

Section 4

Client Services: Planning and Documentation

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RELEVANT STANDARDS OF CARE

- Individual Service Plans and Case Management
- Residents' Records
- Advance Directives
- Advanced-Stage Health Care and Death Protocols

Introduction to Section 4

SECTION DESCRIPTION

This section is devoted to client case management and individual service plans (ISPs). Central to these activities is the clarification of needs, the setting of goals, and general personal planning - - all in a non-judgmental format. The desired outcome of case management and other types of care is to promote and maintain the health, well-being, and independence of residence.

Sample forms from a cross section of housing settings that provide some form of case management as a service to their residents follow this introduction. Since the nature and scope of social services provided by supportive housing programs for persons with HIV varies considerably from one program to another, some of the forms in this section may be more useful to one program than to another. Program staff (and in some cases together with a resident) can choose which forms best fit within the framework of the program and match the particular needs of a resident.

Also included in this segment is information pertaining to advance directives and health care proxies. These documents put into writing the proactive decisions regarding such things as medical intervention, child custody issues, matters regarding the last stage of clients' lives and beyond (wills, burial plans, etc.). The documents, which do not replace legal counsel, do form the essentials of estate planning. They can help an individual, regardless of health status, plan for the unforeseeable.

For a fuller understanding of the issues encompassed by the advance directive documents, please refer to the publication "*Legal and Financial Planning Issues for People Living with HIV*" by Robert Greenwald and Nima Eshigi of Greater Boston Legal Services. The publication is available by contacting them directly.

MORE EXPLANATION ON SOME OF THE FORMS:

Sample Framework for Writing ISPs & Progress Notes with a Purpose

This handout was developed to help case managers most effectively approach the task of writing individual service plans and case progress notes for their clients.

Individualized Service Plan Form

Individualized Service Plans (ISPs) are written outlines of residents' personal life goals based on priorities identified in their needs assessment. ISPs document the necessary steps for meeting these goals. The model of supportive housing (i.e. the intensity of case management services) will influence the level of staff involvement in developing and implementing services plans.

Case Management Services Contacts and Referral Sheet

This form collects pertinent case management information about a resident into one, easy to use, place. Most staff consult it frequently.

Advance Directives and Health Care Proxies

It is important to remember that the sample legal documents included in this work book that might make up a resident's "advance directives" are only sample documents. It is always advised to seek legal counsel to ensure full and proper protection under the law. When these sample forms are used, it is

important that they be fully reviewed and revised to meet the particular needs of the resident.

STANDARD: ISPs and Case Management

- ☑ Residents and providers work together to develop ISPs that are based on the priorities identified in needs assessments and reassessments.
- ☑ It is important that ISP's are completed within 30 days of a client's admission into the housing program and updated at least twice a year to incorporate the resident's changing needs and preferences.
- ☑ Although the structure of an ISP differs depending on the model of the housing program, the Standards suggest that at a minimum an ISP includes:
 - The resident's plan for long-term residential stability;
 - The resident's area of focus related to HIV/AIDS, substance use, mental health, and other needs;
 - Short and long-term goals and measurable objectives for addressing each area of focus;
 - Action steps required to address each objective, including necessary resources and services; and
 - Projected time frames for all action steps.
- ☑ In general an ISP is most helpful when addressing physical and medical care (including medication management and protocols); as well as mental health and emotional care.
- ☑ In addition, value is placed on the need for residents to be able to make personal choices about the course of their lives.

MORE INFORMATION ABOUT KEY ELEMENTS OF THE STANDARDS OF CARE:

The Standards of Care are recommended best practices that have been established in every area of the provision of housing and supportive services. Standards that are particularly relevant to the topics in this section are identified and explained below.

STANDARD: Residents' Records

- ☑ Standard program records are tailored to meet the precise need for information required by the provider and its funders, and are not excessively intrusive without programmatic necessity. The provider has a clear rationale for all information which is maintained in resident records.
- ☑ Programs have record keeping systems that are secure against inappropriate access.
- ☑ The provider has a policy for clients to review their records, upon request, within a reasonable amount of time.
- ☑ The program creates a final entry in the resident's record, when they leave the program which: summarizes the resident's status at program exit; establishes a record of services delivered to the resident upon departure (for example, information and referral); documents outstanding issues at program exit; and records the resident's destination upon departure.

STANDARDS:

**Advance Directives and
Advanced-Stage Health Care and
Death Protocols**

- Providers inform residents about the existence, availability, and purpose of advance directives.
- Advance directives allow residents to make proactive decisions concerning the last stage of their lives.
- Advance directives are recommended, but not forced upon, all residents regardless of health status.
- The provider has clear procedures for staff to follow in the event of an expected or an unexpected death of a resident.

Resident Documentation Checklist

Name of resident: _____

The resident's file contains the following documentation:

- Income Verification
- HIV Verification
- Homeless Verification / Housing Verification
- TB Results
- Substance Abuse History
- Documentation of Clean Time
- Needs Assessment
- Emergency Contacts
- Releases of Information
- Medical Information and Contacts
- Case progress Notes
- Initial Individual Service Plan (at minimum should be updated every 6 months)
 - Updated ISP on _____ (date)
 - Updated ISP on _____ (date)
- Program Agreement
- Lease Agreement
- Advanced Directives

Resident Case Record Face Sheet

Resident name:

Phone:

Unit #:

Date of Birth:

Social Security #:

Medicaid #:

Admission Date:

Emergency Contacts

Name: (Private physician / medical clinic):

Phone:

After-hours Phone:

Address:

Other Contact

Name:

Phone:

Address:

Next of Kin

Name:

Phone:

Address:

Service Providers for which we have signed Releases of Information in file

Name: Phone:

Additional information

Assigned Case Manager

Name:

Sample Framework for Writing ISPs & Progress Notes with a Purpose

This handout was developed to help case managers most effectively approach the task of writing individual service plans and case progress notes for their clients.

Framework About my Client and What to Write About:

1. What do I know about my client?
2. Do I know about my client in depth, or do I need to learn more about him/her?
3. What are the sources of my knowledge---direct experience, observation, or contact with other providers and/or family members?
4. What is significant about my client?
5. What issues of general importance does he/she raise?
6. What fresh insights do I offer and contribute to my client's thinking on the issues?
7. How can I communicate the issues and insights in my writing?

Framework for Analyzing my Audience:

1. Who are the interested readers in my writing?
 - Supervisor(s)
 - Project/Contract Managers
 - Co-workers who will also work with client
 - Other providers who will work with client
 - Possibly, the client.
2. What do my readers need to know about my client?
3. Why will my readers read my writing?
4. What will they expect to learn from reading my progress notes? What will they expect to be told about my work with my client? How can I responsibly inform them in my writing?
5. How can I help my readers read my writing?
6. What kind of organizational pattern will help them see its purpose?

Framework for Determining my Purpose in Writing a Progress Note:

1. What are the requirements of writing a progress note?
2. Do I understand the assignment?
3. Do I have definite expectations of what I will accomplish?

Framework for Revising my Style:

1. Do I find my writing clear, unambiguous, accurate?
2. Have I carried out my purpose at every level; that is, am I satisfied with the organization, attitude and content of my writing?
3. Does it convey what happened in my session and my work with the client?
4. Are my sentences well constructed and easy to read?
5. Is the tone affective and informative? Is my tone appropriate; that is, have I written objectively, and not subjectively?

Individual Service Plan (ISP)

Date: ___/___/___ **Initial Plan** [] **Update** [] **3 month** [] **6 month** [] **Other:** _____ (ISP must be updated at least every 6 Months)

Client Name: _____ **Client Code:** _____

Case Manager: _____

Level of Case Management Needed: [] Minimal [] Moderate [] Intensive

Service Category:

1. Medical/Health	5. Housing	9. Legal	13. Activities of Daily Living (ADLs)
2. Mental Health	6. Psychosocial	10. Spiritual/Pastoral	14. Other:
3. Substance Use/Abuse	7. Financial	11. Social Support/Recreation	
4. Nutritional	8. Vocation/Education	12. Risk Reduction	

Service Category: _____

Issue/Challenge: _____

Goal: _____ Target Date: ___/___/___

Action Steps: 1. _____ Completion Date: ___/___/___

2. _____ Completion Date: ___/___/___

3. _____ Completion Date: ___/___/___

Service Category: _____

Issue/Challenge: _____

Goal: _____ Target Date: ____/____/____

Action Steps: 1. _____ Completion Date: ____/____/____

2. _____ Completion Date: ____/____/____

3. _____ Completion Date: ____/____/____

Service Category: _____

Issue/Challenge: _____

Goal: _____ Target Date: ____/____/____

Action Steps: 1. _____ Completion Date: ____/____/____

2. _____ Completion Date: ____/____/____

3. _____ Completion Date: ____/____/____

Signatures:

Client

Date

Case Manager

Date

Supervisor

Date

Service Plan Update Checklist

Beginning with the initial service plan, indicate the date the plan is completed and the timeframe in which the action steps associated with the plan are to take place. For service plan updates, indicate dates which represent a regular examination and re-assessment of the plan (i.e. at three-month intervals) and indicate the date at which the plan is actually re-assessed.

Initial Service Plan:

<i>Timeframe of Service Plan</i>	<i>Date Plan Completed</i>

Service Plan Updates:

<i>Timeframe of Service Plan</i>	<i>Target Revision Date</i>	<i>Actual Revision Date</i>
___/___/___ to ___/___/___	___/___/___	___/___/___
___/___/___ to ___/___/___	___/___/___	___/___/___
___/___/___ to ___/___/___	___/___/___	___/___/___
___/___/___ to ___/___/___	___/___/___	___/___/___
___/___/___ to ___/___/___	___/___/___	___/___/___
___/___/___ to ___/___/___	___/___/___	___/___/___
___/___/___ to ___/___/___	___/___/___	___/___/___
___/___/___ to ___/___/___	___/___/___	___/___/___
___/___/___ to ___/___/___	___/___/___	___/___/___
___/___/___ to ___/___/___	___/___/___	___/___/___

Personal Budget Sheet

Staff to fill out together with resident

MY INCOME			
	What I earn/receive per week	What I earn/receive per month	What I earn/receive per year
Salary/Wages			
Public Assistance (Unemployment, AFDC, Worker's Compensation, Pensions, Survivor's Benefits, General Relief, etc.)			
Food Stamps			
Alimony/Child Support			
Other			
MY TOTAL INCOME			

MY EXPENSES				
	What I spend per week	What I spend per month	What I can afford per week	What I can afford per month
HOUSING COSTS				
Rent and Utilities				
Telephone				
Cable Television				
Home Supplies - pots, dishes, towels, broom etc.				
Furniture & Appliances				
FOOD COSTS				
Basics				
Fresh Food/Vegetables				
Snack Food				
Eating Out - coffee shops etc.				
INSURANCE COSTS				
Life Insurance				
Other:				
TRANSPORTATION COSTS				
Public Transportation/Bus passes				
Car payments				
Auto Insurance				
Gasoline				
Car Repairs				
Excise Tax(es)				
Tolls & Parking Fees				
RECREATION/ EDUCATION COSTS				
Tuition/School Supplies/Activity Fees				
Movies etc.				
CLOTHING COSTS				
Clothing Purchases				
Laundry				
MY TOTAL EXPENSES				

Case Management Services Contacts and Referrals Sheet

*To be filled out after new resident has moved into housing program or upon move-in.
Asterisk (*) those providers who are not aware of applicant's HIV status*

	Service Provider	Affiliation	Phone	Present Contact	Need Referral?
Medical					
Primary Care					
Dental Care					
Nutritionist					
Emergency Care					
Ob/Gyn					
Family					
Child Care					
Domestic Violence Services					
Parenting Classes/ Supports					
Family Counseling/ Therapy					
Financial					
Health Insurance					
Food Stamps					
Income Supports					
Clothing Bank					
Food Pantry					
Vocational/ Educational					
Job Training					
Adult Education					
Job Placement					
Volunteer Opportunities					
Psychosocial					
Addictions Treatment					
Individual Counseling					
Group Counseling					
HIV+ Support Group					
Occupational Therapy					
Expressive Therapy					
Daily Living Support					
Home Care					
House Keeping					
Advocacy					
Case Management					
Language Translation					
Legal Services					

What You Should Know About the Health Care Proxy

*This form is used to assist residents in understanding the implications of the Health Care Proxy.
It is reviewed with staff.*

This sheet is designed to help you understand the Health Care Proxy. The Health Care Proxy is an important legal form that you can obtain from your medical provider. Before signing the form you should understand the following facts:

1. The Health Care Proxy form gives the person you choose as your “agent” the authority to make all health care decisions for you, except to the extent you say otherwise in this form. “Health Care” means any treatment, service or procedure to diagnose or treat your physical or mental condition.
2. Unless you say otherwise, your agent will be allowed to make all health care decisions to remove or withhold life-sustaining treatment.
3. Unless your agent knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube), he or she will not be allowed to refuse those measures for you.
4. Your agent will start making decisions for you when doctors decide that you are not able to make health care decisions for yourself.

You may write on the Health Care Proxy form any information about treatment that you do not desire and/or those treatments that you want to make sure you receive. Your agent must follow your instructions (oral and written) when making decisions for you.

If you want to give your agent written instructions, do so right on the form. For example, you could say:

If I become terminally ill, I do/don't want to receive the following treatments:...

If I am in a coma or unconscious, with no hope of recovery, then I do/do not want ...

If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/do not want...

Examples of medical treatments about which you may wish to give your agent instructions are listed below. This is not a complete list of the treatments about which you may leave instructions:

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- anti psychotic medication
- electric shock therapy
- antibiotics
- psychosurgery
- dialysis

- transplantation
- blood transfusions
- abortion
- sterilization

Talk about choosing an agent with your family and/or close friends. You should discuss this form with a doctor or another health care professional, such as a nurse or social worker, before you sign it to make sure that you understand the types of decisions that may be made for you. You may also wish to give your doctor a signed copy. You do not need a lawyer to fill out this form.

You can choose any adult (over 18), including a family member, or a close friend, to be your agent. If you select a doctor as your agent, he or she may have to choose between acting as your agent or as your attending doctor, a physician cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home, or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. You should ask staff at the facility to explain those restrictions.

You should tell the person you choose that he or she will be your health care agent. You should discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.

Even after you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object. You can cancel the control given to your agent by telling him or her or your health care provider orally or in writing.

Filling Out the Proxy Form

- Item (1) Write your name and the name, home address, and telephone number of the person you are selecting as your agent.
- Item (2) If you have special instructions for your agent you should write them here. Also, if you wish to limit your agent's authority in any way, you should say so here. If you do not state any limitations, your agent will be allowed to make all health care decisions to consent or refuse life-sustaining treatment.
- Item (3) You may write the name, home address, and telephone number of an alternate agent.
- Item (4) This form will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want the health care proxy to expire.
- Item (5) You must sign and date the proxy. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

Two witnesses at least 18 years of age must sign your proxy. The person who is appointed agent or alternate agent cannot sign as a witness.

Health Care Proxy

This form can be filled out without the presence of an attorney

Name:

I hereby appoint the following person as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become unable to make my own health care decisions.

Name of proxy:

Address:

Telephone:

Optional Instructions: I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows (attach additional pages if necessary):

Note: Unless your agent knows your wishes about artificial nutrition and hydration (feeding tubes), your agent will not be allowed to make decisions about artificial nutrition and hydration

Name of substitute or fill-in agent if the person I appoint above is unable, unwilling, or unavailable to act as my health care agent

Name:

Address:

Telephone:

Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or conditions stated below. This proxy shall expire (specific date or conditions, if desired)

Date:

Signature: **X**

Date:

Address

Statement by Witnesses

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence (must be 18 years or older)

Witness #1:

Address:

Witness #2:

Address:

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If you need legal advice or assistance, consultation with an attorney is strongly recommended.*

**DIRECTIVE TO PHYSICIANS
Of
(Client Name)**

I, _____ of _____, being of sound mind, willfully and voluntarily make this statement as a directive to be followed in the event that I become unable to give directions and make decisions regarding my medical care.

I wish to live and enjoy life as long as possible, but I do not wish to receive medical treatment that I define as treatment that will provide minimal to no benefit to me and will only prolong my inevitable death or irreversible coma.

To that goal, if I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying. I further direct that treatment be limited to measures that are designed to keep me comfortable and to relieve pain.

I desire that my wishes be carried out through the authority given to my Health Care Agent, _____, of _____ or his/her successor, _____ of _____, as my Health Care Proxy and in keeping with this document, despite any contrary feelings, beliefs, or opinions of members of my family, relatives, or friends. I expect these people to regard themselves as legally and morally bound to act in accordance with my wishes and in doing so to be free of any legal liability for having followed my directions.

In exercising the authority given to _____, or his/her successor, _____, herein, he/she should try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, even by blinking my eyes. Should I become unable to communicate my instructions as stated above, _____ or his/her successor, _____, shall give or withhold such consent for me based on the treatment choices that I have expressed while competent, whether under this document or otherwise. This document should be treated as valid and in full force and effect.

In addition, I direct the use of pain-relieving drugs of any type, or other surgical or medical procedures calculated to relieve any pain even though the use of them may lead to permanent physical damage, addiction, or even hasten the moment of (but not intentionally cause) my death.

I authorize the delivery of this document to any physician and medical care facility that renders treatment to me. I also authorize any physician to release any and all medical information to any persons appointed to carry out the wishes in this document.

I certify that I have read the provisions of this directive authorizing and instructing _____ or his/her successor, _____ to refuse medical treatment for me under the circumstances specified in this directive, that such provisions have been explained to me to my satisfaction, that I understand such provisions, and that such provisions state my wishes and desires under the circumstances described.

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Directive made this _____ day of _____, _____.

(Client Name)

The declarant has been personally known to me and I believe him/her to be of sound mind.

Witnessed by:

_____ Address

_____ Date

_____ Address

_____ Date

_____ Address

_____ Date

NOTARIZATION

Suffolk County

Commonwealth of Massachusetts

On this _____ day of _____, _____, before me, the undersigned, a Notary Public of the Commonwealth of Massachusetts, personally appeared __ (client name) _____, and the witnesses, personally known to me or proved to me on the basis of satisfactory evidence, to be the persons whose names are subscribed to this instrument, a Directive To Physicians, and acknowledged that they executed it.

I declare under the penalty of perjury that the persons whose names are subscribed to this instrument appear to be of sound mind and under no duress, fraud, or undue influence.

My Commission Expires: _____

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**DURABLE POWER OF ATTORNEY
OF
(CLIENT NAME)**

I, **(client name)**, of **(client address)** County, Massachusetts, appoint **(name of person to be appointed)**, of said **(address of person appointed)**, my attorney.

If **(name of attorney originally appointed)** is unable or unwilling to serve as my attorney I hereby appoint **(name of successor)**, of **(address of successor)**, my attorney, and **s/he** shall have all the powers, authority and exemptions given to the attorney originally named.

I appoint my attorney with power for me and in my name to act generally as my attorney deems proper in the management and disposition of all my property and affairs of every kind and for every purpose for which the law will permit an attorney in fact or at law to be appointed, to the same extent as if I were acting personally, and specifically, but without limitation, my attorney shall have power: **(** Remember that any of these powers can be limited or withheld.)**

1. To receive property and give receipts and releases.
2. To sign and endorse checks, notes and other instruments.
3. To buy, sell, pledge, mortgage, lease and transfer on any terms, including gratuitously, real estate and personal property, including securities.
4. To have access to safe deposit boxes.
5. To execute and file State, Federal and local tax returns, refund claims, and other instruments in connection with taxes.
6. To accept service of any proceeding before any Court or administrative body, to appear on my behalf and represent me in any such proceeding, to consent to the disposition of any such proceeding and to execute all other instruments in such connection.
7. To employ and compensate attorneys or agents on my behalf in furtherance of such powers.
8. **To transfer any of my property to the Trustees (from time to time serving) of the _____ TRUST (as amended from time to time). **Only include if you have also drafted a Trust for the client.**
9. To make distributions, from time to time, constituting gifts qualifying for the gift tax annual exclusion under §2503(b) and for payment of medical expenses and tuition under §2503(e) of the Internal Revenue Code of 1986, as amended from time to time, to or for any one or more of my issue as my attorney in her sole discretion deems

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advisable; provided, however, that the power conferred hereunder may not be exercised so as to discharge any obligation of support owed by my attorney to any of my issue.

My attorney shall have full power by written instrument to delegate any or all such powers from time to time to any person and similarly to revoke such delegation.

This is a durable power of attorney and shall not be affected by my subsequent disability or incapacity.

All powers given to my attorney shall be exercisable in my attorney's sole discretion, and all my attorney's decisions and determinations made in good faith and in the exercise of reasonable judgment shall be conclusive upon all persons, whether or not ascertained, in being, or under a disability. My attorney shall not be personally liable for any action or omission undertaken in good faith and in the exercise of reasonable judgment.

This power is to continue in full force with respect to any person dealing in good faith with my attorney until such person has received actual knowledge of the termination of this power; and any person dealing with my attorney shall be entitled to rely, without any inquiry or investigation, on the representation of authority, by affidavit or otherwise, by my attorney to act in my behalf in any manner, and it shall be conclusively presumed as to any such person that any action taken by my attorney is authorized.

I hereby declare that in the event of express revocation or of my death this power of attorney shall as to all actions which may after such event be taken by my attorney by virtue or under color or in pursuance hereof, be as binding upon me and upon my Executor and Administrator as the same would have been had such event not occurred; my attorney shall have no liability for any such action, unless my attorney had, before its taking, received reliable intelligence of such event so as effectually to apprise her that her authority hereunder had terminated.

Should there at any time be occasion for the judicial appointment of a conservator or guardian for my **estate or my person**, I nominate for consideration by the court my attorney to be appointed to such office. (****Power over estate and person can be separated with, for example, power over estate going to attorney named in durable power of attorney and power over person going to agent named in health care proxy.**)

WITNESS my hand and seal this _____ day of _____, 2004.

(Client Name)

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If you need legal advice or assistance, consultation with an attorney is strongly recommended.

The following instrument was signed, published and declared by XXX, to be **his/her** Durable Power of Attorney, in the presence of us, who, at **his/her** request, in **his/her** presence, and in the presence of each other, have hereunto subscribed our names as witnesses.

_____ of _____

on _____.

_____ of _____

on _____.

COMMONWEALTH OF MASSACHUSETTS

County of _____, 2004

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____,

proved to me through satisfactory evidence of identification, which were

_____, to be the person

whose name is signed on the preceding or attached document, and acknowledged to me that

(he)(she) signed it voluntarily for its stated purpose.

My Commission expires _____

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LAST WILL AND TESTAMENT

OF

XXXXX XXXXXXXXXXX

I, _____, of _____, _____ County,
Massachusetts, make this my last will revoking any previous will or codicil.

: I appoint _____, of _____ to be Executor of this will.
If _____ does not become or ceases to be Executor, I appoint
_____ of _____ to be Executor in **his/her** place.

OPTIONAL: CLIENT HAS A MINOR CHILD

I appoint **my spouse**, _____, to be Guardian of the person and
property of any minor child of mine who survives me; but if my said spouse does not survive me,
I appoint said _____ and his wife, _____, or the survivor of them,
to be such Guardians in **his/her** place. If none of the aforementioned persons is serving as
Guardian, I appoint _____ of _____ to be such Guardian.

I request that any person above appointed to be Executor also be appointed Temporary
Executor upon appropriate application. No person above appointed to be Executor, Temporary
Executor, **or Guardian** shall be required to give surety on any bond.

:

OPTION: EVERYTHING TO ONE PERSON (OUTRIGHT)

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I give my entire estate to _____ of _____, provided that **he/she** survives me and, if not... **[by right of representation to my issue who survive me, if any.]**

OR [to _____ of _____, provided that he/she survives me.] OR [in equal

shares to such of _____, _____, and

_____ as survive me, if any survive me, and if none survive me it shall pass

as if I died intestate, domiciled in Massachusetts.]

OPTION: EVERYTHING TO ONE PERSON (TO DIVIDE UP)

I give my entire estate to _____ of _____, to keep what **he/she** wants and to distribute the rest as **he/she** sees fit, provided that **he/she** survives me and, if not to _____ of _____, to keep what **he/she** wants and to distribute the rest as **he/she** sees fit, provided that **he/she** survives me.

OPTION: EVERYTHING TO ONE PERSON (WRITTEN/ORAL WISHES)

I give my entire estate to _____ of _____, with the request, but not imposing a trust or legal obligation with respect to said request, that **he/she** distribute certain articles of tangible personal property in accordance with what **he/she** may understand to be my wishes, or taking into account any non-binding memorandum which I may leave, provided that **he/she** survives me. The decision of _____ as to the identification and division of my tangible personal property shall be final and binding on all parties, regardless of whether **he/she** receives all or a share of said property.

If _____ fails to survive me, I give my entire estate to _____ of _____, with the request, but not imposing a trust or legal obligation with respect to said request, that **he/she** distribute certain articles of tangible personal property in accordance with what **he/she** may understand to be my wishes, or taking into account any non-

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binding memorandum which I may leave, provided that **he/she** survives me. The decision of _____ as to the identification and division of my tangible personal property shall be final and binding on all parties, regardless of whether **he/she** receives all or a share of said property.

Without limitation, the expression “tangible personal property” includes jewelry, furniture, objects of art, vehicles, equipment, collections, and the like, but excludes currency, bankbooks, commercial paper, documents and securities.

OPTION: EVERYTHING TO MINOR

To _____ of _____, as custodian for _____ of _____, under the Uniform Transfers to Minors Act (or comparable statute), I give, bequeath, and devise my entire estate, both real and personal and mixed, tangible and intangible, provided that [MINOR] survives me. **[OPTION: It is my wish that this bequest be used primarily for the education of [MINOR] .]** If _____ is unable or unwilling to serve as custodian for _____, then to _____ of _____ as custodian for _____, under the Uniform Transfers to Minors Act (or comparable statute), I give, bequeath, and devise my entire estate, provided that [MINOR] survives me. **[OPTION: It is my wish that this bequest be used primarily for the education of [MINOR] .]**

If [MINOR] fails to survive me, I give my entire estate to _____ of _____.

OPTION: EVERYTHING TO A SPECIFIC NUMBER OF PEOPLE IN SPECIFIC PERCENTAGES

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I give, bequeath, and devise my entire estate, both real and personal and mixed, tangible and intangible, to the following individuals in the following percentages:

To _____ of _____ I give _____ percent, provided that **he/she** survives me. **[If he/she fails to survive me, I give this bequest to _____ of _____, provided that he/she survives me.]**

To _____ of _____ I give _____ percent, provided that **he/she** survives me. **[If he/she fails to survive me, I give this bequest to _____ of _____, provided that he/she survives me.]**

To _____ of _____ I give _____ percent, provided that **he/she** survives me. **[If he/she fails to survive me, I give this bequest to _____ of _____, provided that he/she survives me.]**

To _____ of _____ I give _____ percent, provided that **he/she** survives me. **[If he/she fails to survive me, I give this bequest to _____ of _____, provided that he/she survives me.]**

If any of the beneficiaries named above fail to survive me and I have failed to name a successor beneficiary or the successor beneficiary has also failed to survive me, such bequest shall be divided in equal shares between the other named beneficiaries that survive me.

OPTION: SPECIFIC BEQUESTS WITH A RESIDUARY CLAUSE

To the individuals listed below, I give and bequeath the following items of personal and real property if owned by me at the time of my death and the legacies hereinafter set forth:

To _____ of _____ I give _____, provided that **he/she** survives me. If **he/she** fails to survive me, I give this bequest to _____ of _____, provided that **he/she** survives me.

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To _____ of _____ I give _____, provided that **he/she** survives me. If **he/she** fails to survive me, I give this bequest to _____ of _____, provided that **he/she** survives me.

To _____ of _____ I give _____, provided that **he/she** survives me. If **he/she** fails to survive me, I give this bequest to _____ of _____, provided that **he/she** survives me.

To _____ of _____ I give _____, provided that **he/she** survives me. If **he/she** fails to survive me, I give this bequest to _____ of _____, provided that **he/she** survives me.

All the rest, residue, and remainder of my property and estate, of whatsoever character, whensoever acquired and wheresoever situated, and to which I or my estate may be in any manner entitled at the time of my death, including any property or estate as to which I may have any power of disposition or appointment (all said property and estate being hereinafter referred to as my "residuary estate"), I give to _____ of _____, provided that **he/she** survives me. If _____ fails to survive me, I give my residuary estate to _____ of _____, provided that **he/she** survives me.

The Executor is authorized to pay the costs of collecting, securing and disposing of my tangible personal property (including, without limitation, costs of shipping any such property to its distributee), from the residue as an expense of administration.

: If each and every beneficiary of my estate should fail to survive me I desire that my estate be distributed pursuant to the intestacy laws of the Commonwealth of Massachusetts.

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: All estate, inheritance and other death taxes, and all interest and penalties thereon, other than any such tax on generation-skipping transfers, payable during the administration of my estate by any person by reason of my death, shall be charged to and paid from the residue; except that to the extent any applicable apportionment statute so provides, such taxes so payable with respect to jointly owned property, insurance proceeds, powers of appointment, beneficial interests in trust and transfers in trust shall, if paid by the Executor, be apportionable in accordance with such statute. To the extent that the residue is insufficient then all other legacies, devises and bequests shall abate pro rata.

The foregoing provisions notwithstanding, no tax of any kind and none of my debts or the expenses of administering my estate shall be charged to, paid out of, or charged in reduction of any property with respect to which a deduction would otherwise be allowable for federal estate tax purposes, as a marital deduction (if an appropriate election, if required, were made), charitable deduction, or otherwise.

The Executor may allocate the so-called GST exemption provided under Section 2631 of the Code to any property with respect to which I am the transferor, passing under this will or otherwise, in such manner as in the Executor's sole discretion the Executor deems advisable. In the case of property passing or directed to pass to or under any trust, before allocating said GST exemption as hereinabove provided the Executor may direct the Trustee or Trustees of such Trust (serving from time to time) to divide any trust fund established or directed to be established thereunder into separate shares (to be held, administered and accounted for as separate trusts), and to allocate property thereto in such manner (otherwise consistent with the provisions of said trust instrument) as in the Executor's sole discretion the Executor deems advisable. The Executor may also make, or forbear from making, the special election for qualified terminable

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interest property under Section 2652(a)(3) of the Code in such manner as in the Executor's sole discretion the Executor deems advisable. The Executor shall be exonerated from all liability in connection with any action taken in good faith pursuant to the provisions of this paragraph.

: Regarding the administration of my estate:

Terminology.

A reference to the Executor shall be construed to refer in context to any fiduciary or fiduciaries in office at the relevant time, whether or not originally named.

A provision that a particular matter is to be included within a general category shall not be construed to limit the generality of the category. Use of any gender or number shall be construed to refer to any other gender or number unless such reference is plainly inconsistent with the context. The word "person" refers to individuals, corporations, partnerships, trusts, and estates. No distinction shall be made between a person related to another by reason of adoption, but only if such person was adopted prior to his or her twenty-first (21st) birthday, and a person otherwise so related. The invalidity of the marriage of persons openly living together in good faith as husband and wife after the performance of a marriage ceremony shall be disregarded in construing the expressions "spouse," "child," "issue," and the like. A child in gestation who is later born alive shall be considered a living person for the purpose of determining whether a condition is satisfied, but he or she shall have no beneficial interest before his or her birth. The word "issue" includes children and more remote descendants in any degree of kindred, but excludes any person surrendered for adoption and all of the issue of any such person. A person's "spouse" at any particular time shall be that individual (if any) who is then either (i) married to such person or (ii) such person's widow or widower regardless of such spouse's subsequent remarriage. The word "Code" refers to the Internal Revenue Code of 1986,

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as amended from time to time, and any reference to provisions of the Code shall be deemed to include successor or substitute provisions.

For all purposes of this will, any beneficiary hereunder, **other than my spouse**, who is not living on the ninetieth (90th) day following the date of my death shall be deemed to have predeceased me.

Powers of Executor. The Executor shall have the following powers without leave of court and without limiting any other powers which may be conferred upon him or her in any other manner:

Powers Relating to Investments.

Authorized Investments. The Executor may retain, invest, and reinvest in real or personal property of any kind, amount or proportion for any length of time which he or she deems advisable, including mutual fund shares, stock of any corporate Executor of this will (or affiliate thereof), participations in any common trust fund of any such Executor (without prior notice to or assent of any interested person), and stock or other securities of any closely held corporation or trust owned by me at my death or subsequently acquired by the Executor.

Voting Rights. The Executor may vote stock or shares of any corporation or trust directly or by proxy in such manner as he or she deems advisable. He or she may vote any such stock or shares for his or her own election (or for the election of any employee or agent of the Executor) as officer, director, or trustee of such corporation or trust and he or she may vote in fixing his or her own compensation.

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Use of Nominees. The Executor may hold any real or personal property of my estate in the name of a nominee or in street name, without disclosing the fact that it is property of the estate.

Authority to Make Transfers. No transfer agent, bank, or other person dealing with the Executor shall have any obligation to see to the application of any money or other property delivered to such Executor or to ascertain whether he or she has authority to make transfers.

Authority to Repair, Replace and Remediate Property. The Executor may at the expense of my estate make such repairs to property, and replace such property, as he or she deems advisable. The Executor may at the expense of my estate remove any hazardous or other substance from any property as he or she deems advisable, may employ such consultants, contractors, and others as he or she deems advisable in connection therewith, and may abandon property from which hazardous or other substances cannot be removed at reasonable expense.

Continuation of Business. The Executor may continue to conduct for such period and in such manner as he or she deems advisable any incorporated or unincorporated business or businesses in which I was engaged during my life, with power to organize or participate in the formation or operation of any corporation or other form of business organization for conducting any such business, but he or she shall not invest substantial amounts of additional capital in any such business without leave of court.

Powers Relating to Disposition of Property.

The Executor may buy, sell, mortgage, pledge, lease (for any length of time), or otherwise deal with real or personal property on such terms as he or she

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deems proper; may take such action as he or she deems advisable regarding the sale or exchange of securities in connection with any reorganization or other change in capital structure; may borrow money and make loans to any legatee on such terms as he or she deems proper; may pay any debt or claim on the basis of such evidence as he or she deems sufficient, and may compromise any such debt or claim on such terms as he or she deems proper; and may execute, acknowledge, and deliver any deed, lease, or other instrument in such manner, in such form, and for such purpose as he or she deems proper.

If my estate includes insurance on the life of an Executor, however, the Executor so insured shall have no power in his or her capacity as Executor to change the insurance beneficiary and no other power constituting an incident of ownership for purposes of Section 2042(2) of the Code.

Powers Relating to Distributions to Legatees.

To determine income and principal. The Executor may make decisions by use of his or her best informed judgment with respect to determination of income or principal, including determination of what, if any, deduction shall be made from income for amortization, depletion, depreciation, or obsolescence.

To distribute property in kind. To satisfy nonspecific gifts the Executor may distribute money or property in kind to one or more legatees on account of their distributive shares on the basis of fair market values determined by the Executor as of the time of distribution, without distributing the same kind of property to others. He or she need not treat legatees equally or impartially with respect to the income tax basis of property distributed in kind.

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Miscellaneous Powers.

The Executor may employ such attorneys, investment advisors, custodians, and other persons as he or she deems advisable and pay them reasonable compensation for their services from property with respect to which such services are rendered; may receive reasonable compensation for his or her own services; **may sign joint income tax returns with my surviving spouse**; and may take any other action which he or she deems necessary or advisable in connection with the administration of my estate.

Beneficiary's Interest. The interest of each beneficiary under my will:

May be distributed directly to the beneficiary, whether or not legally incapacitated, or to the beneficiary's Conservator or Guardian; may be applied for purposes which are, in the Executor's judgment, for the beneficiary's benefit; may in the case of a minor beneficiary, if no Custodian who is specifically named in this document is able, or willing to serve, **be distributed to the beneficiary's parent** or to any person (including the Executor) whom the Executor deems appropriate as custodian for such minor under the Uniform Transfers to Minors Act (or comparable statute) of any appropriate jurisdiction, without restriction as to the amount that may be so distributed; or may be deposited at interest in any banking institution to the credit of the beneficiary (with or without an agreement restricting withdrawals); and the written receipt of any such distributee or institution shall be sufficient for all accounting purposes.

May not be anticipated, alienated or assigned, and shall not be subject to be reached or applied by any claimant or creditor.

Finality of Executor's Judgment; Executor's Liability. All powers and discretion given to the Executor shall be exercisable in his or her sole discretion, and all decisions and

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determinations made by him or her in good faith and in the exercise of a reasonable judgment shall be conclusive upon all interested persons, whether or not ascertained, in being, or under a disability. No Executor shall be personally liable for any good faith action or omission (including, without limitation, the sale of real property pursuant to a contract entered into in good faith, notwithstanding the existence of an offer to purchase the property at a higher price) or for the consequences of any investment made in good faith. The Executor shall be indemnified, exonerated and held harmless out of my estate with respect to any claim, loss or liability for or with respect to hazardous substances located on property included in my estate and for or with respect to any other condition affecting such property and giving rise to liability under any law. Each substitute or successor Executor shall have or share all the powers, authority and exemptions given to the Executor originally named.

Allowance of Accounts Without Appointment of Guardians, etc. Insofar as I may lawfully dispense with such appointment, I provide that no guardian ad litem or other person shall be appointed to represent the interests of unborn or unascertained persons or of minors or other legally incompetent persons in connection with the allowance of any account of the Executor.

Access to Safe Deposit Boxes, etc. Each Executor shall have access in person or by agent without the presence of any other person to all safe deposit boxes, and power acting alone (1) to sign checks or orders on funds deposited in any bank, (2) to endorse checks for deposit, and (3) to endorse certificates or execute powers for transfer of securities.

IN WITNESS WHEREOF at Boston, Massachusetts, I, the undersigned testator, on this _____ day of _____, 2004, do hereby declare that I sign and execute this instrument as my last will, that I sign it willingly in the presence of each of the witnesses, that I

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**DECLARATION AS TO REMAINS
Of
(CLIENT NAME)**

To my family, my physicians, my attorney, any medical facility in whose care I may hereafter be, any individual who may become responsible for my health, welfare or affairs, and to any court having jurisdiction over my person or property:

I, _____, of _____, being of sound mind, hereby make the following declaration of my carefully deliberated wishes and intentions:

1. I hereby direct that _____ of _____, shall have control over my bodily remains. Control over my bodily remains shall include, but not be limited to, decisions concerning the disposition of my remains and arrangements for funeral and/or memorial services, but may only be carried out in keeping with my carefully deliberated wishes as articulated below.

a. I direct that, after my death, my bodily remains be [buried/cremated]. **(If the client wishes to be cremated, you must specifically state that the person named has the authority to authorize cremation.)**

b. I further direct that, if possible, I be buried in _____ Cemetery, _____, Massachusetts.

c. I further direct that under no circumstances shall I be buried in a _____ (e.g. dress) and I direct that, if possible, I be buried in a _____ (e.g. pants suit).

d. I further direct that no religious service take place, but instead request that a secular memorial service be held in my honor.

e. I further direct that the James Taylor song "You've Got A Friend" be played at the end of my memorial service.

f. I further direct that if _____ is unable or unwilling to carry out my wishes as articulated in this document, that _____ of _____ carry out my wishes as expressed above.

IN WITNESS WHEREOF, I, _____, have hereunto set my hand and seal in the presence of the witnesses named below and do declare this instrument to be a true statement of my wishes this ____ day of _____, ____.

(Client Name)

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Signed, sealed and declared by the said (client name) to be a true statement of **his/her** wishes in the presence of us, who, in **his/her** presence and at **his/her** request, and in the presence of each other, have hereunto subscribed our names as witnesses.

_____ of _____
on _____.

_____ of _____
on _____.

NOTARIZATION

Suffolk County

Commonwealth of Massachusetts

On this _____ day of _____, _____, before me, the undersigned, a Notary Public of the Commonwealth of Massachusetts, personally appeared (client name) , and the witnesses, personally known to me or proved to me on the basis of satisfactory evidence, which were _____, to be the persons whose names are subscribed to this instrument, a Declaration as to Remains, and acknowledged to me that they executed it voluntarily for its stated purpose.

I declare under the penalty of perjury that the persons whose names are subscribed to this instrument appear to be of sound mind and under no duress, fraud, or undue influence.

My Commission Expires: _____

Issues to consider:

- Who will have control over bodily remains and carrying out wishes?
- Burial or cremation?
- Funeral and/or memorial service?
- Disposition of remains? (in family plot, scattered ashes at sea.)
- Particular readings, songs, etc?
- Particular wishes concerning clothing to be buried in?
- Particular people to participate in the service?
- Particular people to be excluded or events, such as a religious service, that client does not want to take place?