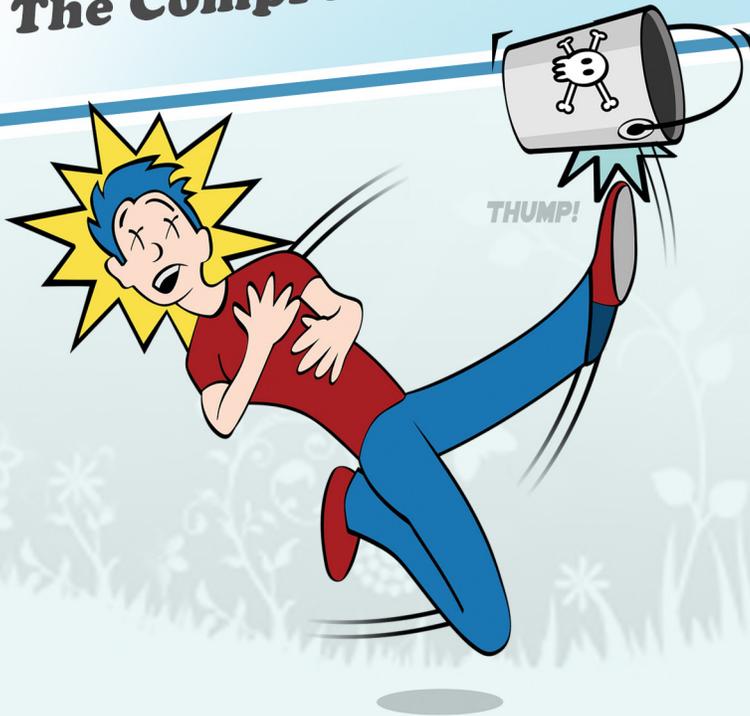


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The Comprehensive Guide To Kicking The Bucket



Includes:

- Legal forms
- Estate planning
- Wills
- Funeral arrangements
- Death certificates
- Obituaries
- Life insurance info

...and everything else to prepare before you go!

What you need to know about...

(NAME/NAMES)

(NAME/NAMES)

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Compiled by
Dying To Know.Info, LLC
Julian J.Blum

*This book is dedicated to my wonderful wife, Fleeta Compton Blum.
She has taken good care of me for over 20 years, and it was my desire to
make my passing as easy on her as possible that inspired this book.*

*Special thanks to my Grandson, Tyler Compton, for all his help
needed to create the original book and website.*

Dying to Know.info:

The comprehensive guide to kicking the bucket including legal forms, estate planning, wills, funeral arrangements, death certificates, obituaries, life insurance, and everything else to prepare before before you go.

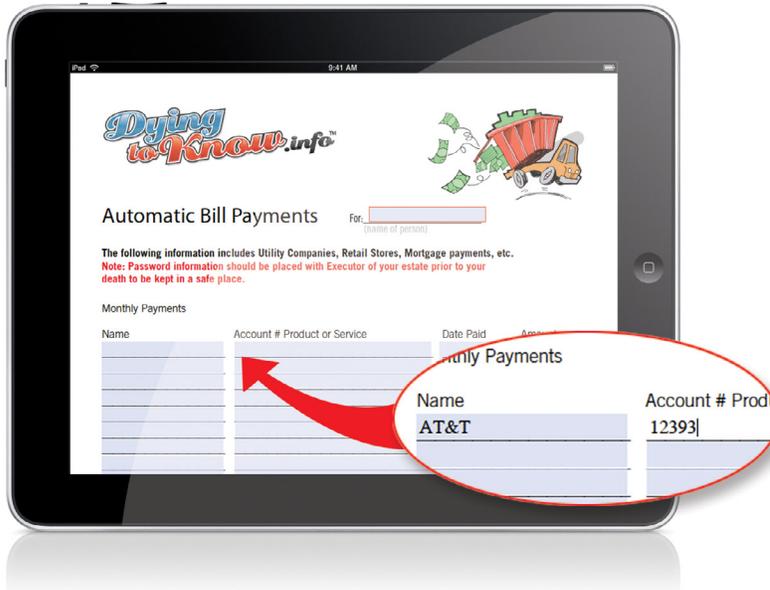
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or write:

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3104 E Camelback Road, Suite 1212
Phoenix, Arizona 85016

Preface

I was an 85-year-old healthy man, but knowing I had already lived way past my average life expectancy, I decided it was time to put my affairs in order. My wife, 8 years younger than I and also in good health, left most of our financial and legal issues up to me, so I knew if I passed away she'd be stuck with details that would be hard for her to handle.



I began the arduous task of locating information and legal documents she would need and inserted everything I could find about our bank accounts, insurance policies, deeds, wedding license, etc. into a 3-ring notebook. I then began thinking about my funeral plans and decided it was a good idea to tell her of my wishes. The preparation of legal documents caused me to think about how I wanted to be cared for in case of a terminal illness, who would be my executor, what could I do to escape probate, etc.

I soon began to realize that there is much more to know about dying than I had ever thought about.

Hundreds of hours and pages later, I felt she would have most, if not all, of the information she would need, but it was somber to read and somewhat morbid to put together. Then it struck me that this could be done with a sense of humor. As a result, I began placing cartoonish clip art onto the information pages. Needless to say, my wife was thrilled with my effort, and began showing the binder to friends. The immediate reaction was "I want one of these".

This resulted in my working with Scott Leuthold, a gentleman of unending talent as an expert in corporate identity, graphic and web design, packaging, and also a published author, to help produce this book into its current form. Much kudos must be given to Jeff Young of Universal Publishers who recognized that this was a valuable manuscript that he wanted to publish. After much polishing it is now available from your favorite bookseller as a hard printed copy or E-Book.

We hope it is helpful.

A handwritten signature in black ink that reads "Julian J. Blum". The signature is written in a cursive, flowing style.

Julian J. Blum



Instruction

There are a number of ways you can utilize this book to maximize your time. Below we have outlined some instructions that may help you along the way.

Hard Copy:

You can write your information right onto the forms included and store away this book for future reference. However, because we recommend using a pen to complete the forms for your protection and the protection of your loved-ones, we have included into our usage license agreement, authorization for the purchaser of the book to make photocopies for their own personal use. Then, enter the information on the copied forms and store those pages in a ring binder or pocket folder with this book. In either case, you will find Addendum pages in the back of the book for making changes if you wish to in the future. This hard copy is designed to allow the purchaser to lay the pages flat on a photocopier if desired to make reproductions. Note that there are two copies of many of the forms providing one for you, and one for your partner to complete if applicable.

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If you have purchased a digital copy of the book with your hard cover copy, the digital version allows you to enter the data on your computer right into the forms and then you can print those forms for your hard copy.

If you have not purchased the supplemental digital version and would like to do so, please visit us online at <http://www.universal-publishers.com/dyingtoknow/> for further information.

Safe Keeping:

We recommend that you make copies of all documents and keep copies in separate locations for your protection.

Notary:

Please be aware that some documents within this book require a Notary stamp and signature as witness.

Legal:

We strongly recommend all documents you complete herein be reviewed by your attorney to verify validity in your state of residence. Dying To Know.Info, LLC and its associates assume no responsibility for your actions in the event you use any information herein for yourself.



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In An Emergency Call 911

For: _____
(name of person)

State your name and type of emergency: (i.e. Illness, Death)

Address: _____ Cross Streets: _____

Describe problem...

Name: _____ Age: _____ Birth Date: _____

Responsible Party: _____

Spouse: _____ Telephone: _____ Telephone 2: _____

_____ Ambulance Name and Telephone: _____

Hospital Preferred: _____ Social Security #: _____

Hospitalization Insurance Carrier: _____ Policy #: _____

HMO: _____ I.D. #: _____

Primary Physician: _____ Telephone #: _____

Religion: _____ Cleric Name and Number: _____

Medicines being taken and other important information: _____

Preferred Hospice: _____

See Living Will Documents (attached) Located on page: _____



Notice: Your Living Will expresses your desires as to how you are treated at the end of your life. The following form will suffice for most of us, however it is suggested that you check these with an attorney.

Living Will Declaration

For: _____
(name of person)

Page 1 of 2

Declaration made this _____ day of _____ (month, year)

I _____, being of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below do declare:

If at anytime I should have an incurable and irreversible injury, disease, or illness certified to be a “terminal condition” or “permanently unconscious state” or in an irreversible coma or persistent vegetative state, by two (2) physicians who have personally examined me, one (1) of whom shall be my attending physician, and the physicians have determined that my death will occur within a relatively short time, and where the application of life-sustaining procedures including, but not limited to artificial nutrition and hydration would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care to alleviate pain. If I have been diagnosed as pregnant and that diagnosis is known to my physician, this declaration shall have no force or effect during my pregnancy.

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

My initials (_____) I DO _____ DO NOT _____ DIRECT MY ATTENDING PHYSICIAN TO WITHHOLD OR WITHDRAW NUTRITION AND HYDRATION IF I AM IN A ‘PERMANENTLY UNCONSCIOUS STATE’ AND MY ATTENDING PHYSICIAN AND ONE OTHER PHYSICIAN WHO HAS EXAMINED ME DETERMINE TO A REASONABLE DEGREE OF MEDICAL CERTAINTY AND IN ACCORDANCE WITH REASONABLE MEDICAL STANDARDS, THAT NUTRITION OR HYDRATION WILL NOT OR NO LONGER SERVE TO PROVIDE ME COMFORT OR ALLEVIATE PAIN.

Continued on next page.



Notice: Your Living Will expresses your desires as to how you are treated at the end of your life. The following form will suffice for most of us, however it is suggested that you check these with an attorney.

Living Will Declaration

For: _____
(name of person)

Page 2 of 2

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signature _____ Address _____

The declarant is personally known to me and is of sound mind and to the best of my knowledge and belief executed this instrument voluntarily and free from duress, fraud, and undue influence. I did not sign the declarant's signature above for or at the direction of the declarant. I am at least 18 years of age (or a competent adult under my state law) and am not related to the declarant by blood, marriage, or adoption, entitled to any portion of the estate of the declarant according to the laws of intestate succession of the State of _____, or under any will of the declarant or codicil thereto, directly financially responsible for declarant's medical care or have a present claim against any portion of the declarant's estate. I am not the declarant's attending physician, an employee of the attending physician, or an employee of the health or care facility or nursing home in which the declarant is a resident or patient.

Witness _____

Address _____

Witness _____

Address _____

State of _____ SS

County of _____

On _____ before me, _____
Date (name and title of officer taking acknowledgement)

personally appeared the witnesses, being duly sworn, did state that they are the persons described in this document and that they signed this document in my presence as a free and voluntary act for the purposes so stated.

Signature of Notary Public

My commission expires _____ Notary Seal

Overcoming Grief:

After a loved one passes, you may experience a period of intense grief. Grief is a natural response to loss. It's the emotional suffering you feel when someone you love is taken away or dies. While there is no right or wrong way to grieve, there are healthy ways to cope with the pain that, in time, can renew you and permit you to move on.

How you grieve depends on many factors, including your personality and coping style, your life experience, your faith, and the nature of the loss. The grieving process takes time. Healing happens gradually; it can't be forced or hurried – and there is no "normal" timetable for grieving. Some people start to feel better in weeks or months. For others, the grieving process is measured in years. Whatever your grief experience, it's important to be patient with yourself and allow the process to naturally unfold.

Almost anything that you experience in the early stages of grief is normal – including feeling like you're going crazy, feeling like you're in a bad dream, or questioning your religious beliefs.

- **Shock and disbelief** – Right after a loss, it can be hard to accept what happened. You may feel numb, have trouble believing that the loss really happened, or even deny the truth. If someone you love has died, you may keep expecting him or her to show up, even though you know he or she is gone.
- **Sadness** – Profound sadness is probably the most universally experienced symptom of grief. You may have feelings of emptiness, despair, yearning, or deep loneliness. You may also cry a lot or feel emotionally unstable.
- **Guilt** – You may regret or feel guilty about things you did or didn't say or do. You may also feel guilty about certain feelings (e.g. feeling relieved when the person died after a long, difficult illness). After a death, you may even feel guilty for not doing something to prevent the death, even if there was nothing more you could have done.
- **Anger** – Even if the loss was nobody's fault, you may feel angry and resentful. If you lost a loved one, you may be angry with yourself, God, the doctors, or even the person who died for abandoning you. You may feel the need to blame someone for the injustice that was done to you.

QuickTip

The single most important factor in healing from loss is having the support of other people. Even if you aren't comfortable talking about your feelings under normal circumstances, it's important to express them when you're grieving.

Sharing your loss makes the burden of grief easier to carry. Wherever the support comes from, accept it and do not grieve alone. Connecting to others will help you heal.



- **Fear** – A significant loss can trigger a host of worries and fears. You may feel anxious, helpless, or insecure. You may even have panic attacks. The death of a loved one can trigger fears about your own mortality, of facing life without that person, or the responsibilities you now face alone.
- **Physical symptoms** – We often think of grief as a strictly emotional process, but grief often involves physical problems, including fatigue, nausea, lowered immunity, weight loss or weight gain, aches and pains, and insomnia.

Coping with grief : Get support

The single most important factor in healing from loss is having the support of other people. Even if you aren't comfortable talking about your feelings under normal circumstances, it's important to express them when you're grieving. Sharing your loss makes the burden of grief easier to carry. Wherever the support comes from, accept it and do not grieve alone. Connecting to others will help you heal.

Finding support after a loss

- **Turn to friends and family members** – Now is the time to lean on the people who care about you, even if you take pride in being strong and self-sufficient. Draw loved ones close, rather than avoiding them, and accept the assistance that's offered. Often-times, people want to help but don't know how, so tell them what you need – whether it's a shoulder to cry on or help with funeral arrangements.
- **Draw comfort from your faith** – If you follow a religious tradition, embrace the comfort its mourning rituals can provide. Spiritual activities that are meaningful to you – such as praying, meditating, or going to church – can offer solace. If you're questioning your faith in the wake of the loss, talk to a clergy member or others in your religious community.
- **Join a support group** – Grief can feel very lonely, even when you have loved ones around. Sharing your sorrow with others who have experienced similar losses can help. To find a bereavement support group in your area, contact local hospitals, hospices, funeral homes, and counseling centers.
- **Talk to a therapist or grief counselor** – If your grief feels like too much to bear, call a mental health professional with experience in grief counseling. An experienced therapist can help you work

Laugh Matters

Two elderly couples were enjoying friendly conversation when one of the men asked the other, "Fred, how was the memory clinic you went to last month?"

"Outstanding," Fred replied. "They taught us all the latest techniques and psychological visualization, association, it made a huge difference for me."

"That's great! What was the name of the clinic?"

Fred went blank. He thought and thought, but couldn't remember. Then a smile broke across his face and he asked, "What do you call that flower with the long stem and thorns?"

"You mean a rose?" "Yes, that's it!" He turned to his wife. . . "Rose, what was the name of that clinic?"

through intense emotions and overcome obstacles to your grieving.

- **Face your feelings.** You can try to suppress your grief, but you can't avoid it forever. In order to heal, you have to acknowledge the pain. Trying to avoid feelings of sadness and loss only prolongs the grieving process. Unresolved grief can also lead to complications such as depression, anxiety, substance abuse, and health problems.
- **Express your feelings in a tangible or creative way.** Write about your loss in a journal. If you've lost a loved one, write a letter saying the things you never got to say; make a scrapbook or photo album celebrating the person's life; or get involved in a cause or organization that was important to him or her.
- **Look after your physical health.** The mind and body are connected. When you feel good physically, you'll also feel better emotionally. Combat stress and fatigue by getting enough sleep, eating right, and exercising. Don't use alcohol or drugs to numb the pain of grief or lift your mood artificially.
- **Don't let anyone tell you how to feel, and don't tell yourself how to feel either.** Your grief is your own, and no one else can tell you when it's time to "move on" or "get over it." Let yourself feel whatever you feel without embarrassment or judgment. It's okay to be angry, to yell at the heavens, to cry or not to cry. It's also okay to laugh, to find moments of joy, and to let go when you're ready.
- **Plan ahead for grief "triggers."** Anniversaries, holidays, and milestones can reawaken memories and feelings. Be prepared for an emotional wallop, and know that it's completely normal. If you're sharing a holiday or lifecycle event with other relatives, talk to them ahead of time about their expectations and agree on strategies to honor the person you loved.

When grief doesn't go away

The sadness of losing someone you love never goes away completely, but it shouldn't remain center stage. If the pain of the loss is so constant and severe that it keeps you from resuming your life, you may be suffering from a condition known as complicated grief. Complicated grief is like being stuck in an intense state of mourning. You may have trouble accepting the death long after it has occurred or be so preoccupied with the person who died that it disrupts your daily routine and undermines your other relationships. **The resource for this information can be found at <http://www.helpguide.org>.**

QuickTip

Contact a grief counselor or professional therapist if you:

- Feel like life isn't worth living any longer
- Wish you had died with your loved one
- Blame yourself for the loss or for failing to prevent it
- Feel numb and disconnected from others for more than a few weeks
- Are having difficulty trusting others since your loss
- Are unable to perform your normal daily activities

? Did You Know?

It has been proven that after 21 days most people begin to adjust to their circumstances of a death, and start to move on with their lives.



Notice: Your privacy is very important. Take caution when listing critical information. Store this documentation in a safe place.

Facebook Memorial

For: _____
(name of person)

When a Facebook member passes on, his information remains until taken off or changed. This form will memorialize the deceased.

You are hereby instructed to permanently delete my existing Facebook account as described below and to establish a Memorialization Account in my name:

Signature _____ **Date:** _____

Memorialization Request:

Full name as it appears on the account: _____

Email Address listed on the account: _____

Web address of my timeline: _____

Relationship of the person who is authorized to delete my Facebook Account

_____ Immediate family (spouse, parent, sibling, child)

_____ Extended family (grandparent, aunt, uncle, cousin)

_____ Non-family (friend, co-worker, classmate)

_____ Other (relationship): _____

NOTE: Facebook will require proof of death. Generally, they request a link to an obituary. Please have this ready when completing the online Memorialization form on Facebook.com.

Email contact for Authorized party: _____

Name of Authorized party: _____

Care for the Elderly

This section deals with the different facilities and type of care available to Senior Citizens in most urban areas of the United States.

A retirement home is a multi-residence housing facility intended for active senior citizens. Typically each person or couple in the home has an apartment style room or suite of rooms.

Retirement villages and retirement communities, unlike retirement homes, offer separate and autonomous homes for active residents usually restricted to Seniors of 55 years of age and older. These communities may have Block Watch programs and residents who may be called upon in an emergency, but no health services are provided. Larger retirement communities such as Sun City may have hospitals, nursing homes, and other privately owned or non profit facilities available.

In-home care is popular for obvious reasons. The temporary caregiver comes to the regular caregiver's home, and gets to know the care receiver in his or her normal environment. The temporary caregiver learns the family routine, where medicines are stored, and the care receiver is not inconvenienced by transportation and strange environments. In this model, friends, relatives and paid professionals may be used.

Day centers may focus on providing care only for persons with a specific chronic condition such as Alzheimer's disease and related dementias, or their services may be available for any adult with disabilities. Many centers maintain a nurse on-site and devote a room for participants to have vital signs checked, and receive other health services from a medical assistant/nurse when needed. They may also provide transportation and personal care as well as support groups for caregivers. Medicaid or Medicare may be used to help cover costs.

Therapeutic adult daycare is a facility where care receivers who have periods of temporary incapacity due to illness, injury, or recuperation from surgery may stay for a few days or a few weeks. The advantage is that the specialized facility will probably have better access to emergency facilities and professional assistance if needed.

Assisted living residences or assisted living facilities (ALFs) are housing



QuickTip

Some assisted living units can be rented monthly like an apartment. Others are bought in perpetuity on the same basis as a condominium.

Usually a purchase is made with cash, although in some instances financing is available.

Many facilities agree to repurchase the facility when no longer usable by the occupant paying back up to 80% of its original cost.

facilities for people, usually a senior citizen, who does not need the level of care offered by a nursing home but prefers more companionship and needs some assistance in day-to-day living. Age groups will vary with every facility. They can range in size from a small residential house for one resident up to very large facilities providing services to hundreds of residents. Individual living spaces may resemble a dormitory or hotel room consisting of a private or semi-private sleeping area and a shared bathroom. There are usually common areas for socializing, as well as a central kitchen and dining room for preparing and eating meals.

People who live in newer assisted living facilities usually have their own private apartment. These generally are self-contained; i.e., they have their own bedroom and bathroom, and may have a separate living area or small kitchen. More recently built facilities are designed with an emphasis on ease of use for disabled people. Bathrooms and kitchens are designed with wheelchairs and walkers in mind. Hallways and doors are extra-wide to accommodate wheelchairs. These facilities are by necessity fully compliant with the Americans with Disabilities Act of 1990 (ADA) or similar legislation elsewhere.

There is usually no special medical monitoring equipment that one would find in a nursing home, and their nursing staff may not be available at all hours. However, trained staff are usually on-site to provide other needed services including arranging the appropriate medical, health, and dental care services for each resident. The resident generally chooses his or her medical doctor and dental services.

Household chores are performed: sheets are changed, laundry is done, and food is cooked and served as part of the base rent and included services. Depending on their disclosure of services, assisted living services may include medication management, bathing assistance, dressing, escorts to meals and activities, toileting, transferring, and insulin injections by an RN. Some homes even have a beauty parlor on site. Grocery service is often available, too. The socialization aspects of ALFs are very beneficial to the occupants. Normally the facility has many activities scheduled for the occupants, keeping in mind different disabilities and needs.

Assisted living is a philosophy of care and services promoting independence and dignity. Assisted living facilities are regulated and licensed

Laugh Matters

Two elderly women were out driving in a large car - both could barely see over the dashboard. As they were cruising along, they came to an intersection. The stoplight was red, but they just went on through. The woman in the passenger seat thought to herself, 'I must be losing it. I could have sworn we just went through a red light.'

After a few more minutes, they came to another intersection and the light was red. Again, they went right through. The woman in the passenger seat was almost sure that the light had been red but was really concerned that she was losing it. She was getting nervous.

At the next intersection, sure enough, the light was red and they went on through.. So, she turned to the other woman and said, 'Mildred, did you know that we just ran through three red lights in a row? You could have killed us both!'

Mildred turned to her and said, 'Oh, crap, am I driving?'

at the US state level. Monthly Rate averaged \$3261.00 in 2011, a 2.39% increase over 2010 and a 5.99% increase over a six-year period from 2005-2011.

Some assisted living units can be rented monthly like an apartment. Others are bought in perpetuity on the same basis as a condominium. Usually a purchase is made with cash, although in some instances financing is available. Many facilities agree to repurchase the facility when no longer usable by the occupant paying back up to 80% of its original cost.

Many ALFs also serve the needs of the mentally ill community, primarily people with some form of dementia including Alzheimer's disease, but also others as long as they do not present an imminent danger to themselves or others. In the United States, legislation enacted by each state defines not only the level of care, but often what conditions are prohibited from being cared for in such a home.

It is important to remember that assisted living residences are a bridge between living at home and living in a nursing home. Assisted living residences do not typically provide the level of continuous skilled nursing care found in nursing homes and hospitals.

A nursing home, convalescent home, skilled nursing facility provides a type of residential care. They are a place of residence for people who require continual nursing care and have significant deficiencies with activities of daily living. Nursing aides and skilled nurses are usually available 24 hours a day.

Residents include the elderly and younger adults with physical or mental disabilities. Residents in a skilled nursing facility may also receive physical, occupational, and other rehabilitative therapies following an accident or illness. Some nursing homes assist people with special needs, such as Alzheimer patients.

An intermediate care facility (ICF) is a health care facility for individuals who are disabled, elderly, or non-acutely ill, usually providing less intensive care than that offered at a hospital or skilled nursing facility. Typically ICF is privately paid by the individual or by the individual's family. An individual's private health insurance and/or a third party service like a hospice company may cover the cost.

? Did You Know?

We come into this world with two extraordinary events in our timeline: the day of our birth and the day of our death. These two events should pale in comparison to the many noteworthy events we experience in between. Your legacy lives on only in the hearts and minds of those who survive you.

What you do in life and how you treat others is what determines your legacy.



A skilled nursing facility (SNF) is a nursing home certified to participate in, and be reimbursed by Medicare. Medicare is the federal program primarily for the aged (65+) who contributed to Social Security and Medicare while they were employed. Medicaid is the federal program implemented with each state to provide health care and related services to those who are below the poverty line. Each state defines poverty and, therefore, Medicaid eligibility. Those eligible for Medicaid may be low-income parents, children including State Children's Health Insurance Programs (SCHIPs) and maternal-child wellness and food programs for seniors, and people with disabilities. Nursing homes offer the most extensive care a person can get outside a hospital. Nursing homes offer help with custodial care—like bathing, getting dressed, and eating—as well as skilled care given by a registered nurse and includes medical monitoring and treatments. Skilled care also includes services provided by specially trained professionals, such as physical, occupational, and respiratory therapists.

The services nursing homes offer vary from facility to facility. Services include:

- Room and board, Monitoring of medication
- Personal care (including dressing, bathing, and toilet assistance)
- 24-hour emergency care, Social and recreational activities

Hospice Care

The Hospice: The word hospice basically means shelter. By today's standards, a hospice is a facility where terminally ill people receive medical care to manage any pain associated with their terminal illness, as well as other beneficial services.

When a patient is diagnosed with an incurable disease, the patient and his family can be overwhelmed with quandaries like, "what questions should I ask about hospice care?" However dizzying end-of-life care options may be, patients and their caregivers will need to evaluate all hospice options carefully.

What Questions Should I Ask About Hospice Care in the Home?

Most hospice care is provided in the home. This may be a viable option even if the patient needs a great deal of physical care. However, you'll need to evaluate each hospice agency carefully to see if what they offer is a good fit for what your family needs.

Laugh Matters

Two elderly ladies had been friends for many decades. Over the years, they had shared all kinds of activities and adventures. Lately, their activities had been limited to meeting a few times a week to play cards.

One day, they were playing cards when one looked at the other and said, 'Now don't get mad at me ... I know we've been friends for a long time, but I just can't think of your name! I've thought and thought, but I can't remember it. Please tell me what your name is..

Her friend glared at her for at least three minutes, she just stared and glared at her. Finally she said, 'How soon do you need to know?'



Financial Arrangements

You should first inquire with the patient's primary care physician about the procedure for accessing hospice care in your community. In most cases, the primary physician needs to sign a form that states the patient has an incurable illness and is expected to die within a given time, often under six months. Once the paperwork for precertification is completed, the hospice agency assumes responsibility for all care. Ask the hospice agency whether the transfer of benefits will cover all services or whether there will be additional charges. Some private policies limit the number of days a client can be covered under hospice care. Contact either the financial manager at the hospice agency or a case manager at your insurance company to see if this applies to you. Medicare coverage for hospice is subject to frequent changes, so if the patient has Medicare as their primary insurance, make sure you will have access to a seasoned case manager at the hospice agency to help navigate the red tape.

Primary Contacts

Ask who your primary staff contact will be. In-home hospice care is usually supervised by a registered nurse. Ask about her training and certification requirements. You should also be able to reach a medical director if needed.

It should also be noted that a patient does not need to move into a hospice facility in order to receive hospice care. A hospice care team can provide the patient with a variety of services at the patient's home, a hospital, or an extended-care facility like a nursing home.

As a Care Philosophy

The basic philosophy of hospice care is to treat the patient as a whole person. This includes: Managing pain associated with the terminal illness, providing support for a patient and their family's emotional, spiritual and social needs and helping individual patients maintain their dignity and some control over the manner in which they die.

What Hospice Doesn't Provide: To be completely clear, hospice care does not attempt to cure a terminal illness. Patients typically enter hospice when treatment options for their illness have been exhausted, and it's time to focus on terminal care. That said, a patient may still receive medical treatment for any unrelated illness that is not strictly a symptom of the terminal illness.



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Contrary to what some people believe, hospice is not intended to help a patient die sooner than the natural, expected conclusion of the illness. Assisted suicide is a separate issue, and not part of the hospice care plan or philosophy.

The Decision to Enter Hospice

Making a decision to enter hospice is not an easy thing to do. The process begins by speaking with the patient's primary care physician to be sure that all treatment options have been tried and nothing more can be done to cure the illness. The patient, his or her family, and the physician can then decide whether the time is right for hospice care to begin.

As can be seen, Senior care is very diversified and for the most part requires the opinion of a Physician, skilled in geriatric's, to determine the level of care required for each individual.



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A November, 2007 survey on family care giving found that care givers are often burdened by high out-of-pocket costs in caring for a spouse or parent at home, but almost 60% of the respondents reported an improvement in the quality of their relationship with the person for whom they cared. By contrast, fewer than 10% said that their relationship got worse during the time they were caregivers. The survey also found that 30% of family caregivers caring for older individuals are themselves aged 65 or over; another 15% are between the ages of 45 to 54.