

How Do I Make Sure My Wishes Are Upheld?

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Overview of the CLRC

- Joint program
- Confidential services
- English & Spanish or language line
- Education Model

DRLC
Disability Rights Legal Center
www.disabilityrightslawcenter.org

LOYOLA
LAW SCHOOL | LOS ANGELES

National Telephone Assistance Line

1-866-THE-CLRC



1. Phone Calls
2. Emails
3. Letters
4. Faxes
5. Online Intake Form

www.clrcintake.org

Advance Planning



Advance Planning, generally

Part 1 – People and Property:

Wills, Trusts, and Powers of Attorney for Finances



Part 2 – Health care:

Advance Health Directives and component parts (Powers of Attorney for health, living will, etc.)

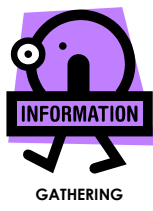
Tools for Planning Ahead - People and Property

- Will
- Living trust
- Durable power of attorney for financial affairs



Wills and Trusts – First Steps

- Bank accounts
- Safe deposit boxes
- Stocks, bonds, real estate
- Valuables
- Other property
- Life insurance policy
- Retirement account
- Debts (including who owes you)
- Other financial accounts



How do you own it?



Sole v. Joint Ownership

Wills



- Be prepared!

The Alternatives



- Statutory Will
- Holographic (Handwritten) Will



Reassess previous planning



Amending a Will



- Use a codicil
- **Don't** cross out or handwrite
- Follow state law for full will
- Void previous versions

Passing away without a will



- “Intestate”
- Property divided by ‘intestate succession’
- Generally, distributed to your spouse and children
- Then to next closest kin

Probate



To begin the probate process, contact the local state or county court

Trusts



Living Trusts

- Managed by trustee based on individual wishes
- No probate
- Common for larger estates



Pour Over Will



Power of Attorney For Financial Affairs



Tools for Planning Ahead – Health Care



- Advance health care directive
- Living will
- Power of attorney for health
- Physician order for life sustaining treatment (POLST)

Advance Healthcare Directives

- Written document
- Signed and dated, in the presence of 2 witnesses
- Signed by 2 knowledgeable witnesses

Designation of Health Care Agent:

I, _____, create my name: _____
 agent: name: _____
 address: _____
 phone: _____

in my agent to make any and all health care decisions for me, except to the extent I sign otherwise in this document. This Health Power of Attorney for Health Care takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

LIMITATIONS ON THE DECISION MAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS:

Designation of Alternate Agent:

(You are not required to designate an alternate agent but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated in www.wa.gov/advancehealthcare is unavailable, contact the law firm at www.wa.gov/advancehealthcare.)

Advance Health Directives

- Living Will



Your specific health-related wishes...

Advance Health Directives

- Power of Attorney for Health



Your specific health-related wishes...



Physician Order for Life Sustaining Treatment

www.polst.org/programs-in-your-state/

End of Life Treatment

- Right to palliative care
- Right to refuse food
- Right to refuse medical treatment
- Right to palliative sedation
- Right to have wishes upheld

Death with Dignity/Aid in Dying

- Determination by a physician
- Terminal illness
- Oral and written request
- Psychological examination



Conservatorship

Resources:

•Caring Connections:
www.caringinfo.org

•Compassion and Choices:
www.compassionandchoices.org

•CLRC
www.cancerlegalresourcecenter.org

• Your State
Bar www.americanbar.org/groups/bar_services/resources/state_local_bar_associations.html

Questions?



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