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# *How to Prevent Aging Parents and Relatives From Making Financial Mistakes*

Getting family members to listen to you when you think they are headed down a dangerous financial path can be difficult. But there are preventive steps you can take.

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By Paulette Perhach

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Jilenne Gunther's uncle noticed her 91-year-old grandfather never seemed to have as much cash as he should in his wallet. A banker with access to the cash dye packs used to catch bank robbers, her uncle put one in a wallet in their home. When the money went missing, a trusted home care worker had the dye on her coat.

The experience inspired Ms. Gunther to dedicate her life to protecting elders from financial fraud, and she is now the director of the BankSafe Initiative at AARP.

Americans over 70 control \$53 trillion in wealth, and they are the prime targets for scams. Their adult children are often the first people to notice when something seems amiss, but when elders are the victims of misdeeds, family

dynamics can make it difficult to change their behavior. Experts say it takes empathy, due diligence and sometimes outside help.

It's not just money that's at stake, Ms. Gunther added: Financial exploitation can cause anxiety, depression, a higher risk of heart attacks and even suicide.

Ms. Gunther said older adults might require the help of grown children and trusted friends to see their financial lives more clearly.

"There's a relationship between age and financially unsound decision-making," Ms. Gunther said. "It follows this U-curve. Younger people and older people are more prone to making mistakes."

## **A Range of Dangers**

One of the most insidious situations can involve someone's trusting a relative who doesn't have his or her best interest at heart. Or it could be as simple as an investment that's not appropriate for the elder's stage of life, Ms. Gunther said.

"They know this is high-risk, but might not be disclosing that," she said. "And so it's really important to really slow down and think about things."

Cybercrime against elders is skyrocketing. In 2024, the Federal Bureau of Investigation's Internet Crime Complaint Center received nearly 150,000 complaints of cyber-enabled fraud against people 60 or older, with almost \$5 billion in losses, according to the agency's annual report. The victims lost an average of \$83,000.

Scams can come from investment opportunities, impostors pretending to be the Internal Revenue Service or an online romance.

When you hear something that sounds off, you might react in the moment without thinking, but that would be a mistake, Ms. Gunther said. You want to lead with empathy.

**“Coming right out and saying something like, ‘You’ve been scammed’ or ‘This is a horrible decision’ — those are things that are not going to open up the conversation,” she said. “So before writing off their decision as risky or bad, it’s important to do your own research and also to ask questions like, ‘What interests you about this investment? What are you hoping to achieve?’”**

**Free tools can help with your research. Any company that claims to be publicly traded in the United States should show up on the Securities and Exchange Commission’s Electronic Data Gathering, Analysis and Retrieval System. A financial adviser’s employment history, registrations and regulatory actions are available at the Financial Industry Regulatory Authority’s free BrokerCheck tool. The Consumer Financial Protection Bureau provides a searchable database of complaints about financial products and services. For companies, the Better Business Bureau lists complaints and ratings.**

**For anyone claiming to have a professional designation, check with the entity that provides that license to confirm that the person has it.**

**When asking who should be involved in a conversation about fraud, consider which family members talk regularly with the person in question.**

**“People can also leverage family trust in these types of situations,” Ms. Gunther said, adding that adult children who have maintained open dialogues with their parents are better positioned to influence financial decisions.**

## **Looking for Red Flags**

**In 2024, Rianka Dorsainvil’s mother came to her with a check that looked legitimate. All she had to do was deposit it and then send a money order for a lower amount to a third party, and then she’d be able to keep the difference. It’s a common check fraud scam.**

**“I was like: ‘Mom, this is not true. This isn’t real,’” said Ms. Dorsainvil, the founder and senior wealth adviser at YGC Wealth. “These scammers are becoming so sophisticated in their tactics.”**

**People can now be scammed by clicking on a quiz on social media, signing up for a game or responding to a Facebook message that appears to be from a relative, she said.**

**Ms. Dorsainvil recommends looking out for if a loved one mentions anything that seems too good to be true. Other red flags include pressure to act fast or guarantees of making money.**

**If you see something suspicious and want to talk to an elder in your life, Ms. Dorsainvil recommended bringing in a neutral third party so that it doesn’t seem like just your own judgment.**

**“What I share with my clients, especially when it comes to their parents, is: Blame it on me,” she said.**

**Ms. Dorsainvil recommended that you acknowledge what they’ve taught you about finances, and then add to that what you’ve learned from financial experts and, if possible, pass them along to someone who can advise them.**

**“Approach it in an educational manner versus ‘I know more than you now,’” she said, “and I think they will appreciate that.”**

**Peter Lichtenberg, a former director of the Institute of Gerontology at Wayne State University in Detroit, said financial missteps could be a sign of a deeper issue.**

**“What we’ve found from some of our focus groups over the years is maybe about one out of every five people discover dementia in their parents because their parents are losing money,” he said. Usually, it takes the form of not remembering that they gave to a cause and sending money again, or falling prey to phone scams.**

Signs that dementia may be involved include recent health problems that required hospitalization, increased falls, missed appointments or the repeating of things, like telling the same joke twice in an hour.

This concern adds a second dimension of stigma to the equation, but Dr. Lichtenberg suggested a two-part process for approaching the conversation.

First, take an inventory of your family. How taboo has money been? What are the privacy boundaries around it? How open is your relative to your input about his or her personal life?

Second, he said, “think of it as maybe a series of conversations, because one of the mistakes that people make is they think: OK, well, I’ll just show the person that they’re involved in a scam, and then they’ll logically realize, ‘I guess I have to give that up.’

“But that’s not, of course, what happens,” he added. “And so you’re really in a negotiation.”

Part of negotiation, he said, is a deep understanding of why the situation may be important to the older person. Don’t chide or correct, but instead ask questions in a respectful manner.

“You have to keep that anxiety at bay and that fear and really take it one step at a time as you progress in these conversations,” Dr. Lichtenberg said. “Talk about what the F.B.I. has learned — that older adults are being targeted more and more.”

You may suggest that your relative get a cognitive test during an annual wellness check. Make sure you work with a physician who specializes in older adults with dementia.

The condition can add severity to the financial dangers, Ms. Gunther said.

“We’re seeing with people that are being diagnosed with dementia, they’re

losing half their wealth in the years leading up to the diagnosis,” she said, adding that the cause is usually from poor financial decision making or fraud.

### **How to Protect Your Elders From Fraud**

**Get ahead of fraud with preventive conversations.** Share data on the rise of fraud and ask if they would like help being protected. Letting them take the lead with independence will make it a smoother road.

**Ask about protective account options.** Some financial institutions offer transaction alerts, daily withdrawal limits or review for unusual transfers. Ask if your parents would add you as a trusted contact on their accounts so their bank, credit union or investment firm can contact you if it suspects fraud.

**Ease into account monitoring.** Discuss options such as view-only access or subscribe to an account-monitoring service such as EverSafe, which alerts both the account holders and a trusted contact to unusual activity.

**Pass along the AARP Fraud Watch Network Helpline.** At 877-908-3360, experts offer tips to avoid scams, help with identifying a possible scam and support for victims. They are also open to helping relatives concerned about an elder in their life.

**Help them freeze their credit.** To prevent new accounts from being opened in their name, your loved ones can freeze his or her credit for free. Equifax, Experian and TransUnion offer this free service, which can be temporarily lifted if credit is legitimately needed.

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## ADVANCE DIRECTIVE "AM I PREPARED" SURVEY

**Purpose:** This survey helps you reflect on your healthcare values and preferences and assess whether you and your healthcare agent/alternate agents are prepared for unexpected events. Your responses will be scored to provide insight into your readiness.

**Instructions:** Answer each question thoughtfully. At the end, tally your points to see your preparedness score and review the summary for next steps. There are no right or wrong answers—this is about clarity and preparation.

### SECTION 1: Reflecting on Your Values and Preferences

**1. Have you thought about what matters most to you regarding your healthcare and quality of life?**

- Yes, I have a clear idea of my values and preferences. (3 points)
- Somewhat, but I need to think about it more. (2 points)
- No, I haven't considered this yet. (0 points)

*Follow-up:* What are some key values or priorities you'd like your healthcare decisions to reflect?

**2. Have you considered your preferences for medical treatments in specific scenarios, such as a terminal illness or inability to communicate?**

- Yes, I know what I would want. (3 points)
- Partially, I have some ideas but need to refine them. (2 points)
- No, I haven't thought about this. (0 points)

*Follow-up:* Can you list one or two specific preferences?

**3. How often do you revisit or think about your healthcare preferences?**

- Regularly (e.g., annually or with health changes) (3 points)
- Occasionally (e.g., when prompted or during major life events) (2 points)
- Rarely or never (0 points)

*Follow-up:* What might encourage you to revisit your preferences more often?

**4. Have you documented your healthcare wishes in an Advance Directive (e.g., Living Will or DPOA-HC)?**

- Yes, and it's up to date. (3 points)
- Yes, but it may need updating. (2 points)
- No, I haven't completed one yet. (0 points)

## "AM I PREPARED" SURVEY CONTINUED

### SECTION 2: Selecting Your Healthcare Agent

#### 5. Have you chosen someone to serve as your healthcare agent/proxy?

- Yes (3 points)
- No, I'm still deciding. (1 point)
- No, I haven't thought about it. (0 points)

*Follow-up (if Yes):* Who have you chosen, and why?

#### 6. How confident are you that your chosen agent understands your healthcare values and preferences?

- Very confident (3 points)
- Somewhat confident (2 points)
- Not confident (1 point)
- I haven't discussed this with them yet. (0 points)

*Follow-up:* What steps could you take to increase your confidence?

#### 7. Rate your agent's ability to handle the following responsibilities:

*(Score each: 1 = Not capable, 3 = Moderately capable, 5 = Very capable; if no agent, score 0)*

- Making difficult medical decisions under pressure: [1] [3] [5] [or 0]
- Understanding and processing complex medical information: [1] [3] [5] [or 0]
- Advocating for your wishes, even if they differ from their own: [1] [3] [5] [or 0]
- Communicating effectively with healthcare providers: [1] [3] [5] [or 0]
- Staying calm and focused in emotionally challenging situations: [1] [3] [5] [or 0]

*Total for this question: Add the 5 ratings (max 25 points)*

#### 8. Have you asked your potential agent if they are willing and able to serve in this role?

- Yes, and they agreed. (3 points)
- Yes, but they're unsure or hesitant. (1 point)
- No, I haven't asked them yet. (0 points)

#### 9. Do you have a backup agent in mind if your primary agent is unavailable?

- Yes (3 points)
- No, but I'll consider it. (1 point)
- No, I don't think it's necessary. (0 points)

*Follow-up (if Yes):* Who is your backup, and have you discussed this with them?

## "AM I PREPARED" SURVEY CONTINUED

### SECTION 3: Communication with Your Agent

#### 10. How often do you discuss your healthcare values, wishes, or preferences with your agent?

- Regularly (e.g., every few months or with health changes) (3 points)
- Occasionally (e.g., once a year or during major events) (2 points)
- Rarely or never (0 points)

*Follow-up:* What might help you have these conversations more often?

#### 11. Have you shared specific examples or scenarios with your agent about how you'd like decisions made (e.g., use of antibiotics, life support, medical care if living with dementia)?

- Yes, in detail (3 points)
- Yes, but only generally (2 points)
- No, not yet (0 points)

#### 12. Does your agent know where to find your Advance Directive documents and key medical information (e.g., medical history, providers)?

- Yes, they have copies and know where everything is. (3 points)
- Partially, they know some details but not all. (2 points)
- No, I haven't shared this yet. (0 points)

#### 13. Have you discussed your wishes with family members or others (besides your agent) to avoid confusion or conflict?

- Yes, everyone relevant knows. (3 points)
- Partially, some people know but not all. (2 points)
- No, I haven't told anyone else. (0 points)

## "AM I PREPARED" SURVEY CONTINUED

### SECTION 4: Scoring Your Preparedness

**Instructions:** Add up your points from all sections.

- Section 1 (Questions 1–4): Max 12 points
- Section 2 (Questions 5–9): Max 37 points (including up to 25 from Question 7)
- Section 3 (Questions 10–13): Max 12 points
- **Total Possible Score: 61 points**

**Your Total Score:** \_\_\_\_\_ / 61

### PREPAREDNESS SUMMARY

Based on your score, here's how prepared you and your DPOA-HC agent/alt agents are for unexpected events:

#### **50–61 Points: Well-Prepared**

You've taken significant steps to clarify your values, select a capable agent, and communicate effectively. You're in a strong position to handle unexpected health events. Consider periodic reviews to stay current as circumstances change.

#### **35–49 Points: Moderately Prepared**

You've made progress in planning, but there are gaps to address. You might need to refine your preferences, strengthen communication with your agent, or ensure they're fully equipped to act. A few targeted actions could boost your readiness.

#### **20–34 Points: Partially Prepared**

You've started the process, but key elements—like documenting your wishes or preparing your agent—are incomplete. Focus on the areas with lower scores to build a solid foundation for unexpected events.

#### **0–19 Points: Not Yet Prepared**

You're at the beginning of this journey. Reflecting on your values, choosing an agent, and documenting your wishes are critical next steps. Don't worry—starting now can make a big difference!

Your time and thoughtfulness is a meaningful step toward peace of mind for you and your loved ones! The responses and score offer a clear picture of your readiness for unexpected healthcare events, but preparation goes beyond just the numbers. It's about ensuring your preferences are not only documented in the right legal forms—like an Advance Directive—but also brought to life through open, guided conversations with your chosen agent. At Life Changes Elder Care Consulting, LLC we specialize in facilitating these vital discussions, bridging the gap between your values and your agent's understanding.

Whether you're starting fresh or fine-tuning your plan, we'd love to help you take the next step. Contact Brooke Reché at [brooke@lifechangeseldercare.com](mailto:brooke@lifechangeseldercare.com) or 208-321-5567 ext 4 for a free consultation. Let's work together to ensure your voice is heard, documented, and honored with confidence!"

## HEALTH CARE PROXY/AGENT READINESS SURVEY

**Purpose:** This survey is designed to help you, as a health care proxy/agent, assess your readiness to act on behalf of the person who has appointed you (the principal) in making health care decisions. Answer each question honestly to evaluate your understanding, preparedness, and confidence in this role. After completing the survey, you will receive a score and guidance on areas to strengthen.

**Instructions:** Answer each question by selecting the option that best reflects your current state of preparedness. Each answer has a corresponding point value, which will be used to calculate your total readiness score. At the end, tally your points to determine your readiness level and review the recommendations.

### SECTION 1: Understanding the Role of a Health Care Proxy/Agent

- 1. How familiar are you with the responsibilities of a health care proxy/agent?**
  - A. Very familiar; I understand I must make decisions based on the principal's wishes and best interests. (4 points)
  - B. Somewhat familiar; I know it involves decision-making but am unclear on specifics. (2 points)
  - C. Not familiar; I'm unsure what the role entails. (0 points)
- 2. Do you know where to find the principal's advance directive or related legal documents?**
  - A. Yes, I have access to or know the location of these documents. (4 points)
  - B. I think I know but haven't confirmed. (2 points)
  - C. No, I don't know where these documents are. (0 points)
- 3. Have you discussed the principal's medical decision-making preferences with them?**
  - A. Yes, we've had detailed discussions about their values and preferences. (4 points)
  - B. We've talked briefly, but not in depth. (2 points)
  - C. No, we haven't discussed this. (0 points)

### SECTION 2: Emotional and Practical Preparedness

- 4. How confident are you in your ability to make tough medical decisions under pressure?**
  - A. Very confident; I can stay calm and focused. (4 points)
  - B. Somewhat confident; I might need support to stay focused. (2 points)
  - C. Not confident; I feel overwhelmed thinking about it. (0 points)

5. **Have you considered how your personal beliefs might influence your decision-making as a proxy?**
- A. Yes, I've reflected and can separate my beliefs from the principal's wishes. (4 points)
  - B. I've thought about it but am unsure how to manage conflicts. (2 points)
  - C. No, I haven't considered this. (0 points)
- 
6. **Do you know who to contact (e.g., doctors, family members) if you need to make decisions for the principal?**
- A. Yes, I have a clear list of key contacts. (4 points)
  - B. I know some contacts but haven't organized them. (2 points)
  - C. No, I don't know who to contact. (0 points)

### SECTION 3: Decision-Making Alignment

7. **Can you describe the principal's preferences regarding life-sustaining treatments (e.g., ventilators, feeding tubes)?**
- A. Yes, I can clearly articulate their preferences. (4 points)
  - B. I have a general idea but lack specifics. (2 points)
  - C. No, I'm unaware of their preferences. (0 points)
- 
8. **How comfortable are you advocating for the principal's wishes, even if others (e.g., family, doctors) disagree?**
- A. Very comfortable; I can firmly represent their wishes. (4 points)
  - B. Somewhat comfortable; I might waver under pressure. (2 points)
  - C. Not comfortable; I'm unsure how to handle disagreements. (0 points)
- 
9. **Have you discussed with the principal how they want their quality of life prioritized in medical decisions?**
- A. Yes, I understand their views on quality of life versus quantity of life. (4 points)
  - B. We've touched on it, but I need more clarity. (2 points)
  - C. No, we haven't discussed this. (0 points)

### SECTION 4: Preparedness for Dementia Scenarios

10. **Are you familiar with the principal's preferences for care if they develop advanced dementia (e.g., Alzheimer's disease)?**
- A. Yes, I know their specific wishes, including any dementia provision in their advance directive. (4 points)
  - B. I have a general understanding but am unclear on details. (2 points)
  - C. No, I am unaware of their dementia-specific preferences. (0 points)

11. **How confident are you in making decisions about withholding or stopping treatments, such as artificial nutrition (spoon-feeding) or medications for chronic illnesses, if the principal has advanced dementia?**
- A. Very confident; I understand their wishes and can act accordingly. (4 points)
  - B. Somewhat confident; I would need guidance or additional discussion. (2 points)
  - C. Not confident; I feel unprepared for these decisions. (0 points)
- 
12. **Have you discussed with the principal their wishes regarding voluntary stopping of eating and drinking (VSED) in the context of advanced dementia?**
- A. Yes, we've discussed their stance on VSED and related care preferences. (4 points)
  - B. We've mentioned it briefly, but I need more clarity. (2 points)
  - C. No, we haven't discussed VSED or related preferences. (0 points)
- 
13. **Are you prepared to address potential conflicts with healthcare facilities that may not honor the principal's dementia-related wishes (e.g., refusal of spoon-feeding)?**
- A. Yes, I'm ready to advocate and, if needed, request a transfer to a facility that respects their wishes. (4 points)
  - B. I'm somewhat prepared but would need support to navigate conflicts. (2 points)
  - C. No, I'm not prepared to handle such conflicts. (0 points)

#### **SECTION 5: Ongoing Commitment**

14. **Are you prepared to revisit conversations with the principal to stay updated on their wishes?**
- A. Yes, I'm committed to ongoing discussions. (4 points)
  - B. I plan to, but haven't made it a priority. (2 points)
  - C. No, I haven't thought about revisiting this. (0 points)

**Scoring:** Add up the points from all 14 questions (maximum 56 points).

Section 1 points (12 possible): \_\_\_\_\_  
Section 2 points (12 possible): \_\_\_\_\_  
Section 3 points (12 possible): \_\_\_\_\_  
Section 4 points (16 possible): \_\_\_\_\_  
Section 5 points (4 possible): \_\_\_\_\_  
Total Points: \_\_\_\_\_/56

### Readiness Levels:

**45–56 points (Highly Prepared):** You have a strong understanding of your role, are familiar with the principal's wishes (including dementia-specific preferences), and are emotionally and practically ready. Continue to revisit conversations and stay prepared.

**28–44 points (Moderately Prepared):** You have some preparation but need to strengthen specific areas, such as discussing dementia-related preferences or organizing contacts. Review the questions where you scored lower and take action (e.g., talk with the principal, locate documents).

**0–27 points (Not Yet Prepared):** You need significant preparation to fulfill the proxy role effectively, especially in dementia scenarios. Start by discussing the principal's wishes, reviewing their advance directive (including any dementia provision), and reflecting on your readiness.

### Recommendations

#### For All Scores:

- Schedule a time to discuss or review the principal's advance directive, including any dementia provision, and preferences. Ensure you have access to their documents and a list of key contacts.
- Contact Life Changes Elder Care Consulting, LLC ([www.lifechangeseldercare.com](http://www.lifechangeseldercare.com), 208-321-5567) for support in facilitating conversations or understanding dementia-specific directives. Request a copy of Advanced Directives "Much More Than Just Documents".

#### For Moderate or Low Scores:

- Request a copy of the advance directive and read it carefully, paying attention to the Dementia Provision addendum (if included).
- Ask the principal specific questions about their values, such as preferences for life-sustaining treatments, VSED, or quality-of-life priorities in dementia scenarios.
- Consider role-playing scenarios with the principal to practice decision-making, especially for advanced dementia.
- Review resources like My End-of-Life Decisions: An Advanced Planning Guide and Toolkit by Compassion & Choices. (available at <https://compassionandchoices.org/resource/eoldgt/>).
- Seek guidance from healthcare professionals or elder care consultants to build confidence in navigating dementia-related decisions.

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  - C. Not familiar; I'm unsure what the role entails. (0 points)
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  - A. Yes, we've had detailed discussions about their values and preferences. (4 points)
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### SECTION 2: Emotional and Practical Preparedness

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  - B. I have a general understanding but am unclear on details. (2 points)
  - C. No, I am unaware of their dementia-specific preferences. (0 points)

11. **How confident are you in making decisions about withholding or stopping treatments, such as artificial nutrition (spoon-feeding) or medications for chronic illnesses, if the principal has advanced dementia?**
- A. Very confident; I understand their wishes and can act accordingly. (4 points)
  - B. Somewhat confident; I would need guidance or additional discussion. (2 points)
  - C. Not confident; I feel unprepared for these decisions. (0 points)
- 
12. **Have you discussed with the principal their wishes regarding voluntary stopping of eating and drinking (VSED) in the context of advanced dementia?**
- A. Yes, we've discussed their stance on VSED and related care preferences. (4 points)
  - B. We've mentioned it briefly, but I need more clarity. (2 points)
  - C. No, we haven't discussed VSED or related preferences. (0 points)
- 
13. **Are you prepared to address potential conflicts with healthcare facilities that may not honor the principal's dementia-related wishes (e.g., refusal of spoon-feeding)?**
- A. Yes, I'm ready to advocate and, if needed, request a transfer to a facility that respects their wishes. (4 points)
  - B. I'm somewhat prepared but would need support to navigate conflicts. (2 points)
  - C. No, I'm not prepared to handle such conflicts. (0 points)

#### **SECTION 5: Ongoing Commitment**

14. **Are you prepared to revisit conversations with the principal to stay updated on their wishes?**
- A. Yes, I'm committed to ongoing discussions. (4 points)
  - B. I plan to, but haven't made it a priority. (2 points)
  - C. No, I haven't thought about revisiting this. (0 points)

**Scoring:** Add up the points from all 14 questions (maximum 56 points).

Section 1 points (12 possible): \_\_\_\_\_  
Section 2 points (12 possible): \_\_\_\_\_  
Section 3 points (12 possible): \_\_\_\_\_  
Section 4 points (16 possible): \_\_\_\_\_  
Section 5 points (4 possible): \_\_\_\_\_  
Total Points: \_\_\_\_\_/56

### Readiness Levels:

**45–56 points (Highly Prepared):** You have a strong understanding of your role, are familiar with the principal's wishes (including dementia-specific preferences), and are emotionally and practically ready. Continue to revisit conversations and stay prepared.

**28–44 points (Moderately Prepared):** You have some preparation but need to strengthen specific areas, such as discussing dementia-related preferences or organizing contacts. Review the questions where you scored lower and take action (e.g., talk with the principal, locate documents).

**0–27 points (Not Yet Prepared):** You need significant preparation to fulfill the proxy role effectively, especially in dementia scenarios. Start by discussing the principal's wishes, reviewing their advance directive (including any dementia provision), and reflecting on your readiness.

### Recommendations

#### For All Scores:

- Schedule a time to discuss or review the principal's advance directive, including any dementia provision, and preferences. Ensure you have access to their documents and a list of key contacts.
- Contact Life Changes Elder Care Consulting, LLC ([www.lifechangeseldercare.com](http://www.lifechangeseldercare.com), 208-321-5567) for support in facilitating conversations or understanding dementia-specific directives. Request a copy of Advanced Directives "Much More Than Just Documents".

#### For Moderate or Low Scores:

- Request a copy of the advance directive and read it carefully, paying attention to the Dementia Provision addendum (if included).
- Ask the principal specific questions about their values, such as preferences for life-sustaining treatments, VSED, or quality-of-life priorities in dementia scenarios.
- Consider role-playing scenarios with the principal to practice decision-making, especially for advanced dementia.
- Review resources like My End-of-Life Decisions: An Advanced Planning Guide and Toolkit by Compassion & Choices. (available at <https://compassionandchoices.org/resource/eoldgt/>).
- Seek guidance from healthcare professionals or elder care consultants to build confidence in navigating dementia-related decisions.



## Will It Cost YOU Money to Care for Your Elderly Parents?

Susan M. Graham, Certified Elder Law Attorney<sup>1</sup>

Most of us don't want our parents to go to a nursing home or even leave their home as they age. You may be planning to take care of them part-time or full-time.. However, as their caregiver, you might be unaware of the impact taking care of others could have on you financial well-being.

How does this happen? It's often that people simply run out of money because they live longer than they expected or they did not anticipate the extraordinary costs of medical and living expenses. These reasons, coupled with the shortage of available healthcare workers, has increased the problem. The result is over 50 million US families care for a spouse, elderly parent or relative. This means one in five Americans is providing unpaid care to family or loved ones.

Did you know that 78% of caregivers report providing out of their own pocket support to their loved ones, including medical supplies and personal care items? And it's not just nickels and dimes.....the average annual spending is more than \$7,000. The costs are even higher if you are trying to care for them remotely. Not to mention, the loss of income you experience by reducing your own work hours or putting your career on hold.

Planning in advance of a healthcare crisis – talking with your parents and your siblings, meeting with an experienced Estate Planning/Elder Law Attorney – can save you both emotional distress and money down the road. Make sure you're prepared for likely care outcomes and options and learn how to spend the "smart" money so it lasts longer.

## How Families Can Save Money on Long-Term Care

**Bottom Line:** Family members can deduct medical expenses paid for relatives on their tax returns - potentially saving thousands of dollars annually.

**The Strategy:** When family members pay for a relative's medical expenses (including long-term care), they can claim these as tax deductions. How? There is a Tax Benefit if Medical expenses exceeding 7.5% of adjusted gross income are deductible.

### Who Qualifies as a "Relative"?

The Definition is much broader than most realize:

- Immediate family: Children, parents, grandchildren, grandparents
- Extended family: Siblings, aunts, uncles, nieces, nephews
- In-laws: Mother/father-in-law, son/daughter-in-law, brother/sister-in-law
- Step-relations: Step-parents, step-siblings, stepchildren

### Multiple Family Members Strategy

- Several family members contribute to a relative's care costs
  - One person claims the full medical expense deduction
  - The family needs to provide over 50% of non-medical support
  - The one person can deduct all medical expenses paid
- Example: Four siblings each contribute different percentages from different sources to pay over 50% of their mothers' long term care. One sibling pays all medical expenses separately and that one person can deduct the entire amount.

**Required Documentation:** At least three formal documents need to be signed by participating family members to accomplish the family tax saving strategy.

### Real-World Impact

- Families have saved thousands of dollars using this strategy
- Works even when Medicaid planning is not involved
- Particularly valuable for families with high long-term costs

**Why This Strategy is Underutilized:** Congress intentionally encourages families to pay medical expenses for relatives by removing income restrictions and allowing a broad definition of "qualifying relatives".

*This strategy requires proper legal documentation and tax planning. Consult with qualified professionals before implementation.*



## DIGITAL LEGACY PLANNING<sup>1</sup> YOUR TO-DO LIST

Protect your digital memories and important accounts by setting up legacy features. Follow these simple steps:

### STEP 1: GOOGLE ACCOUNTS

**Covers:** Email, Photos, Drive, YouTube

**Website:** [myaccount.google.com/inactive](https://myaccount.google.com/inactive)

- Log into your Google account
- Choose how long Google should wait before considering your account inactive (3-18 months)
- Add up to 10 trusted contacts who can access your account
- Select what each person can access (photos, emails, documents, etc.)
- Write a farewell message (optional)
- Save your settings

### STEP 2: APPLE / ICLOUD

**Covers:** Photos, Documents, Notes, Health Data

**Website:** [digital-legacy.apple.com](https://digital-legacy.apple.com)

- Add up to 5 legacy contacts
- Each contact will receive a unique access key
- Save their contact information
- Inform your contacts about their role

**Note:** *Purchased music, movies, books, and passwords are NOT included*

### STEP 3: FACEBOOK

**Website:** [facebook.com/help/1070665206293088](https://facebook.com/help/1070665206293088)

- Choose a legacy contact (must be a Facebook friend)
- Decide: Do you want your account memorialized or deleted after you pass?
- If memorialized, allow your contact to download your content (optional)
- Tell your legacy contact about their role

---

<sup>1</sup> Digital Legacy Features: "Essential Tools for Modern Estate Planning Practice," Kathie Brown Roberts, Esq, Certified Elder Law Attorney, NELF Connector, Fall, 2025

## **STEP 4: MICROSOFT ACCOUNTS**

**Covers:** Outlook, OneDrive, Skype

**Note:** *Microsoft doesn't have advance setup. Your family will need to request access after your passing.*

### **Your family will need:**

- Death certificate
- Proof of relationship
- Government ID
- Make sure your executor knows this process exists

## **IMPORTANT REMINDERS**

- Tell your legacy contacts they've been chosen and explain what that means
- Update your estate planning documents to mention these features
- Create a list of your accounts and which legacy features you've activated
- Review annually or after major life changes (marriage, divorce, etc.)
- Keep legacy contact information current

### **Prioritize These Accounts First:**

- Email accounts
- Photo storage (Google Photos, iCloud)
- Cloud storage (Google Drive, OneDrive)
- Accounts with irreplaceable memories

**Remember:** These features work alongside your will and estate plan. They don't replace talking with your estate planning attorney about comprehensive digital asset planning.

# Planning Your Charitable Legacy<sup>1</sup>

## A Guide to Thoughtful Philanthropic Planning

As you consider your estate plan, charitable giving offers meaningful opportunities to support causes you care about while potentially providing tax benefits. This guide will help you think through key decisions about your philanthropic legacy.

### Key Considerations for Your Charitable Plan:

♥ **Identify Your Values.** What are your personal values (e.g., honesty, kindness, courage)? What are your cultural values (e.g., equality, respect, community)? What are your family values (e.g., health, education, creativity)?

🏆 **Legacy.** What do you want your legacy to be? How big (or small) do you want your impact to be?

🏠 **Involve Your Family.** Charitable planning can unite generations around shared values.

Consider establishing a family foundation or involving heirs in philanthropic decisions.

How can your charitable legacy reflect and strengthen your family's values?

🔍 **Vet Organizations.** Research charities' financial health, governance, and impact. Ensure organizations align with your intentions and will use funds effectively. Key Questions: What are the organization's goals?

What progress is the organizations making toward them? How is the organization improving?

Have you reviewed the organizations' annual reports and IRS Form 990s?

🏢 **Consider Asset Types.** Highly appreciated securities, real estate, retirement accounts, and life insurance can be tax-efficient charitable gifts, often more beneficial than cash.

Which assets in your estate might provide the greatest tax advantages for charitable giving?

🕒 **Timing Matters.** Decide between lifetime giving and testamentary gifts. Lifetime giving allows you to see impact and may offer immediate tax benefits. Bequests preserve assets during your lifetime.

Do you want to witness the impact of your philanthropy, or maximize assets available to you?

🚗 **Choose Your Giving Vehicle.** Options include direct bequests, donor-advised funds, private foundations, or charitable gift annuities. Each offers different levels of control and tax benefits.

Do you want immediate tax deductions or prefer control over future distributions?

📝 **Document Your Intent.** Clearly articulate your charitable wishes in your estate documents. Consider writing a letter of intent explaining your motivations to help executors and heirs understand your goals.

*Have you communicated your charitable intentions with your attorney and family? Your charitable legacy is a reflection of what matters most to you. We can help create a plan that honors your values, benefits causes you care about, and creates lasting impact for generations to come.*

### Questions to Discuss with Your Estate Attorney:

- |  |   |
|--|---|
| ▪ What percentage of my estate should go to charity?                       | ▪ How do I structure gifts to ensure my charitable intent is honored? |
| ▪ How can I maximize tax benefits while supporting my philanthropic goals? | ▪ How often should I review and update my charitable giving plans?    |
| ▪ What are the implications of naming charities as IRA beneficiaries?      | ▪ Should charitable gifts be made outright or held in trust?          |

<sup>1</sup> Source: Carla Ingrando, Ph.D., Cornell University, SC Johnson College of Business – Cornell Philanthropy Lab, December 2025

ENHANCED LIVING WILL  
AND  
DURABLE POWER OF ATTORNEY FOR  
HEALTH CARE

Provided by

**Susan M. Graham**

Certified Elder Law Attorney

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This form is provided as a public service and is not intended as legal advice concerning your particular needs and circumstances. If you have questions regarding the operation and legal effect of this document, we recommend that you contact legal counsel of your choice.

## INSTRUCTIONS LIVING WILL

- 1) Fill in the date, your name, date of birth, address, and phone number on **page 1**.
- 2) Indicate which one of the three **end of life decisions** you want on **page 2**. Put an "X" in the box you elect and follow it with your initials. Be sure to check and initial one of the choices marked 1, 2 or 3 on page 2.
- 3) If you want the option of "**Medical Assistance in Dying**" referred to on **page 3**, put an "X" in the box you elect and follow it with your initials.
- 4) If you want the option of "**Voluntary Stopping of Eating and Drinking**" [VSED] referred to on **page 3**, put an "X" in the box you elect and follow it with your initials.
- 5) If you have or have not completed a "**Physician Orders for Scope of Treatment**" [PSOT] form, on **page 4** put an "X" in the box that applied to you and follow it with your initials.

## DURABLE POWER OF ATTORNEY FOR HEALTH CARE

- 1) Fill in your name, as the Principal on **page 5**.
- 2) For each **agent you want to make medical decisions** for you when you are able to communicate, fill in the name, relation to you, address, and telephone number in their order of priority on **pages 5 and 6**.
- 3) Indicate if you want to **donate your organs** on **page 7** put an "X" in the box that applied to you and follow it with your initials.
- 4) If you want the option of "**Medical Assistance in Dying**" referred to on **page 7**, put an "X" in the box you elect and follow it with your initials.
- 5) If you want to **give your health agents the right to make decisions about your mental health** care, when you are not able, then on **page 9**, put an "X" in the box that applies to you and follow it with your initials.
  - If you make this election, then you must have **two witnesses** see you sign on page 10, and a **Notary Public must notarize** the two witnesses and you signing the document. If this applies, complete **page 11**.
  - If you make this election, **when your agent takes over to make mental health decisions** they must sign the form on **page 12** and have their signature notarized.
- 6) **Enter the date you sign the document and sign your name, then print your name and address on page 10.**
- 7) If you want to **expand on your health care instructions**, including but not limited to what you are allergic to (examples: Poison Ivy, Tylenol, Sulfa drugs), print your name on the line at top of **Exhibit "A"**, list the items, fill in the date in two places and sign the document

## SUMMARY

**You keep the original.**  
**Give a copy to each of your named health agents.**  
**Give a copy to your physician.**

Enhanced Living Will and  
Durable Power of Attorney for Health Care  
Idaho Code § 39-4510

Date of Directive: \_\_\_\_\_.

Name of Person executing Directive: \_\_\_\_\_.

Date of Birth of Person executing Directive: \_\_\_\_\_.

Address of Person executing Directive: \_\_\_\_\_.

Phone Number of Person executing Directive: \_\_\_\_\_.

**A LIVING WILL**  
**A Directive to Withhold or to Provide Treatment**

This portion of my Advance Directive creates my Living Will which allows me to make choices about any life-sustaining medical treatment I want or do not want. This Advance Directive shall be effective only if I am unable to communicate my instructions and:

**A. I have an incurable injury, disease, illness or condition AND a medical doctor who has examined me has certified:**

- i. That such injury, disease, illness, or condition is terminal; and
- ii. That the application of artificial life-sustaining procedures would serve only to prolong artificially my life; and
- iii. That my death is imminent, whether or not artificial life-sustaining procedures are utilized.

OR

**B. I have been diagnosed as being in a persistent vegetative state.**

If I am in one of the above situations, my choices are as follows:

*[Choose Box 1, 2 or 3 below, Put an "X" in the box and initial the line after the box for this to be effective]*

Regardless of the box chosen, pain and symptom management (comfort care) will be provided.

1.  \_\_\_\_\_ If my death is imminent, I do not want life-sustaining medical treatment or procedures to be started, and if already started, I want all such treatment and procedures to be withdrawn, including withdrawal of artificial nutrition (such as feeding tube) and hydration.

I specifically direct that I do not receive food by gastric or nasogastric tube or in any way other than by mouth, and that I do not receive fluids in any way other than by mouth. If because of disability, stroke, accident, or other cause, I should become incompetent and unable to make decisions concerning my medical care, I direct my family and physicians not to use artificial means, including tube and intravenous feeding, to prolong my life unless, based on the then current medical knowledge, there is a medically reasonable expectation of a substantial recovery of my mental and physical functions. I specifically request that under such circumstances, I not be resuscitated and that I not receive any cardiopulmonary resuscitation, electric shock treatments or blood transfusions.

OR

2.  \_\_\_\_\_ If my death is imminent, I do not want any artificial life-sustaining medical treatment, care or procedures except for artificial nutrition and hydration as follows:

*Check one box and initial the line after the box you checked for this to be effective:*

A.  \_\_\_\_\_ Only artificial hydration

B.  \_\_\_\_\_ Only artificial nutrition

C.  \_\_\_\_\_ Both artificial hydration and nutrition

OR

3.  \_\_\_\_\_ If my death is imminent, I want all medical treatment, care and procedures necessary to sustain my life, including artificial nutrition and hydration.

### C. Medical Assistance in Dying.

*[Put an "X" in the box and initial the line after the box for this to be effective]*

\_\_\_\_\_ I request my health care agent assist me in ending my life by legal means or authorize the humane administration of life-terminating drugs or mechanisms, if applicable law permits euthanasia or physician-assisted suicide, and if I am suffering from a terminal condition or an irreversible injury, disease or illness. My agent shall have the legal authority to move me to jurisdictions that allow assisted suicide, or generally that allow euthanasia or assisted suicide.

### D. Voluntary Stopping of Eating and Drinking (VSED).

*[Choose Box 1, 2 or 3 below. Put an "X" in the box and initial the line after the box for this to be effective].*

The quality of my life is more important to me than extending my life as long as possible. In the event I exhibit symptoms such as extreme loss of independence, loss of dignity, loss of appetite or significant weight loss, the complete inability to care for my personal needs or immobility, or similar symptoms, the following reflects my current preferences for VSED.

1.  \_\_\_\_\_ I do NOT consent to VSED and my agent may take reasonable efforts to offer or persuade me to eat or drink.
2.  \_\_\_\_\_ I do not currently have a preference regarding VSED and request that my agent discuss this issue with me in the event that I experience the above described symptoms.
3.  \_\_\_\_\_ I CONSENT to VSED and if this should occur, my agent may take reasonable efforts to prevent caregivers or others from offering or persuading me to eat or drink.

The above reflects my wishes at the time of this document's execution. If, at a future time, I am unable to explicitly express my wishes regarding oral nutrition and hydration, I want my Agent and care providers to consider the following when trying to determine my wishes and whether to provide oral nutrition and hydration:

- I no longer appear to desire to eat or drink.
- I appear to be indifferent to being fed.
- I do not willingly open my mouth.
- I turn my head away or try to avoid being fed or given fluids in any other way.
- I spit out food or fluids.
- I begin a pattern of coughing, gagging, or choking on or aspirating food or fluids.
- The negative medical consequences or symptoms of continued feeding and drinking, as determined by a qualified medical provider, outweigh the benefits.

## E. Physician Orders for Scope of Treatment (POST)

*[Put an "X" the box and initial the line after the box for this to be effective]*

\_\_\_\_\_ I have completed a Physician Orders for Scope of Treatment (POST) form that contains directions that may be more specific than, but are compatible with, this Advanced Directive. I hereby approve of those orders and make them a part of this Advanced Directive.

OR

\_\_\_\_\_ I have NOT completed a Physician Orders for Scope of Treatment (POST) form. If I complete a POST form at a later date, then this Living Will shall be deemed modified to be compatible with the terms of the POST form.

## F. Final Decision.

This Directive shall be the final expression of my legal right to refuse or accept medical and surgical treatment, and I accept the consequences of such refusal or acceptance.

I understand the full importance of this Directive and am mentally competent to make this Directive. No participant in the making of this Directive or in its being carried into effect shall be held responsible in any way for complying with my directions.

If my health care provider refuses to honor my Agent's decisions, my Agent is empowered to direct the health care provider responsible for my care to transfer my care to another health care provider who will comply; if this authority is thwarted, undermined, or not honored to its fullest extent, I further instruct and empower my Agent to initiate action for battery against such providers.

It is my desire that this document, duly executed in Idaho, shall be presumed to comply with the provisions of any similar Act in any other State, and may, in good faith, be relied upon by a health care provider or health care facility in Idaho as well as any other state.

## A DURABLE POWER OF ATTORNEY FOR HEALTH CARE

This portion of my Advance Directive creates a durable power of attorney for healthcare. This power of attorney will remain in effect if I become incapacitated and shall be effective only when I am unable to communicate or make my own healthcare decisions.

For the purposes of this Advance Directive, "healthcare decision" means:

- Consent
- Refusal of consent; or
- Withdrawal of consent

to any care, treatment, or procedure to maintain, diagnose or treat an individual's medical condition.

**I. DESIGNATION OF HEALTH CARE AGENT.** None of the following may be designated as your agent: (1) your treating health care provider; (2) a non-relative employee of your treating health care provider; (3) an operator of a community care facility; or (4) a non-relative employee of an operator of a community care facility. If the agent or an alternate agent designated in this Directive is my spouse, and our marriage is thereafter dissolved, such designation shall be thereon revoked.

I, \_\_\_\_\_, the Principal, do hereby designate and appoint the following individual as my attorney in fact (agent) to make health care decisions for me as authorized in this Directive:

Name of Health Care Agent: \_\_\_\_\_

Relation to the Principal: \_\_\_\_\_

Address of Health Care Agent: \_\_\_\_\_

Telephone Number of Health Care Agent: \_\_\_\_\_

DESIGNATION OF SUCCESSOR AGENT(S):

Name of Successor Health Care Agent: \_\_\_\_\_

Relation to the Principal: \_\_\_\_\_

Address of Successor Health Care Agent: \_\_\_\_\_

Telephone Number of Successor Health Care Agent: \_\_\_\_\_

Name of 2<sup>nd</sup> Successor Health Care Agent: \_\_\_\_\_

Relation to the Principal: \_\_\_\_\_

Address of 2<sup>nd</sup> Successor Health Care Agent: \_\_\_\_\_

Telephone Number of 2<sup>nd</sup> Successor Health Care Agent: \_\_\_\_\_

For the purposes of this Directive, "health care decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat an individual's physical condition.

**2. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE.**

By this portion of this Directive, I create a durable power of attorney for health care. This power of attorney shall not be affected by my subsequent incapacity. This power shall be effective only when I am unable to communicate rationally.

**3. GENERAL STATEMENT OF AUTHORITY GRANTED.** Subject to any limitations in this Directive, including as set forth in paragraph 2 immediately above, I hereby grant to my agent full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my agent shall make health care decisions that are consistent with my desires as stated in this Directive or otherwise made known to my agent including, but not limited to, my desires concerning obtaining or refusing or withdrawing life-sustaining care, treatment, services and procedures, including such desires set forth in a living will, Physician Orders for Scope of Treatment (POST) form, or similar document executed by me, if any.

**4. STATEMENT OF DESIRES, SPECIAL PROVISIONS, AND LIMITATIONS.** In exercising the authority under this durable power of attorney for health care, my agent shall act consistently with my desires as stated below and is subject to the special provisions and limitations stated in a Physician Orders for Scope of Treatment (POST) form, living will or similar document executed by me, if any. Additional statements of desires, special provisions, and limitations are attached as **Exhibit "A,"** each page of which is dated and signed by me and incorporated by reference herein as fully set forth.

**5. INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH.**

**A. General Grant of Power and Authority.** Subject to any limitations in this Directive, my agent has the power and authority to do all the following:

- Request, review and receive any information, verbal or written, regarding my physical or mental health including, but not limited to, medical and hospital records;
- Execute on my behalf any releases or other documents that may be required to obtain this information;
- Consent to the disclosure of this information; and

**Concerning my organ donation:**

*[Put an "X" the box and initial the line after the box for this to be effective]*

\_\_\_\_\_ I consent to the donation of any of my organs for medical purposes.

OR

\_\_\_\_\_ I do NOT consent to the donation of any of my organs for medical purposes.

**Medical Assistance in Dying**

*[Put an "X" the box and initial the line after the box for this to be effective]*

\_\_\_\_\_ I request my health care agent assist me in ending my life by legal means or authorize the humane administration of life-terminating drugs or mechanisms, if applicable law permits euthanasia or physician-assisted suicide, and if I am suffering from a terminal condition or an irreversible injury, disease or illness. My agent shall have the legal authority to move me to jurisdictions that allow assisted suicide, or generally that allow euthanasia or assisted suicide.

This Directive shall be the final expression of my legal right to refuse or accept medical and surgical treatment, and I accept the consequences of such refusal or acceptance.

I understand the full importance of this Directive and am mentally competent to make this Directive. No participant in the making of this Directive or in its being carried into effect shall be held responsible in any way for complying with my directions.

**Desire to Reside at Home:** If my home has not been sold, I would like to live my last days at home, if doing so does not jeopardize the chance of my recovery to a meaningful life and if it does not impose an undue burden on my family. I would prefer to receive hospice care, rather than care in a hospital, during the last days of my life, if this is feasible. I ask that all medical providers engage in palliative care for my benefit during the last days of my life.

**B. HIPAA Release Authority.** My agent shall be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d and 45 CFR 160 through 164. I authorize:

- any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau, Inc., or other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose and release to my agent, without restriction:
- all my individually identifiable health information and medical records regarding any past, present or future medical and mental health condition, including all information relating to the diagnosis of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse.

The authority given my agent shall supersede any other agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only if I revoke the authority in writing and deliver it to my health care provider.

**6. SIGNING DOCUMENTS, WAIVERS AND RELEASES.** Where necessary to implement the health care decisions that my agent is authorized by this Directive to make, my agent has the power and authority to execute on my behalf all the following: (a) Documents titled, or purporting to be, a "Refusal to Permit Treatment" and/or "Leaving Hospital Against Medical Advice"; and (b) Any necessary waiver or release from liability required by a hospital or physician.

**7. DRIVING INSTRUCTIONS.** My agent is authorized to tell my doctor that in my agent's opinion, I am a danger to others when I drive. I realize that this might result in the loss of my driving license and driving privileges. I also realize that I may not agree with my agent when my agent comes to this conclusion. I do not want to endanger myself and I do not want to endanger others. Therefore, I put this decision in my agent's hands, as I have the utmost trust and confidence in my agent.

**8. AUTHORITY TO MAKE FUNERAL ARRANGEMENTS.** If I fail to pre-arrange my funeral, I designate my agents named in this Durable Power of Attorney for Health Care to make those arrangements as provided in Idaho Code Section 54-1142, as amended.

**9. MENTAL HEALTH CARE POWERS.**

*[Put an "X" the box and initial the line after the box for this to be effective]*

\_\_\_\_\_ My agent is authorized to make decisions for all matters relating to my mental health care including, without limitation, full power to give or refuse consent to all medical care related to my mental health condition. My agent is authorized to admit me to a secure health care facility, hospital, skilled nursing facility, assisted living facility, inpatient or outpatient behavioral or psychiatric health treatment facility, licensed in this or in another state. Such authority applies if I am unable to make health care decisions for myself. Thereafter, my agent's authority applies no matter whether I agree with my agent's decision to admit me to such a secure health care facility or not.

My agent is specifically authorized to provide the facility permission for me to remain in such a secure facility for treatment, even if I do not recognize the benefits of the services I am receiving in that health care environment and wish to leave the facility. I specifically do not want my family or other interested persons to have to go to court to obtain a guardianship to assume the authority set forth in this Mental Health Care Powers section. The authority granted to my agent in this section is specifically provided to avoid the necessity of going to court to have a guardian appointed to make health care decisions for me.

**I want my agent to make decisions for my mental health care treatment that are consistent with my wishes as expressed in this document or, if not specifically expressed, as are otherwise known to my agent.**

**If my wishes regarding mental health care are unknown to my agent, I want my agent to make decisions regarding my mental health care that are consistent with what my agent in good faith believes to be in my best interests. My agent is also authorized**

to receive information regarding proposed mental health treatment and to receive, review, and consent to disclosure of any medical records relating to that treatment.

My agent's power to make mental health decisions for me is irrevocable if I am unable to give informed consent.

**10. INPUT FROM RELATIVES AND OTHERS.** I specifically instruct my agent to make decisions based on my agent's expertise and knowledge of my desires and not on guidance or instruction from 1) anyone claiming to be my relative or 2) others.

**11. PRIOR DESIGNATIONS REVOKED.** I revoke any prior living will and durable power of attorney for health care.

**12. DATE AND SIGNATURE OF PRINCIPAL.** I sign my name to this Statutory Form Living Will and Durable Power of Attorney for Health Care on this date \_\_\_\_\_, 20\_\_\_\_.

---

[your signature]  
Printed Name: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code. \_\_\_\_\_

DURABLE POWER OF ATTORNEY FOR HEALTH CARE and MENTAL HEALTH  
WITNESS DECLARATION

[Idaho Code Section 66-604]

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this instrument, and, being first duly sworn, do hereby declare that \_\_\_\_\_, the Principal is personally known to us. We further attest that the Principal signed and executed this instrument knowingly and willingly, that the Principal signed this instrument in our presence and hearing, and that the Principal appeared to be of a sound mind, and not under any duress, fraud, or undue influence.

Witness Signature \_\_\_\_\_  
Print Name of Witness \_\_\_\_\_

Witness Signature \_\_\_\_\_  
Print Name of Witness \_\_\_\_\_

STATE OF IDAHO                    )  
  : ss.  
County of \_\_\_\_\_)

On \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, as Principal and \_\_\_\_\_, as a Witness and \_\_\_\_\_, as a Witness, known to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year in this certificate above written.

\_\_\_\_\_  
Notary Public in and for Idaho  
Residing at \_\_\_\_\_, Idaho.  
My commission expires: \_\_\_\_\_.

ACCEPTANCE OF APPOINTMENT BY AGENT

[Optional Idaho Code Section 66-603]

STATE OF IDAHO )
: ss.
County of Ada )

I, \_\_\_\_\_, having reviewed this document and being informed of the rights and duties contained here, hereby accept the appointment as agent and healthcare power of attorney, including the right to make decisions about mental health treatment on behalf of \_\_\_\_\_ only when he/she is incapable and consistent with his/her desires.

If I was named as a successor agent, that the prior agent is no longer able or willing to serve; and (Insert other relevant statements):

\_\_\_\_\_

Date \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Agent's Name Printed: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

STATE OF IDAHO )
: ss.
County of Ada )

On \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public for the State of Idaho, personally appeared \_\_\_\_\_, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year in this certificate above written.

Notary Public in and for Idaho
Residing at \_\_\_\_\_
My commission expires: \_\_\_\_\_





Senior Edge Legal Packet of Forms to Complete  
Go to [senioredgelegal.com/Resources](http://senioredgelegal.com/Resources) (click on "Resources" not the drop-down menu)/Forms and Information/Packet of Forms to Complete

Pet Care Instructions

Bucket List

Family Information Sheet

People to Notify

Remains Letter

Professional Advisors

Important Records / Family and Other Pictures

Items to be Destroyed

Credit Cards and Charge Accounts / Utility and Other Monthly Bills

Instructions to Find Password Information

List of Medications

Driving Agreement Form

Agreement about Removing my Guns

My True Wealth and Wisdom Statement

Organizing Your Valuable Records

Planning Your Charitable Legacy

Digital Legacy Planning. Your To-Do List

"Go Bag" – Prepare your own

# SENIOR EDGE

L E G A L

## Client Appreciation Event

"Tools to Improve Your Life"

### AGENDA

- **Protecting Yourself from Scams**  
Bryan Brodowski, Dir. of Financial Crimes-Fraud-Money Laundering, Washington Trust Bank
- **End-of-Life Choices in Idaho**  
Jessica Evert, M.D., Patient Advocate, with Karen Midlo and Christine Soza, Death Doulas
- **When to Use a Professional Care Manager**  
Dee Childers & Brooke Reché - Life Changes Elder Care Consulting
- **\$100,000 to Idaho Cancer Downwinders**  
Sean Beck, Certified Elder Law Attorney, Advanced Legal Planning
- **Legal Update – "Stew Pot"**  
Susan Graham, Certified Elder Law Attorney, Senior Edge Legal

**Notice:** This event will be videotaped. If you attend, you will be presumed to have agreed to be on the video. If you do not want to appear on the video, please do not attend. This video will be available on the Senior Edge Legal website.