

INSTRUCTIONS FOR DISABILITY TRUSTEE

The following list of instructions is available to be included in your revocable living trust as instructions to your Trustee. Some may seem common sense and obvious, but it is important to make sure your wishes are communicated effectively. Including instructions like these for your Trustee enhances the value of using a revocable living trust as your main planning tool. This partially answers the "What?" disability question in Article 4. This is to meet the goal of answering one of the three questions of disability discussed at your Orientation (When, Who, What).

Please check the appropriate box next to the instruction. If you want to include the instruction check the Yes box. If you do not want the instruction in your trust check the No box. There is no right or wrong answer. Whatever you feel is appropriate is the right answer. You may include your own instructions at the end of the list.

1. CONTINUE TO RESIDE

Yes No I want to live in my home as long as possible even if I can't do so alone. I want my Trustee to hire persons to assist me with my needs.

If you check the Yes box, the following language will be inserted in your trust:

It is my desire to live in my residence as long as possible, even if my mental and physical condition is such that I can no longer provide for myself. My Trustee is authorized to hire companions, nurses or others necessary to provide for my needs.

2. PROVIDE SUITABLE RESIDENCE

Yes No When I cannot live at home, even with assistance, I want my Trustee to provide a different place for me to live.

If you check the Yes box, the following language will be inserted in your trust:

If, due to my mental or physical condition, it is no longer practical for me to live in my current residence, then it is my desire that my Trustee provide a more suitable residence for me.

Name: _____

3. MAXIMUM DEGREE OF INDEPENDENCE

Yes No No matter where I am living I want to keep my independence to the greatest degree possible.

If you check the Yes box, the following language will be inserted in your trust:

If it should become necessary for me to enter any assisted living facility, retirement center, rehabilitation center, long term care facility, nursing home, hospice, or similar establishment, it is my desire that the level of care provided be consistent with maintaining my maximum degree of independence.

4. BALANCING QUALITY OF CARE AND COST

Yes No My Trustee should work together with my Health Care Agent to make sure I receive quality care and proper living arrangements.

If you check the Yes box, the following language will be inserted in your trust:

I direct my Trustee to always consult with my Health Care Agent appointed under my Health Care Documents regarding the appropriate balance between quality of care and living arrangements and economic reality.

I specifically authorize my Trustee to expend any principal and net income of my trust to accomplish these purposes.

Name: _____

5. SUPPORT MY ACTIVITIES

Yes No I want my Trustee to provide me with the ability to stay active as long as possible. My Trustee should understand my interests and provide me with materials to stimulate my interests.

If you check the Yes box, the following language will be inserted in your trust:

I wish to remain mentally and physically active as long as possible. I direct my Trustee to provide opportunities for me to engage in social, recreational, and sports activities, including travel, as my health permits. Such decisions shall be made after consultation with my Health Care Agent. I further direct my Disability Trustee to provide me with books, tapes, and similar materials consistent with my interests.

6. PRESENCE OF CLERGY

Yes No I wish to maintain my faith no matter what my condition may be. I want my Trustee to involve clergy or other spiritual leaders in my life as well as activities and materials.

If you check the Yes box, the following language will be inserted in your trust:

It is my desire to provide for the presence and involvement in my care of religious clergy or spiritual leaders, provide them access to me at all times, maintain my memberships in religious or spiritual organizations, and enhance my opportunities to derive comfort and spiritual satisfaction.

Name: _____

7. PROVIDE COMPANIONSHIP

Yes No I would like my Trustee to work with my Health Care Agent to provide me with companions consistent with my needs.

If you check the Yes box, the following language will be inserted in your trust:

I direct my Trustee to provide me the opportunity to socialize with my friends and acquaintances with whom I have traditionally socialized so that I may continue my relationships. I further direct my Disability Trustee, in cooperation with my Health Care Agent, to provide additional companionship for me consistent with my needs and preferences.

8. REIMBURSEMENT OF HEALTH CARE AGENT

Yes No I direct my Trustee to consult with my Health Care Representative regarding all costs of my health care. My Trustee shall only pay those costs incurred as a result of the decisions reached by my Trustee and my Health Care Agent. My Trustee in its sole and absolute discretion, is authorized to reimburse my Health Care Agent for expenses incurred.

If you check the Yes box, the following language will be inserted in your trust:

I direct my Trustee to always consult with my Health Care Agent appointed under my Health Care Documents regarding all costs of my health care. My Trustee shall only pay those costs incurred as a result of the decisions reached by my Trustee and my Health Care Agent. My Trustee, in its sole and absolute discretion, is authorized to reimburse my Health Care Agent for expenses incurred.

My Trustee shall be mindful of my state’s rules and regulations regarding divestment penalties for Medicaid when contemplating payments to my Health Care Agent.

Name: _____

9. HEROIC CARE EXPENDITURES

Yes No I specifically prohibit my Disability Trustee from paying for any medical costs that go beyond the limits I have set in my Advance Directive for Health Care for end of life situations.

If you check the Yes box, the following language will be inserted in your trust:

I further specifically prohibit my Disability Trustee from expending any trust funds for medical treatment considered "extraordinary" or "heroic" by my Health Care Agent. The decision as to whether treatment shall be considered "extraordinary" or "heroic" shall be in the sole and absolute discretion of my Health Care Agent, as guided by the instructions contained in my Letter of Instruction to My Health Care Agent and other Health Care Documents.

10. AUTHORIZATION FOR PRE-NEED FUNERAL ARRANGEMENTS

Yes No I want my Trustee to make final arrangements for me in advance, if they believe it is advantageous, according to the instructions I have left in My Final Arrangements (purple checklist).

If you check the Yes box, the following language will be inserted in your trust:

I authorize my Trustee to make pre-need arrangements for me in accordance with the Instructions for My Final Arrangements contained in either my Estate Planning Portfolio or Client Organizer (Operator's Manual). If I have not completed the Instructions for My Final Arrangements, I authorize my Trustee, after consultation with my Health Care Agent, to make any pre-need arrangements considered necessary or appropriate.

Name: _____

On the page below, please write in any other guidelines you may desire for your Trustee to follow to provide for you during any period of disability you may experience.

Authorization (Check the appropriate box and sign below):

- I hereby authorize the changes described above to be made to my estate plan and it is my *intent* that these changes become effective immediately.**

- I have no changes or concerns.**

CLIENT

Date