive
Jefferson City, MO 65109**

- ❖ **ONLINE/TELEPHONE:** For faster service, contact VitalChek by calling toll-free 877-817-7363 or visit <https://www.vitalchek.com/>.

MILITARY HONORS & BURIAL BENEFITS

Missouri Veterans are eligible for the Missouri military funeral honors program at no cost. The honors ceremony consists of the firing of three rifle volleys, sounding of “Taps” and flag folding and presentation. Notify your funeral director when making funeral arrangements if you would like military honors, or contact the Office of the Adjutant General directly at 2302 Militia Drive, Jefferson City, MO 65101-1203, 1-888-526-6664.

Military honors can be provided at any cemetery, but you may wish to be buried in a Veterans’ cemetery specifically. The Missouri Veterans Commission operates six Veterans’ cemeteries throughout the state at Springfield, Higginsville, Bloomfield, St. James, Fort Leonard Wood and Jacksonville. The St. James facility is not currently accepting internments. If eligible, Veterans and their dependents are entitled to free opening and closing of the grave (internment of cremated remains is also available), a concrete grave liner, an upright marble grave marker, full military honors and perpetual care of the gravesite. Preregistration is available and recommended. To be eligible for these services, a Veteran must have:

- ❖ been discharged from active duty under conditions other than dishonorable;
- ❖ completed the required period of service set forth in federal law (24 consecutive months of service for enlisted service after 9/7/80 or commissioned service after 10/16/81), or
 - retired from the Guard/Reserve and be eligible for retirement pay; or
 - a U.S. citizen who served in the armed forces of countries allied with the U.S.
- ❖ it is not required to be a MO resident.
- ❖ other criteria may apply as determined by the U.S. Department of Veterans Affairs.

The Federal government also operates Veterans’ cemeteries in Missouri located at Springfield, Jefferson City and St. Louis (Jefferson Barracks). The Jefferson City facility is not currently accepting internments. The services available at these facilities are similar to those listed above for state facilities. Spouses and dependents are also eligible for free burial with the Veteran at both state and federal facilities, even if they predecease the Veteran. The name of the spouse/dependent will be inscribed on the Veteran’s headstone at no cost.

Eligible Veterans who choose to be buried in a private cemetery receive a free government headstone or marker, a Presidential Memorial Certificate, a free burial flag, but no benefits are available for spouses/dependents. Finally, some Veterans may be eligible for partial reimbursement of burial and funeral costs in a private cemetery. For more information, or to start the eligibility process, contact a Missouri Veterans Commission Veterans Service Officer (VSO) by calling 314-340-6389 extension 427; or by using the Service Officer Locator found at <https://mvc.dps.mo.gov/service/serviceofficer/> to locate the nearest office in your area.

SAFETY CONCERNS

When someone who lived alone dies, it is important to safeguard his or her property while the estate is being settled. Make sure to stop newspapers and the mail and make it appear that the house is occupied. Burglars will sometimes strike when they think that a house is unoccupied as well, so ask the police or sheriff’s department to watch the house while it is unoccupied.

FINANCIAL MATTERS

The bills of the person who died still must be paid despite their passing. If it will be difficult to make payments, contact the creditors and explain your situation. Many will work with you in satisfying these obligations.

- ❖ Pay utility bills to ensure continued service.
- ❖ Before paying medical bills, find out whether Medicare, Medicaid, VA benefits or private insurance will cover these bills.
- ❖ Continue paying on debts such as mortgages, cars or credit cards.

If the deceased had a bank account without a cosigner, their money may not be immediately accessible. Family and friends might need to cover the bills. The estate will usually reimburse these costs. If the deceased had a joint banking account, the cosigner will normally have access to the funds.

STOCKS & BONDS

U.S. savings bonds may be redeemed immediately after a person dies. Any person whose name appears with the deceased's name on the bonds may redeem the bonds. Selling the stocks of a deceased person requires certain documentation. A stockbroker, attorney or financial advisor can help you with this. MVC cannot assist with these issues.

SAFE DEPOSIT BOXES

When a person who has a safe deposit box dies, the financial institution where the box is located is required to open the box at the request of the interested parties. Missouri law requires the bank or other institution to deliver a will found in the safe deposit box to probate court. Life insurance policies must be given to the beneficiaries and funeral instructions delivered to the appropriate person. However, before you consider storing your funeral arrangements information in a safe deposit box, please bear in mind that you may already be buried before anyone discovers this is where you put the information.

LIFE INSURANCE

Proceeds from a life insurance policy are usually paid to the beneficiaries within a few weeks after forms are filed. The death certificate, insurance policy and a form requesting the funds must be mailed to the company. Contact your insurance company for more information.

PROPERTY INVENTORY

As soon as possible, make a detailed list of all property of the deceased and the fair market value of each item. Fair market value estimations can be established by searching the internet for the item and then averaging the lowest and highest prices found, or by consulting a professional appraiser for more valuable items like jewelry, coins, antiques and automobiles. The list should reflect any items that are joint property, if the deceased was married. Include real estate, stocks and bonds, cash in financial institutions, insurance benefits, vehicles, boats, furniture and furnishings, jewelry, business interests and employment/retirement benefits. If you intend to liquidate part or all of your deceased loved one's estate (in other words, sell the items for cash), an estate sale or auction is often the quickest way of doing so, but may result in significantly undervaluing the property. It is recommended that you carefully consider the tradeoff of the convenience provided by an estate sale with the diminished sales value they often produce. For those who are willing to be patient and do some of the legwork themselves, a significantly larger return may result from selling individual items or collections to dealers or other collectors.



TRANSFER OF PROPERTY

Unless the deceased properly executed beneficiary designations, title to property will be transferred through probate court. The court works to protect the people who have an interest in the deceased's property. Probate proceedings are not always necessary, especially if the deceased's estate is small in value. However, probate proceedings may be necessary and, if so, you should hire an attorney to help you. MVC can assist you in finding an attorney in your area, but cannot represent you in probate proceedings.

TAXES

When a person dies, federal income taxes still must be paid for the deceased individual by the April 15th deadline. The Internal Revenue Service has a free booklet to help you prepare a tax return for the deceased called "Tax Information for Survivors and Executors and Administrators," Publication #559, currently available at <https://www.irs.gov/publications/p559>. Property taxes also must be paid on time to the county in which the deceased individual resided.

ORGAN & BODY DONATION

ORGAN DONATION

You may wish to help others by donating your organs upon your death. When you die, your advance directive will instruct health care staff on whether your organs should be donated. In addition to using your advance directive, you may make your intention to donate your organs known by enrolling in the Missouri Organ Donor Registry, maintained by the Missouri Department of Health and Senior Services. The registry is a list of people who have signed up to donate organs, tissues and eyes. Health care providers can check the list to see if you wanted to be a donor.

WAYS TO ENROLL IN THE REGISTRY

- ❖ Complete the form found at Appendix D;
- ❖ Go to <https://donatelifemissouri.org/>;
- ❖ Register at the Department of Motor Vehicles when you renew/apply for your driver's license; or
- ❖ Call the Missouri Department of Health and Senior Services at 888-497-4564.

Under Missouri law, your family, spouse or guardian may choose to donate your organs, even if you had not expressed a decision either in support or in opposition of donation. However, if you state before your death you do or do not want to donate your organs, your family must comply with this wish.

BODY DONATION

Medical schools in Missouri accept donations of bodies for science, research or education. Each program differs slightly, and most programs charge the estate for transportation. You must prearrange a body donation by contacting the medical school of your choice.



CHAPTER 4: RESOURCES

- ❖ **ADDITIONAL ADVANCE CARE PLANNING RESOURCES**
- ❖ **TERMS**



ADDITIONAL ADVANCE CARE PLANNING RESOURCES

MISSOURI VETERANS COMMISSION: <https://mvc.dps.mo.gov/>

MISSOURI ASSOCIATION OF AREA AGENCIES ON AGING: <http://www.ma4web.org/>

SENIOR LEGAL HELP LINE: <https://health.mo.gov/seniors/senior-legal-helpline.php>

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES, SENIOR SERVICES: <https://health.mo.gov/seniors/>

MISSOURI LOW-INCOME WEATHERIZATION ASSISTANCE PROGRAM: <https://mydss.mo.gov/utility-assistance/liheap>

MISSOURI UNIVERSAL SERVICE FUND (TELEPHONE ASSISTANCE): <https://www.missouriusf.com/>

STATE HEALTH INSURANCE ASSISTANCE PROGRAM: <https://www.missouriclaim.org/>

VETERANS BURIAL BENEFITS: <https://www.va.gov/burials-memorials/>

MISSOURI MILITARY HONORS PROGRAM: <https://www.moguard.ngb.mil/Resources/Funeral-Honors/>

VETERANS CRISIS LINE: <https://www.veteranscrisisline.net/>

MISSOURI BAR ASSOCIATION PUBLIC RESOURCES: <http://missourilawyershelp.org/legal-topics/>

AGING WITH DIGNITY: <https://agingwithdignity.org/>

CENTER FOR PRACTICAL BIOETHICS: <https://www.practicalbioethics.org/>

MISSOURI END-OF-LIFE COALITION: <https://www.practicalbioethics.org/component/tags/tag/missouri-end-of-life-coalition.html>

MISSOURI HOSPICE AND PALLIATIVE CARE ASSOCIATION: <https://www.mohospice.org/>

NATIONAL CENTER ON ELDER ABUSE: <https://ncea.acl.gov/>

NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION: <https://www.nhpco.org/>

AMERICAN ACADEMY OF PAIN MEDICINE: www.painmed.org

MISSOURI STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS: <https://pr.mo.gov/embalmers.asp>



TERMS

ADVANCE DIRECTIVE: A written document that states a person's wishes regarding his or her medical care when the person is incapacitated or cannot communicate.

ARTIFICIAL NUTRITION, HYDRATION: Nutrition and fluids delivered through a feeding tube or intravenous line.

ATTORNEY IN FACT: A person appointed by another individual to act or make decisions on his or her behalf. This term, when used on the Missouri Driver's License, is synonymous with durable power of attorney for health care choices.

BENEFICIARY DEED: A document stating to whom a person's real estate will pass upon death. This automatic transfer takes place outside of the probate process.

CONSERVATOR: A person appointed by a court to manage the financial resources of an individual who is unable to do so him or herself.

CARDIOPULMONARY RESUSCITATION (CPR): A medical procedure performed when a person's heart or lungs stop that usually includes chest compressions, the administration of drugs or electric shock to restore the heartbeat, and a tube placed in the windpipe for breathing.

DURABLE POWER OF ATTORNEY: A document that states an individual gives another person authority to manage his or her business or financial affairs, even if the individual granting the authority becomes disabled, incapacitated or unable to communicate.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE CHOICES: A document that states an individual gives another person authority to make health care decisions for him or her when the individual granting the authority becomes disabled, incapacitated or unable to communicate.

GUARDIAN: A person appointed by a court to take care of the personal needs of a person who is unable to do so him or herself.

HEALTH CARE AGENT: A person appointed by another individual to make health care decisions for him or her when the individual is incapacitated or unable to communicate.

HOSPICE CARE: A philosophy of care that focuses on relieving the symptoms of a person who is dying rather than trying to cure them, with care provided by a team of medical care providers, counselors and volunteers.

LIVING TRUST: A document naming a trustee and beneficiary of property that is used during a person's lifetime and upon death.

LIVING WILL: A document that instructs health care providers to withhold or withdraw medical treatment under certain circumstances when a person is near death.



ORGAN DONATION: The giving of one's organs, tissue or eyes to an organization that in turn provides the organs to individuals who need a transplant.

OUTSIDE THE HOSPITAL DO-NOT-RESUSCITATE (OHDNR) ORDER: A document that allows an individual and his or her doctor to instruct emergency responders not to attempt life-saving treatment if the individual's heart stops or the individual stops breathing.

PERSONAL CUSTODIAN: A person designated by another individual to care for his or her personal property and real estate even if the individual who granted this authority becomes incapacitated.

PERSONAL REPRESENTATIVE FOR A WILL: A person named in a will to administer the estate of the maker of the will.

POWER OF ATTORNEY: A document stating an individual has the authority to act on behalf of another person concerning financial or business affairs.

PRENEED FUNERAL ARRANGEMENTS: Paying for funeral arrangements in advance.

PROBATE COURT: A court that has jurisdiction over wills and distribution of property and assets of people who are deceased.

RESPIRATOR/VENTILATOR: A machine that moves air in and out of the lungs of a person who is unable to breathe naturally.

RIGHT OF SEPULCHER: The right to determine what is done with a person's body after death.

SELF-PROVING WILL: A will signed by two witnesses and notarized that includes specific wording defined by state law.

WILL: A document stating how an individual wants his or her property and cash assets distributed and who should be the guardian of his or her minor children upon the person's death.



APPENDIX A:

- ❖ **DURABLE POWER OF ATTORNEY FOR HEALTH CARE/HEALTH CARE DIRECTIVE FORM**
- ❖ **FREQUENTLY ASKED QUESTIONS**
- ❖ **INSTRUCTIONS**

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE
AND/OR HEALTH CARE DIRECTIVE OF**

(Print full name here) _____

(Address, City, State, Zip) _____

PART I. DURABLE POWER OF ATTORNEY FOR HEALTH CARE

(If you **DO NOT WISH** to name someone to serve as your decision-making Agent,
mark an "X" through Part I on pages 1 & 2 and continue on to Part II.)

1. **Selection of Agent.** I, _____, currently a resident of _____ County, Missouri, appoint the following person as my true and lawful attorney-in-fact ("Agent"):

Name: _____

Address: _____

Phone(s): 1st _____ 2nd _____

2. **Alternate Agent.** If my Agent resigns or is not able or available to make health care decisions for me, or if an Agent named by me is divorced from me or is my spouse and legally separated from me, I appoint the following persons in the order named below to serve as my alternate Agent and to have the same powers as my Agent:

First Alternate Agent:

Name: _____

Address: _____

Phone(s): 1ST _____
2nd _____

Second Alternate Agent:

Name: _____

Address: _____

Phone(s): 1ST _____
2nd _____

3. **Durability.** This is a Durable Power of Attorney, and the authority of my Agent, when effective, shall not terminate or be void or voidable if I am or become disabled or incapacitated or in the event of later uncertainty as to whether I am dead or alive.

4. **Effective Date as to Health Care Decision Making.** This Durable Power of Attorney is effective as to health care decision making when I am incapacitated and unable to make and communicate a health care decision as certified by (*check one of the following boxes*): one physician **OR** two physicians.

5. **Agent's Powers.** I grant to my Agent full authority as to health care decision making to:

A. Give consent to, prohibit, or withdraw any type of health care, long-term care, hospice or palliative care, medical care, treatment, or procedure, either in my residence or a facility outside of my residence, even if my death may result, including, but not limited to, an out of hospital do-not-resuscitate order, with the following specific authorization (*initial one of the following boxes to indicate your choice*):

I wish to AUTHORIZE my Agent to direct a health care provider to withhold or withdraw artificially supplied nutrition and hydration (including tube feeding of food and water);

OR I DO NOT AUTHRORIZE my Agent to direct a health care provider to withhold or withdraw artificially supplied nutrition and hydration (including tube feeding of food and water);

B. Make all necessary arrangements for health care services on my behalf and to hire and fire medical personnel responsible for my care;

Initials _____

Part I-After completed, detach, make copies and give to your health care providers.
Durable Power of Attorney for Health Care and/or Health Care Directive

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- C. Move me into, or out of, any health care or assisted living/residential care facility or my home (even if against medical advice) to obtain compliance with the decisions of my Agent;
- D. Take any other action necessary to do what I authorize here, including, but not limited to, granting any waiver or release from liability required by any health care provider and taking any legal action at the expense of my estate to enforce this Durable Power of Attorney for Health Care;
- E. Receive information regarding my health care, obtain copies of and review my medical records, consent to the disclosure of my medical records, and act as my “personal representative” as defined in the regulations [45 C.F.R. 164.502(g)] enacted pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”);

6. Effective Date as to Other Authority. In addition to the powers set forth above, I authorize effective upon my signature and without the need for a physician’s certification of incapacity that my Agent be authorized to have one or more of the following powers (*initial your desired choices*):

- Determine what happens to my body after my death (authority for right of sepulcher);
- Give consent after my death to an autopsy or postmortem examination of my remains;
- Delegate health care decision-making power to another person (“Delegee”) as selected by my Agent, and the Delegee shall be identified in writing by my Agent;

With respect to anatomical gifts of my body or any part (i.e., organs or tissues), please initial your desired choice below:

AUTHORIZATION OF ANATOMICAL GIFTS. I wish to AUTHORIZE my Agent to make an anatomical gift of my body or part (organ or tissue).

<p>My donations are for the following purposes: (check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transplantation <input type="checkbox"/> Therapy <input type="checkbox"/> Research <input type="checkbox"/> Education <input type="checkbox"/> All the above 	<p>GIFT SPECIFICATIONS: (check one)</p> <p>I would like to donate</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any needed organs and tissues, as allowed by law. <input type="checkbox"/> Any needed organs and tissues as allowed by law, with the following restrictions:
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PROHIBITION OF ANATOMICAL GIFTS. I DO NOT AUTHORIZE my Agent to make an anatomical gift of my body or part (organ or tissue).

7. Agent’s Financial Liability and Compensation. My Agent, acting under this Durable Power of Attorney for Health Care, will incur no personal financial liability. My Agent shall not be entitled to compensation for services performed under this Durable Power of Attorney for Health Care, but my Agent shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provisions hereof.

PART II. HEALTH CARE DIRECTIVE

(If you DO NOT WISH to make a health care directive but only wish to have an Agent make your decisions without the directive, be sure that you have completed Part I on pages 1 & 2, mark an “X” through Part II on pages 2 & 3 and continue to Part III.)

1. I make this HEALTH CARE DIRECTIVE (“Directive”) to exercise my right to determine the course of my health care and to provide clear and convincing proof of my choices and instructions about my treatment.

Initials _____

2. If I am persistently unconscious or there is no reasonable expectation of my recovery from a seriously incapacitating or terminal illness or condition, I direct that all of the life-prolonging procedures that I have initialed below be withheld or withdrawn.

Initials

artificially supplied nutrition and hydration (including tube feeding of food and water)

Initials

surgery or other invasive procedures

Initials

heart-lung resuscitation (CPR)

Initials

antibiotics

Initials

dialysis

Initials

mechanical ventilator

Initials

chemotherapy

Initials

radiation therapy

Initials

other procedures specified by me (insert) _____

Initials

all other "life-prolonging" medical or surgical procedures that are merely intended to keep me alive without reasonable hope of improving my condition or curing my illness or injury

3. However, if my physician believes that any life-prolonging procedure may lead to a recovery significant to me as communicated by me or my Agent to my physician, then I direct my physician to try the treatment for a reasonable period of time. If it does not cause my condition to improve, I direct the treatment to be withdrawn even if it shortens my life. I also direct that I be given medical treatment to relieve pain or to provide comfort, even if such treatment might shorten my life, suppress my appetite or my breathing, or be habit-forming.

4. If I have already consented to be on the Missouri organ and tissue donor registry or my Agent has authorized the donation of my organs or tissues, I realize it may be necessary to maintain my body artificially after my death until my organs or tissues can be removed.

IF I HAVE NOT DESIGNATED AN AGENT IN THE DURABLE POWER OF ATTORNEY, PART II OF THIS DOCUMENT IS MEANT TO BE IN FULL FORCE AND EFFECT AS MY HEALTH CARE DIRECTIVE.

PART III. GENERAL PROVISIONS INCLUDED IN THE DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND HEALTH CARE DIRECTIVE

1. Relationship Between Durable Power of Attorney for Health Care and Health Care Directive. If I have executed both the Durable Power of Attorney for Health Care and Health Care Directive, I encourage my Agent to:

- A. First, follow my choices as expressed in the above Directive or otherwise from knowing me or having had various discussions with me about making decisions regarding life-prolonging procedures.
- B. Second, if my Agent does not know my choices for the specific decision at hand, but my Agent has evidence of my preferences, my Agent can determine how I would decide. My Agent should consider my values, religious beliefs, past decisions, and past statements. The aim is to choose as I would choose, *even if it is not what my Agent would choose for himself or herself.*

Initials _____

Part II & III – The Missouri Bar Form Detachable Insert
Durable Power of Attorney for Health Care and/or Health Care Directive

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- C. Third, if my Agent has little or no knowledge of choices I would make, then my Agent and the physicians will have to make a decision based on what a reasonable person in the same situation would decide. I have confidence in my Agent's ability to make decisions in my best interest if my Agent does not have enough information to follow my preferences.
- D. Finally, if the Durable Power of Attorney for Health Care is determined to be ineffective, or if my Agent is not able to serve, the Health Care Directive is intended to be used on its own as firm instructions to my health care providers regarding life-prolonging procedures.

2. Protection of Third Parties Who Rely on My Agent. No person who relies in good faith upon any representations by my Agent or Alternate Agent shall be liable to me, my estate, my heirs or assigns, for recognizing the Agent's authority.

3. Revocation of Prior Durable Power of Attorney for Health Care or Health Care Directive. I revoke any prior living will, declaration or health care directive executed by me. If I have appointed an Agent in a prior durable power of attorney, I revoke any prior health care durable power of attorney or any health care terms contained in that other durable power of attorney and intend that this Durable Power for Attorney for Health Care (if completed) and this Health Care Directive (if completed) replace or supplant earlier documents or provisions of earlier documents.

4. Validity. This document is intended to be valid in any jurisdiction in which it is presented. The provisions of this document are separable, so that the invalidity of one or more provisions shall not affect any others. A copy of this document shall be as valid as the original.

IF YOU HAVE COMPLETED THE ENTIRE DOCUMENT OR ONLY THE DIRECTIVE (PART II), YOU MUST SIGN THIS DOCUMENT IN THE PRESENCE OF TWO WITNESSES.

IN WITNESS WHEREOF, I signed this document on _____ (month, date), _____ (year).

Signature
Printed Name: _____

WITNESSES: The person who signed this document is of sound mind and voluntarily signed this document in our presence. Each of the undersigned witnesses is at least eighteen years of age.

Signature _____
Printed Name _____
Address _____

Signature _____
Printed Name _____
Address _____

NOTARY ACKNOWLEDGMENT
(Only required if Part I or entire document completed.)

STATE OF MISSOURI)
) SS
COUNTY OF _____)

On this _____ day of _____ (month), _____ (year), before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County or City and state aforementioned, on the day and year first above written.

_____, Notary Public
(Name Printed)



**DURABLE POWER OF ATTORNEY FOR HEALTH CARE/HEALTH CARE DIRECTIVE
INSTRUCTIONS**

SPECIFIC INSTRUCTIONS ABOUT COMPLETING THE FORM

This form is designed for you as the Principal to indicate your specific choices. Neatly print your full name on the first blank line at the top of page 1 because you are the Principal. Complete your current address, city, state, and zip code on the second blank line at the top of page 1.

INSTRUCTIONS FOR PART I - DURABLE POWER OF ATTORNEY FOR HEALTH CARE (FORM PAGES 1-2)

If you choose to name an agent to make your health care decisions when you are incapacitated, complete Part I. If you do not choose to name an agent, mark an “X” through Part I on pages 1 and 2 and proceed to Part II for your Health Care Directive.

SECTION 1 (FORM PAGE 1)

SELECTION OF AGENT: Please think carefully about the person you want to be your Agent to make health care decisions for you because you will trust that person to make decisions about your life. Rather than name the oldest child, you might consider how the person would communicate your choices to health care providers. You want someone who is decisive, diplomatic, and reliable in following your choices. Your Agent needs to keep the family informed and try to reach consensus with them about life-prolonging procedures when possible.

It is suggested that only one agent be named to serve at a time. Naming more than one person to make decisions can result in confusion for the family and health care staff and in undue delay in an emergency. If more than one serves at a time, it is best to specify that one can act individually.

SECTION 2 (FORM PAGE 1)

ALTERNATE AGENTS: You should name alternates to act if your first Agent resigns or is not able or available to act. You should try to pick someone with similar qualities as those you were looking for in your first Agent. At least two are recommended.

SECTION 3 (PAGE 1 OF FORM)

DURABILITY: This is the standard clause required for a Durable Power of Attorney for Health Care to be effective in Missouri after the principal becomes incapacitated.

SECTION 4 (FORM PAGE 1)

EFFECTIVE DATE AS TO HEALTH CARE

DECISIONS: The Agent designated in your Durable Power of Attorney for Health Care may only act to make your health care decisions after one or two physicians determine that you lack capacity. Please indicate whether you want one or two physicians to determine when you are incapacitated. If you fail to specify, then the law presumes that you want two. Please remember that in some parts of the state and in certain health care facilities during after-hours emergencies, it may be difficult to find a second physician to determine capacity in order to have someone advocate for your health care.

SECTION 5 (FORM PAGE 1)

AGENT’S POWERS: Some of the listed powers are self-explanatory and do not require you to choose from options but give your Agent the power to advocate for treatment and care for you, as well as make necessary decisions to provide informed consent for your medical care. One



power requires for you to choose from some options.

SUBSECTION 5A (FORM PAGE 1): Please indicate your choice by checking one of the two boxes indicating whether or not you authorize your Agent to withhold or withdraw artificially-supplied nutrition or hydration.

SECTION 6 (FORM PAGE 2)

EFFECTIVE DATE AS TO OTHER AUTHORITY: You may specify certain additional powers for your Agent as follows:

- ❖ To have the Right of Sepulcher to be designated “next of kin” under Missouri law to have custody and control for the disposition of your body.
- ❖ To consent to an autopsy after your death.
- ❖ To delegate decision-making power to another person. This can be useful if your Agent might be temporarily unavailable.
- ❖ To authorize anatomical gifts by initialing the shaded box with a range of stated options for you to choose from to further check off. Or you may choose to prohibit anatomical gifts by initialing the second shaded box.

BE SURE TO INITIAL THE BOTTOM OF PAGES 1, 2 AND 3 OF THE FORM.

INSTRUCTIONS FOR PART II - HEALTH CARE DIRECTIVE (FORM PAGES 2-3)

If you choose to provide directions to your Agent or your health care providers about what life-prolonging procedures you want or do not want if you are in a persistently unconscious or terminally ill condition, please complete Part II. If you choose not to provide direction to your Agent or your health care providers, mark an “X” through Part II on pages 2 and 3 and proceed to Part III to sign your form.

SECTION 1 (PAGE 2 OF FORM): Indicates your intent for the directive under Missouri law to provide clear and convincing proof of your choices and instructions about life-prolonging treatment.

SECTION 2 (PAGE 3 OF FORM): Indicates that life-prolonging procedures are to be withheld or withdrawn only under two conditions: either you are in a persistently unconscious condition with no reasonable chance of medical recovery, or you are at the end-stage of a terminal condition. Where the line is drawn on such issues often depends upon what your medical providers determine and tell you. Your Agent may find other providers who have other opinions.

Certain life-prolonging procedures are listed for you to indicate that you choose to withhold or withdraw by putting your initials in the shaded

boxes when you are in a persistently unconscious condition or you are at the end-stage of a terminal condition. If you know of a procedure that you do not want but it is not listed, you can specify it by writing its name in the blank line given.

SECTION 3 (PAGE 3 OF FORM): Indicates that if providing any life-prolonging procedures might result in a recovery that you define as reasonable, then you want that procedure done. This section also allows you to choose to do any of the initialed life-prolonging procedures if the reason for doing them is to relieve your pain or provide comfort to you in addition to prolonging your life.

SECTION 4 (PAGE 3 OF FORM): Only applies if you have consented to make anatomical gifts of your organs or tissues in order to carry out your choice to do them.



INSTRUCTIONS FOR PART III – GENERAL PROVISIONS APPLICABLE TO THE DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND HEALTH CARE DIRECTIVE (FORM PAGES 2-3)

Part III must be completed for the Durable Power of Attorney for Health Care (Part I) and the Health Care Directive (Part II) to be effective. Some of the sections are self-explanatory and a few are discussed below.

**SECTION 1. (PAGES 3-4)
RELATIONSHIP BETWEEN DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND HEALTH CARE DIRECTIVE:**

If you have completed both the Durable Power of Attorney for Health Care (**Part I**) and the Health Care Directive (**Part II**) **or** you have just completed the Durable Power of Attorney for Health Care (**Part I**), then this section sets out steps for your Agent to consider and follow in making decisions about life-prolonging procedures for you.

First, follow your choices as expressed in your Directive (if you completed it) or otherwise from knowing you or having had various discussions with you about making decisions regarding life-prolonging procedures.

Second, if your Agent does not know your choices for the specific decision at hand, but your Agent has evidence of what you might want, your Agent can try to determine how you would decide. This is called substituted judgment, and it requires your Agent to imagine himself or herself in your position. Your Agent should consider your values, religious beliefs, past decisions, and past statements you have made. The aim is to have your Agent choose as you would probably choose, even if it is not what your Agent would choose for himself or herself.

Third, if your Agent has very little or no knowledge of choices that you would want, then your Agent and the doctors will have to make a decision based on what a reasonable person in the same situation would decide. This is called

making decisions in your best interest. You should have confidence in your Agent’s ability to make decisions in your best interest if your Agent does not have enough information to follow your preferences or use substituted judgment. If this is the case, you authorize your Agent to make decisions which might even be contrary to your Directive in his or her best judgment.

Finally, if the durable power of attorney is determined to be ineffective, or if your Agent (or your named alternate) is not able to serve, the Directive (if you have completed it) is intended to be used on its own as firm instructions to your health care providers regarding life-prolonging procedures.

**SECTION 3 (PAGE 4):
REVOCAION OF PRIOR DURABLE POWER OF ATTORNEY FOR HEALTH CARE OR PRIOR HEALTH CARE DIRECTIVE:**

If you have completed **one or both of Parts I and II**, you are replacing and supplanting any durable power of attorney with health care terms or any earlier health care directive or living will. You should give copies of your most recent completed forms to your Agent and alternate, your physician and other health care providers, and your family members.

SECTION 4 (PAGE 4)

VALIDITY: This document will be considered valid in Missouri and should be recognized in other states and countries on a temporary basis when you are traveling. If you change your residency, you should complete the form that your new home state recognizes. In recognition



that the documents need to be given to many people, including health care providers, copies are considered as valid as the original.

SIGNATURE: You must sign the form in the presence of **two witnesses** if you complete Part II and a **notary public** if you complete Part I (or both Part I and Part II).

WITNESSES: Because Missouri re-quires clear and convincing evidence of wishes expressed in the Health Care Directive (Part II), two witnesses are required. Thus, witnesses are required if both

the Durable Power of Attorney for Health Care (Part I) and Health Care Directive (Part II) are completed or only the Health Care Directive (Part II). It is suggested that the witnesses not be related to you and be at least 18 years of age.

NOTARY ACKNOWLEDGMENT: The notary acknowledgment is required by Missouri law if you appoint an agent and complete a Durable Power of Attorney for Health Care (Part I), or if you complete both Part I and Part II.

FINAL INSTRUCTIONS

After you have completed the form and indicated your choices, you should do the following:

- ✓ Make copies of the form for your Agent and any alternates, your physician (take them to your next appointments), and your health care providers when you are admitted (e.g., hospitals, clinics, nursing homes, assisted living facilities, hospice and palliative care providers, and home health agencies). You will be asked about them each time you are admitted, and you should give them new copies each time you change your form.
- ✓ Discuss, discuss, discuss with your family, your Agent, your physicians, and your health care providers your choices, wishes, and views about your health conditions, the treatments that you prefer, the care or treatment that you want to avoid, and what choices you would want made if life-prolonging procedures are proposed for you when you are persistently unconscious or when you are at the end stage of a serious incapacitating or terminal illness or condition.
- ✓ If you have choices that you want followed not only about life-prolonging procedures but also about other end-of-life considerations, please discuss what you want with your family, your physicians, your clergy, and your agents. You may obtain assistance with such planning from lawyers who can help you clarify your wishes in writing.
- ✓ After you have completed the Durable Power of Attorney for Health Care Form and given it to your agent, you should tell your agent that you will make your own decisions until you are certified as being incapacitated. After you have been certified as incapacitated, tell your agent that he or she will be asked to make any treatment decisions for you. When your agent signs your consent and other forms to carry out your choices, you should tell your agent to sign your name first and sign his or her name afterwards to indicate that your agent is signing for you using your Durable Power of Attorney for Health Care. For example, your agent would sign “John H. Doe, by Sally I. Smith, POA.”



APPENDIX B:

❖ OUTSIDE THE HOSPITAL DO-NOT-RESUSCITATE ORDER

OUTSIDE THE HOSPITAL DO-NOT-RESUSCITATE (OHDNR) ORDER

I, _____, authorize emergency medical services personnel to (name) withhold or withdraw cardiopulmonary resuscitation from me in the event I suffer cardiac or respiratory arrest. Cardiac arrest means my heart stops beating and respiratory arrest means I stop breathing.

I understand that in the event that I suffer cardiac or respiratory arrest, this OHDNR order will take effect and no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will **not** prevent me from obtaining other emergency medical care and medical interventions, such as intravenous fluids, oxygen or therapies other than cardiopulmonary resuscitation such as those deemed necessary to provide comfort care or to alleviate pain by any health care provider (e.g. paramedics) and/or medical care directed by a physician prior to my death.

I understand I may revoke this order at any time.

I give permission for this OHDNR order to be given to outside the hospital care providers (e.g. paramedics), doctors, nurses, or other health care personnel as necessary to implement this order.

I hereby agree to the "Outside The Hospital Do-Not-Resuscitate" (OHDNR) Order.

Patient – Printed or Typed Name		Date
Patient’s Signature or Patient Representative’s Signature		Date
REVOCATION PROVISION		
I hereby revoke the above declaration.		
Patient’s Signature or Patient Representative’s Signature		Date
I AUTHORIZE EMERGENCY MEDICAL SERVICES PERSONNEL TO WITHHOLD OR WITHDRAW CARDIOPULMONARY RESUSCITATION FROM THE PATIENT IN THE EVENT OF CARDIAC OR RESPIRATORY ARREST.		
I affirm this order is the expressed wish of the patient/patient’s representative, medically appropriate and documented in the patient’s permanent medical record.		
Attending Physician’s Signature (Mandatory)		Date
Attending Physician – Printed or Typed Name	Attending Physician’s License No.	Attending Physician’s Telephone No.
Address – Printed or Typed		Facility or Agency Name

THIS OHDNR ORDER SHALL REMAIN WITH THE PATIENT WHEN TRANSFERRED OUTSIDE THE HEALTH CARE FACILITY.

Emergency Medical Services personnel shall not comply with an outside the hospital do-not-resuscitate order when the patient or the patient’s representative expresses to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire to be resuscitated or if the patient is or is believed to be pregnant.

Statutory citation 190.600-190.621 RSMo 9/07

APPENDIX C:

- ❖ **HIPAA PRIVACY AUTHORIZATION FORM**
- ❖ **INSTRUCTIONS**

HIPAA Privacy Authorization Form

Authorization for Use or Disclosure of Protected Health Information

(Required by the Health Insurance Portability and Accountability Act ---- 45 CFR Parts 160 and 164)

1. I hereby authorize all medical service sources and health care providers to use and/or disclose the protected health information (“PHI”) described below to my agent identified in my durable power of attorney for health care named _____.

2. Authorization for release of PHI covering the period of health care (check one)
- a. from (date) _____ - to (date) _____ OR
- b. all past, present and future periods.

3. I hereby authorize the release of PHI as follows (check one):
- a. my complete health record (including records relating to mental health care, communicable diseases, HIV or AIDS, and treatment of alcohol/drug abuse). OR
- b. my complete health record *with the exception of the following information*
(check as appropriate):
- Mental health records
 - Communicable diseases (including HIV and AIDS)
 - Alcohol/drug abuse treatment
 - Other (please specify): _____ .

4. In addition to the authorization for release of my PHI described in paragraphs 3 a and 3 b of this Authorization, I authorize disclosure of information regarding my billing, condition, treatment and prognosis to the following individuals(s):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

5. This medical information may be used by the persons I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

6. This authorization shall be in force and effect until nine (9) months after my death or _____, (date or event) at which time this authorization expires.

7. I understand that I have the right to revoke this authorization, in writing at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest the claim.

8. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

9. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Patient

Date: _____

Tear off, keep original, and give copies to your health care provider, agent and family members.



Instructions for HIPAA Privacy Authorization Form

You are entitled to keep your health information private. The HIPAA Privacy Authorization Form should be completed if you would like some person other than yourself to have access to your medical records and information. This form gives your health care providers written authorization to release your health information to the persons you have named.

Since a Durable Power of Attorney for Health Care is only effective after you have lost your capacity to make or communicate decisions and does not authorize release of medical information to the person named while you remain competent, it is then necessary to complete and sign the HIPAA Privacy Authorization Form.

You may complete a HIPAA Privacy Authorization Form whether or not you have a Durable Power of Attorney for Health Care. This HIPAA Authorization Form in this booklet is to be used along with the Durable Power of Attorney for Health Care form.

In **Section 1**, insert the name of your Agent named in your Durable Power of Attorney for Health Care.

In **Section 2(a)**, indicate what time period is covered by the authorization, either with the specific dates or by checking the box that permits the release of medical information for all past, present, and future periods.

In **Section 2(b)**, check the box if you want to include all of your medical records.

In **Section 3(a)**, check the box to indicate

whether you want your complete health record, which includes records related to mental health, communicable diseases, HIV or AIDS and the treatment of alcoholism or drug abuse, to be released.

In **Section 3(b)**, check the box to indicate which records you want to exclude, if you want any excluded. Please note that if you do not want to authorize the release of your complete health record, you must indicate with a check which records you want excluded.

In **Section 4**, insert the name of the person or persons and relationship to you to whom you give permission to receive your medical information in addition to the Agent named in your Durable Power of Attorney for Health Care. Oftentimes people want other family members or friends to find out how you are doing in addition to your Agent. It is recommended that you name the Alternate Agents from your Durable Power of Attorney for Health Care.

In **Section 6**, fill in the date if you want this authorization to expire; otherwise, the authorization will remain in effect until nine (9) months after your death.

Please read **Sections 5, 7, 8 and 9** before signing your name and dating the form.

After you have completed the HIPAA Privacy Authorization Form, detach, make copies and give copies to your health care providers.



APPENDIX D:

❖ ORGAN & TISSUE DONOR REGISTRY ENROLLMENT APPLICATION



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711

Richard W. Moore
Acting Director



Michael L. Parson
Governor

Missouri Organ and Tissue Donor Registry Enrollment Information Sheet

Missouri’s Organ and Tissue Donor Registry is a confidential list of organ, tissue and eye donors maintained by the Missouri Department of Health and Senior Services. You are not required to be on the registry to be a donor and can remove your name at any time. You may also amend or revoke your decision at any time. Placing your name on the registry means you consent to have your organs and tissues given to others upon your death. First-person consent makes your decision final unless revoked in a manner provided by law. If you would like to be on Missouri’s Organ and Tissue Donor Registry, please complete this form and submit as instructed on the form.

Informed Consent: By completing the enrollment form, I understand that:

1. My information will be kept confidential and will only be used for official registry use and to coordinate my gift.
2. My donation is a gift. There is no cost to me, my family or my estate for my gift. My family or estate will receive no money for my gift. It is unlawful for anyone to sell organs or tissues for any reason. All costs and expenses incurred after my death and relating to my donation through the recovery of the organs, eyes and tissues will be the donor agencies’ responsibility. Medical costs not related directly to donation and funeral costs are the responsibility of my estate, family or other responsible party.
3. My gift is only valid after I am declared dead by a licensed doctor who is not part of the recovery or transplant process.
4. The hospital and the donor agency will assess my gift potential at the time of my death to make sure it is safe to use my gift for others. Please note that under Missouri law, a donor’s gift can be examined, including a review of the donor’s complete medical record, to determine the suitability for donation by persons involved in the organ or tissue donation process. I understand and release the donor agency to notify my family at the time of death of my decision and to ask them to participate in the process by providing information about my social and medical history. I understand it is important for me to communicate my decision to my family so they can help honor and respect my choice.
5. If blood test results are positive for any reportable condition/disease that may affect others, the results will be sent to the Department of Health and Senior Services as required by Missouri law.
6. Every donor is treated with great care and dignity during the donation process including careful reconstruction of one’s body. Donation as a rule does not delay funeral plans.
7. Recovered tissues may be used in different forms to help more people. For example, skin may be used to create a skin graft for burn patients.
8. Donated organs, eyes and tissues are given to people who need them the most. Typically at the local level first, then the region, and finally all over the country. Under certain circumstances, organs, eyes and tissues may be sent out of the country to help patients in need.
9. I may limit my donation to certain portions of my body and/or for certain purposes (transplantation/therapy, research/education, or both.)
10. I understand that any person acting in accordance with sections 194.210 to 194.294, RSMo or with applicable anatomical gift law of another state that is not inconsistent with Missouri’s law or any person that attempts without negligence and in good faith to do so is not liable for the act in any civil action, criminal, or administrative proceeding. I also understand that neither I nor my estate is liable for any injury or damage that results from the making or use of the gift.

Amend Consent: You may amend your registry record by going to www.DonateLifeMissouri.org (My Record: Edit) or by completing a paper Enrollment Application (<https://donatelifemissouri.org/other/forms/>). If completing a paper enrollment, please complete and submit as instructed on the form.

Revocation: You may withdraw or revoke your consent to be listed on the registry. This action does not mean a refusal to make an anatomical gift. Other authorized persons may make such a gift for you unless you take steps to prevent them from doing so. To revoke you must complete a Removal Application available at <https://donatelifemissouri.org/other/forms/>, or request a form by calling 888-497-4564. Print, sign and mail the form using the information provided at the bottom of form.

Refusal: If you refuse to make an anatomical gift and want to bar others from doing so on your behalf, you may execute a refusal by completing one of the steps below. Be sure to provide copies of your documentation to family, friends, or others who may be making end-of-life decisions for you. This information will not be included in the registry or be maintained by the Department of Health and Senior Services.

- A record or writing signed by you.
- A will.
- A record or writing signed by another person at your direction, if you are physically unable to sign, and witnessed by at least two adults, one being a disinterested witness, who sign at your request and attest to such act.
- A communication made by you in any form during your terminal illness or injury, addressed to at least two adults, one of whom is a disinterested witness.

Questions: Answers to general donation questions can be found at: <https://donatelifemissouri.org/donation/>. If you have questions about procedures related to transplants or donation, please contact one of the following agencies:

Midwest Transplant Network
(<http://www.mwtn.org/>)

Mid-America Transplant
(<http://www.midamericatransplant.org/>)
www.health.mo.gov

Saving Sight
(<https://saving-sight.org/>)

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF COMMUNITY AND PUBLIC HEALTH
ORGAN AND TISSUE DONOR REGISTRY ENROLLMENT APPLICATION



This will serve as your document of gift. Much of the information on this form is required, so please be sure the form is complete. You will receive an email or letter confirming your enrollment, or in the event information needs to be clarified and/or verified. E-mail may also be used to send out new information about organ and tissue donation and the registry.

Complete the following information to be added to the registry or to amend a gift.

PARTICIPANT'S NAME (LAST) (FIRST) (MIDDLE) (SUFFIX)

ADDRESS (MAILING) (CITY) (STATE) (ZIP CODE)


COUNTY OF RESIDENCE SEX Male Female

EMAIL ADDRESS PHONE

DATE OF BIRTH (Month/Day/Year) SOCIAL SECURITY NO. or DRIVER LICENSE NO.

My donations are for the following purposes: (Check one)
 Transplant/Therapy Only
 Research/Education Only
 Both Transplant and Research

GIFT SPECIFICATIONS (Check one)
 I would like to donate
 Any needed organs and tissues, as allowed by law.
 Any needed organs and tissues as allowed by law, with the following restrictions:
 Restrictions: _____

I do not have a donor symbol  on the front of my license/ID card and request a sticker to place on the back of my license/ID card.

RACE (optional)
 White Black or African American Asian Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native Other _____

ETHNICITY (optional)
 Not Hispanic or Latino
 Hispanic or Latino
 Other _____

How did you learn about the Missouri Donor Registry? (optional)
 DMV Newspaper Mid-America Transplant
 Family Radio Midwest Transplant
 Friend TV Saving Sight
 Other _____

What prompted you to register? (optional)
 Driver's License Office Friend Needs A Transplant
 Event Friend Was A Donor
 Family Member Loved One Was A Donor
 Family Member Needs A Transplant My Personal Belief System
 Friend Other _____

I am participating in a Donor Registry Event (if applicable) (optional)

INITIAL THE APPROPRIATE CATEGORY
 ___ I affirm that I am age 18 or over and am able to give full legal consent to organ/tissue donation.
 ___ I affirm that I am under the age of 18, an emancipated minor and able to give full legal consent to organ/tissue donation.
 ___ I affirm that I am under the age of 18 but at least 16, I am not emancipated and therefore providing contact information for my parents/guardians below.
 ___ I am the parent/guardian of the child being enrolled in the registry. My relationship to the child is: _____
 I affirm that I am the person named above and the information provided is true and correct. I understand my registration serves as my document of gift, my gift does not require the consent of another person, I may remove my name at any time, and I may revoke a part or all of my decision to gift.

SIGNATURE (Required of applicant or parent if enrolling a child.) ENROLLMENT DATE

WITNESS SIGNATURE (Required if adult is physically unable to sign including due to terminal illness or injury) DISINTERESTED WITNESS SIGNATURE (Required if adult is physically unable to sign including due to terminal illness or injury)

NAME AND CONTACT INFORMATION FOR PARENTS/GUARDIANS (LAST) (FIRST) (MIDDLE)

ADDRESS (MAILING) (CITY) (STATE) (ZIP CODE)

PHONE NUMBER

Mail completed form to:
 Missouri Department of Health and Senior Services
 Missouri Organ and Tissue Donor Program
 PO Box 570
 Jefferson City, MO 65102-0570

Questions?
 Call toll-free at 888-497-4564

A confirmation will be sent to you.



APPENDIX E:

- ❖ **NOTES**
- ❖ **PLANNING FOR THE FUTURE CHECKLIST**

NOTES:

Created/Updated On: _____

Planning for the Future Checklist

Task	Complete?	Not Applicable
Gather Important Documents in a Safe Place	<input type="checkbox"/>	
Will	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney(s)	<input type="checkbox"/>	<input type="checkbox"/>
Advance Directive	<input type="checkbox"/>	<input type="checkbox"/>
DD Form 214	<input type="checkbox"/>	<input type="checkbox"/>
Birth Certificates	<input type="checkbox"/>	<input type="checkbox"/>
Death Certificates	<input type="checkbox"/>	<input type="checkbox"/>
Marriage Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Burial Plans	<input type="checkbox"/>	<input type="checkbox"/>
Financial Account Information	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Plan Information	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship Papers	<input type="checkbox"/>	<input type="checkbox"/>
Adoption Decree	<input type="checkbox"/>	<input type="checkbox"/>
HIPAA Authorization(s)	<input type="checkbox"/>	<input type="checkbox"/>
Do-Not-Resuscitate Order	<input type="checkbox"/>	<input type="checkbox"/>
Organ Donor Registry Documentation	<input type="checkbox"/>	<input type="checkbox"/>
Medicare & Other Health Insurance Cards	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Title(s) & Registration(s)	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate Deed(s)	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>
Trust Documents	<input type="checkbox"/>	<input type="checkbox"/>
Stock Certificates	<input type="checkbox"/>	<input type="checkbox"/>
Life/Long Term Care Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>

Have You Told Someone Where These Documents Are Stored? Yes No

The Name of This Person Is: _____

Address: _____

Phone: _____

Email: _____

Created/Updated On: _____

1 OF 2

Task	Complete?	Not Applicable
Compose a List of Important Information	<input type="checkbox"/>	
Lawyer's Contact Information	<input type="checkbox"/>	<input type="checkbox"/>
Bank(s) Where Accounts Are Held	<input type="checkbox"/>	<input type="checkbox"/>
Doctor(s) Contact Information	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent's Contact Information	<input type="checkbox"/>	<input type="checkbox"/>
Financial Advisor's Contact Information	<input type="checkbox"/>	<input type="checkbox"/>
Pet Care Directions	<input type="checkbox"/>	<input type="checkbox"/>
Veterinarian's Contact Information	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's/Children's Contact Information	<input type="checkbox"/>	<input type="checkbox"/>
Clergy's Contact Information	<input type="checkbox"/>	<input type="checkbox"/>
List of Medications & Current Dosage	<input type="checkbox"/>	<input type="checkbox"/>
List of Substantial Assets	<input type="checkbox"/>	<input type="checkbox"/>
List of Debts With Account Numbers	<input type="checkbox"/>	<input type="checkbox"/>

Have You Told Someone Where This List Is Stored? Yes No

The Name of This Person Is: _____

Address: _____

Phone: _____

Email: _____

Added a Trusted Person to Bank Account?

Added a Trusted Person to Safety Deposit Box?

Provided Copies of Advanced Directive/Living Will/
Health Care Power of Attorney to Care Provider(s)?

2 OF 2



APPENDIX F:

❖ SURVIVING SPOUSE CHECKLIST



Checklist for Service Member Survivors

NOTE: Eligibility criteria for each of the benefits listed on this checklist vary and should be investigated on an individual basis. You may or may not qualify for the benefits listed below depending upon the applicable eligibility criteria. It is strongly recommended that you contact your local Veterans Service Officer listed below for assistance in determining your eligibility for survivor benefits and in applying for them. Additional assistance may also be available at your local chapter of the American Legion, Veterans of Foreign Wars (VFW), or Disabled American Veterans (DAV).

Additionally, it is important to check the deed to your home, the title to your vehicles and checking, savings, and investment accounts to see if they have beneficiary clauses or “title upon death” designations. These are commonly employed means of avoiding probate for these assets.

1. **ASSISTANCE:** For assistance with any of these issues or in filling out required forms, contact our nearest Veterans Service Officer:
 - a. **CENTRAL MISSOURI:**
 - 1) **BENTON, COOPER, PETTIS & SALINE COUNTIES:** 515 South Kentucky St., Sedalia, MO 65301; or call (660) 530-5544.
 - 2) **CAMDEN, MILLER & MORGAN COUNTIES:** Osage Beach City Hall Basement, 1000 City Parkway, Osage Beach, MO 65065; or call (573) 348-2641.
 - 3) **PULASKI & TEXAS COUNTIES:** 194 Eastlawn Ave. Suite E, Saint Robert, MO 65584; or call (573) 451-2533.
 - 4) **DALLAS, DOUGLAS, LACLEDE, WEBSTER & WRIGHT COUNTIES:** 2639 South Jefferson Ave., Lebanon, MO 65536; or call (417) 532-6754.
 - 5) **HOWELL, OREGON & SHANNON COUNTIES:** 3417 Division Dr. Suite #5, West Plains, MO 65775; or call (417) 256-3452.
 - b. **NORTHEAST MISSOURI:**
 - 1) **ADAIR, KNOX, PUTNAM, SCHUYLER, SCOTLAND & SULLIVAN COUNTIES:** 2105 East Normal St., Kirksville, MO 63501; or call (660) 785-2460.
 - 2) **AUDRAIN COUNTY:** MO Veterans Home, #1 Veterans Drive, Mexico, MO 65265; or call (573) 567-8111.
 - 3) **COLE, MONITEAU & OSAGE COUNTIES:** 1500 Southridge Dr. Suite 300, Jefferson City, MO 65109; or call (573) 522-4223.
 - 4) **BOONE, CALLAWAY, & HOWARD COUNTIES:** 900 West Nifong Blvd. 2nd Floor, Columbia, MO 65203; or call (573) 817-4274, (573) 817-4272, or (573) 817-4273.
 - a) **COLUMBIA:** Truman VA Medical Center, 800 Hospital Drive, Columbia, MO 65201; or call (573) 814-6000.
 - 5) **CHARITON, LINN, MACON, MONROE & RANDOLPH COUNTIES:** 3029 County Road 1325, Moberly, MO 65270; or call (660) 263-4960.



- 6) **CLARK, LEWIS, MARION, RALLS & SHELBY COUNTIES:** 203 N. 6th Street, Hannibal, MO 63401; or call (573) 248-2550.
- 7) **CARROLL, GRUNDY, LIVINGSTON & MERCER COUNTIES:** 98 Washington, Suite #1, Chillicothe, MO 64601; or call (660) 646-5051.

c. NORTHWEST MISSOURI:

- 1) **ANDREW, BUCHANAN, HOLT, & PLATTE COUNTIES:** 525 Jules Street, Room 320, St. Joseph, MO 64501; or call (816) 387-2841.
- 2) **CLAY & RAY COUNTIES:** 3675 S. Nolan Road, Suite 125, Independence, MO 64055; or call (816) 325-5883 or (573) 325-5882.
- 3) **JACKSON COUNTY:** 615 E. 13th St., Ste. 511, Kansas City, MO 64106; or call (816) 889-2015 or (816) 889-2123.
 - a) **KANSAS CITY:** VA Medical Center, 4801 Linwood Boulevard, Kansas City, MO 64128; or call (816) 861-4700.
 - b) **KANSAS CITY:** 3027 Walnut Street, Kansas City, MO 64108; or call (816) 561-8387.
- 4) **CASS, HENRY, JOHNSON & LAFAYETTE COUNTIES:** MO Veterans Home, 1300 Veterans Road, Warrensburg, MO 64093; or call (660) 543-7930.
- 5) **CALDWELL, CLINTON, DAVIESS, DEKALB, GENTRY & HARRISON COUNTIES:** MO Veterans Home, 1111 Euclid Avenue, Cameron, MO 64429; or call (816) 649-1684.
- 6) **ATCHISON, NODAWAY & WORTH COUNTIES:** Northwest Missouri State University West 7th St., Maryville, MO 64468; or call (660) 562-1710.

d. SOUTHEAST MISSOURI:

- 1) **MISSISSIPPI, NEW MADRID, SCOTT, & STODDARD COUNTIES:** 106 Arthur Drive, Sikeston, MO 63801; or call (573) 472-5350.
- 2) **BOLLINGER, CAPE GIRARDEAU & PERRY COUNTIES:** MO Veterans Home, 2400 Veterans Memorial Drive, Cape Girardeau, MO 63701; or call (573) 986-4034 or (573) 986-4033.
- 3) **JEFFERSON, FRANKLIN & WASHINGTON COUNTIES:** 3675 West Outer Road, Suite 205B, Arnold, MO 63010; or call (636) 287-1721.
- 4) **CRAWFORD, DENT, MARIES & PHELPS COUNTIES:** MO Veterans Home, 620 N. Jefferson Street, St. James, MO 65559 and 1101 Kingshighway, Rolla, MO 65401; or call (573) 899-6013 or (573) 899-6026.
- 5) **BUTLER, CARTER, DUNKLIN, PEMISCOT, RIPLEY & WAYNE COUNTIES:** 1903 Northwood Dr. Suite 6, Poplar Bluff, MO 63901; or call (573) 778-9689.
 - a) **POPLAR BLUFF:** Pershing VA Medical Center, 1500 N. Westwood Boulevard, Poplar Bluff, MO 63901; or call (573) 686-4151.
- 6) **IRON, MADISON, REYNOLDS, ST. FRANCOIS & SAINTE GENEVIEVE COUNTIES:** 901 Progress Drive, Farmington, MO 63640; or call (573) 218-6130.

e. ST. LOUIS:

- 1) **ST. LOUIS COUNTY:** MO Veterans Home, 10600 Lewis & Clark Boulevard, St. Louis, MO 63136; or call (314) 421-8654 or (314) 421-8637.



a) **JEFFERSON BARRACKS VA MEDICAL CENTER:** 1 Jefferson Barracks Drive, St. Louis, MO 63125; or call (314) 652-4100.

2) **ST. LOUIS CITY:** 9700 Page Avenue, Room R1-109, St. Louis, MO 63132; or call (314) 421-8674, (314) 421-8673 or (314) 421-8676.

a) **JOHN COCHRAN VA MEDICAL CENTER:** 915 N. Grand Boulevard, St. Louis, MO 63106; or call (314) 652-4100.

3) **ST. CHARLES COUNTY:** 201 N. Second Street, Suite 323, St. Charles, MO 63301; or call (314) 421-8601 or (314) 421-8622.

4) **GASCONADE, LINCOLN, MONTGOMERY, PIKE & WARREN COUNTIES:** 111 Steinhagen Road, Warrenton, MO 63383; or call (636) 202-6215

f. SOUTHWEST MISSOURI:

1) **BARTON, JASPER, McDONALD & NEWTON COUNTIES:** 730 S. Wall Avenue, Joplin, MO 64801; or call (417) 629-3538.

2) **BARRY & LAWRENCE COUNTIES:** MO Veterans Home, 1600 S. Hickory Street, Mt. Vernon, MO 65712; or call (417) 572-2128.

a) **MOUNT VERNON:** VA Outpatient Clinic, 600 N. Main Street, Mt. Vernon, MO 65712; or call (417) 466-4000.

3) **DADE, GREENE, HICKORY & POLK COUNTIES:** 2040 W Woodland St., Springfield, MO 65807; or call (417) 895-6534, (417) 895-6535 or (417) 895-6527.

a) **SPRINGFIELD:** 1708 E. St. Louis Street, Springfield, MO 65802; or call (417) 831-2463.

b) **SPRINGFIELD:** 940 Boonville, Springfield, MO 65802; or call (417) 868-4000.

4) **CHRISTIAN, DOUGLAS, OZARK, STONE & TANEY COUNTIES:** 2720 Shepherd of the Hills Expressway, Suite B, Branson, MO 65616; or call (417) 297-6099.

5) **BATES, CEDAR, ST. CLAIR & VERNON COUNTIES:** 621 E. Highland Avenue, Suite 4, Nevada, MO 64772; or call (417) 448-1133.

2. **ESSENTIAL INFORMATION TO HAVE AVAILABLE:** Before contacting any organization for assistance in applying for Veterans survivor benefits, it is highly recommended that you have as much of the following information as possible about your service member available:

- a. Service member's name (include rank)
- b. Service member's Social Security Number
- c. Service member's Date of Birth
- d. Service member's Date of Death
- e. Service member's Cause of Death
- f. Service member's Place of Death (Home, Hospital, etc.)
- g. Service member's Place of Birth (City, County, State)
- h. Address
- i. Phone Number
- j. Email Address
- k. Funeral Home Handling Arrangements for your Service member
- l. Service member's Dates of Military Service and Branch of Service
- m. Service member's Date of Separation/Retirement from the Military



- n. Service member's VA Disability and Percentage
 - o. Your Social Security Number
 - p. Your Date of Birth
 - q. Your Place of Birth
 - r. Date of Marriage
 - s. Place of Marriage (City, County, State)
3. **DOCUMENTS:** Before contacting any organization for assistance in applying for Veterans survivor benefits, it is highly recommended that you locate as many of the following documents as possible about your service member available:
- a. The service member's Death Certificate;
 - b. Your Military ID card;
 - c. Your Marriage License;
 - d. The service member's separation paperwork (typically a DD Form 214);
 - e. Service member's Current Will
 - f. Insurance Policies
 - g. Birth Certificates
 - h. Marriage Certificates
 - i. Divorce Decrees
 - j. Bank Account Statements (Some financial institutions carry small life insurance policies for the account holder)
 - k. Safety Deposit Box information or key
 - l. Investment Portfolios or statements
4. **ALWAYS CALL:** the office you intend to visit before you go and ask what specific documents they will need you to bring with you.
5. _____ **REPORT THE SERVICE MEMBER'S DEATH:**
- a. ***Ft. Leonard Wood Casualty Assistance Center*** at (573) 596-7104 or the ***Whiteman AFB Casualty Assistance Office*** at (660) 687-6434. Tell them you need to report the death of your service member. Please have the following information available when you call:
 - 1) Service member's full name, grade, Social Security number and date of separation from the service (discharge or retirement);
 - 2) Date, city and state of death; and
 - 3) Name, relationship and phone number of next of kin.
 - b. **RETIREES: *Department of Finance and Accounting Services (DFAS)*** at 1-800-321-1080. Follow the Options for Reporting a Retiree's death. A customer service representative will assist you.
 - c. ***Department of Veterans Affairs*** at 1-800-827-1000. This only needs to be done if the service member was receiving disability pay or a non-service connected (NSC) pension.
6. _____ **RETIREES: REQUEST THE FINAL RETIREMENT PAY:** You must have copy of the death certificate to send in with the form SF 1174.

7. _____ **SOCIAL SECURITY:** Visit your local Social Security Office to report your Service member's death. Have a copy of the death certificate with you. If you are already drawing social security, please make sure you ask which is more beneficial – drawing your own Social Security, or drawing your Spouse's Social Security?
 - a. To locate the office nearest to you; Online: www.ssa.gov/ Call: **1-800-772-1213**.

8. _____ **BURIAL AND FUNERAL REIMBURSEMENT:** Fill out and submit the VA Form 21P-530 to request Burial and Funeral Allowance. Or, if the Service member's death was service connected, you may be entitled to additional payment.

9. _____ **SURVIVOR PENSIONS:**
 - a. **RETIREES: SURVIVOR BENEFIT PLAN.** Check the deductions column of the Retiree's pension pay stub for an entry for a monthly deduction denoted as "SBP" (Survivor Benefit Plan). If there is such a deduction, call the **Retirement Service Office Customer Service** line at 1-800-321-1080. They will send you a packet of the forms listed below that you will need to complete and send back. They will need a copy of the death certificate and a copy of the social security card also.
 - b. **WIDOWS/WIDOWER PENSION.** If the retiree did not pay into the Survivor Benefits Program, or the service member's death was not service connected, apply for the Death Pension. This benefit is based on financial need.
 - c. **DEPENDENT INDEMNITY COMPENSATION (DIC).** If the service member's death was service connected, apply for the DIC. The VA will consider which benefit will be most beneficial to you, or which benefit you are eligible for automatically.
 - d. **CIVIL SERVICE.** If the retiree also retired from Civil Service, call the Office of Personnel Management at 1-888-767-6738 to see if there are any Survivor Benefits available in your case. If there are, they will send you a packet in the mail in 5-6 weeks to make your claim.
 - e. **OTHER EMPLOYMENT RETIREMENT.** If the retiree worked or retired from another organization besides the federal government employment, please check with those employers for any survivor benefits.

10. _____ **LIFE INSURANCE:**
 - a. For service members who retired from the military after 1974: Your service member may have had Veterans Group Life Insurance (VGLI). To inquire, call the Office of Service members' Group Life Insurance at 1-800-419-1473 or email osgli.claims@prudential.com to file the claim.
 - b. For service members who retired from the military before 1974: call 1-800-669-8477.
 - c. If there was private life insurance, contact the company who holds the policy for your service member.

11. _____ **ID CARD CHANGE:** Visit a DEERS office on your nearest military installation to have the status of your military ID card changed. You will need to bring your current Military ID card, another government issued photo ID, Marriage Certificate, Death Certificate, and the service member's discharge paperwork (typically a DD Form 214), if you have it.
 - a. Make an appointment online by searching for "DEERS" or contact your local DEERS office:



- 1) Ft. Leonard Wood: (573) 596-0744
- 2) Jefferson City: (573) 638-9500 ext. 37731
- 3) Kansas City: (816) 922-5000
- 4) Maryville: (660) 582-8276
- 5) St. Louis (South): (314) 416-6619
- 6) St. Louis (North): (314) 269-2407
- 7) Springfield: (417) 869-5721
- 8) St. Joseph: (816) 236-3330
- 9) Whiteman AFB: (660) 687-6426

12. _____ **TRICARE HEALTH INSURANCE:**

- a. If TriCare West, call 1-844-866-9378 to report the service member's death, update your status and set up premium payments.
- b. If TriCare for Life, call 1-866-773-0404 to report the service member's death and update your status.
- c. Call and report the service member's death to **Medicare**, especially if enrolled in TriCare for Life: 1-800-633-4227.
- d. If your service member received medications through **Express Scripts**, make sure you call and cancel the medication to avoid paying the copay for them and having to dispose of them: 1-877-363-1303. Any unused medications can be disposed of at the military hospital's pharmacy on Ft. Leonard Wood or Whiteman AFB during normal duty hours. Additionally, your local Sheriff Department or Police Department may also provide this service.

13. _____ **THRIFT SAVINGS PLAN / RETIREMENT PLANS / IRAS:** If you are the beneficiary of any of these, both active duty installations in the state have financial counselors on staff to help guide you in converting or cashing these resources out.

- a. Fort Leonard Wood: Call (573) 596-0153 or email mark.j.dunlop2.civ@mail.mil
- b. Whiteman AFB: Call (660) 687-7132.

14. _____ **CREDIT CARDS:** If you do not need them, call to cancel them. You may want to keep one for emergencies. Unless your name is on the card, the company will not give you any information regarding that account. If there is a balance, you can pay it off and write in bold print across the last statement **CANCEL**.

15. _____ **MILITARY RECORDS:** To request the Service member's medical records, military records, all discharge documentation (such as the DD Form 214) or replacement medals visit <http://www.archives.gov/veterans/>, or:

- a. Complete and submit a Form SF 180 (found at: www.archives.gov/research/order/standard-form-180.pdf). Call (314) 801-0800 or (816) 268-8000 with questions.

- b. Records for those who served in the Missouri Army or Air National Guard, or those who served on active duty and designated Missouri as their home of record upon discharge (1942 – present): Visit <http://www.moguard.com/veteran-services> or call (573) 638-9683 or 9890.
 - c. Records for those who served in the Missouri Army or Air National Guard, or those who served on active duty and designated Missouri as their home of record upon discharge (Prior to 1942): Visit <https://s1.sos.mo.gov/records/archives/archivesdb/soldiers>.
16. **VA HEADSTONE OR MARKER OR MEDALLION, PRESIDENTIAL MEMORIAL CERTIFICATE, MILITARY FUNERAL HONORS AND MISSOURI VETERAN AWARDS PROGRAM:** A Department of Veterans Affairs headstone, marker or medallion for placement in a Veterans or private cemetery may be provided at no charge. Please note that you may need to pay any setting fees the cemetery may charge.
- a. **VA HEADSTONE OR MARKER:** VA Form 40-1330 (form and instructions found at <http://www.va.gov/vaforms/va/pdf/VA40-1330.pdf>). Include a photocopy of the death certificate and photocopy of the service member’s DD Form 214.
 - b. **VA MEDALLION** (For private headstones): VA Form 40-1330M (form and instructions found at <https://www.va.gov/vaforms/va/pdf/va40-1330m.pdf>). Include a photocopy of the death certificate and photocopy of the service member’s DD Form 214.
 - c. **PRESIDENTIAL MEMORIAL CERTIFICATE:** VA Form 40-0247 (form and instructions found at <https://www.va.gov/vaforms/va/pdf/va40-0247.pdf>). Certificate signed by the sitting President in recognition for the honorable service of your service member. To request, complete and submit a VA Form 40-0247. Include a photocopy of the death certificate and a photocopy of the service member’s DD Form 214.
 - d. **MILITARY FUNERAL HONORS.** To request military funeral honors for your service member, contact Office of the Adjutant General, ATTN: Military Funeral Honors, 2302 Militia Drive, Jefferson City, MO 65101-1203; or call 1-877-221-6361 (Option 1 or 3). Military funeral honors consists of folding and presentation of the U.S. flag, sounding of Taps, a detail of uniformed personnel, and a three-volley rifle salute. For more information, see www.moguard.com/funeral-honors/.
 - e. **MISSOURI VETERAN AWARDS PROGRAM.** Provides a medal, medallion and certificate of appreciation to Missouri residents who served during the World War II, Korea, Vietnam, Desert Shield/Desert Storm, of Iraqi Freedom/New Dawn conflicts. Spouses or the eldest dependent may apply for deceased Veterans.
17. **BURIAL PLOTS:** Missouri has several state and national Veterans cemeteries throughout the state at which your Veteran may be placed. To inquire, call the desired facility and arrange a time to discuss your Veteran’s eligibility.
- a. **STATE VETERANS CEMETERIES: (Note: The State does have a Veterans cemetery in St. James, but it is not open for internment)**
 - 1) **Springfield:** 5201 S. Southwood Road, Springfield, MO 65804; (417) 823-3944.
 - 2) **Higginsville:** 20109 Business Highway 13, Higginsville, MO 64037; (660) 584-5252.
 - 3) **Bloomfield:** 17357 Stars & Stripes Way, Bloomfield, MO 63825; (573) 568-3871.
 - 4) **Jacksonville:** 1479 County Road 1675, Jacksonville, MO 65260; (660) 295-4237.
 - 5) **Fort Leonard Wood:** 25350 Highway H, Fort Leonard Wood, MO 65583; (573) 774-3496.



- b. **NATIONAL VETERANS CEMETERIES:** (Note: There is a National Veterans Cemetery in Jefferson City, but it is not open for internment)
 - 1) *Springfield:* 1702 E. Seminole Street, Springfield, MO 65804; (417) 881-9499.
 - 2) *St. Louis (Jefferson Barracks):* 2900 Sheridan Road, St. Louis, MO 63125; (314) 845-8320.
- c. **PRIOR YEAR TAX FORMS** (No Charge Tax Preparation at Ft. Leonard Wood or Whiteman AFB Tax Center)
- d. **PRIVATE ORGANIZATION MEMBERSHIPS** (some carry small life insurance policies as a benefit of membership)
- e. **TITLES AND DEEDS** to assets (vehicles, houses, etc.)

18. TAX RELIEF:

- a. **INCOME TAX DEDUCTION FOR MILITARY RETIREMENT PENSION**, section 143.124 RSMo.
 - All military retirement pension income is 100% deductible from MO Income Tax.
- b. **INCOME TAX DEDUCTION FOR GUARD/RESERVE**, section 143.175 RSMo.
 - Beginning 1/2020, 20% of IDT and AT pay will be exempt from state taxes. Thereafter, this deduction will increase by 20% each year until 2024 when all such pay will be deductible.
- c. **PROPERTY TAX EXEMPT FOR TOTAL SERVICE-CONNECTED DISABLED POWs**, Mo. Const. Art. 10, section 6
 - Exemption from taxes on all real property used as a homestead.
- d. **STATE INCOME TAX EXEMPTION FOR ACTIVE DUTY MEMBERS**, section 143.174 RSMo.
 - Any military income earned as compensation for AD service may be deducted from the person's MO adjusted gross income to determine his/her Mo taxable income.
- e. **PERSONAL PROPERTY TAX CREDIT**, section 135.010 RSMo.
 - Credit for certain seniors and 100% disabled persons for \$1,100 of the real estate taxes or \$750 of the rent paid for the year. Vets need not report Veterans benefits on application.