

Prepared to die: A practical approach to End-of-life Considerations

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Timeline of events – when a death occurs:



Home



Hospice or 911?



Funeral Home



Cemetery/Crematory

Medical Facility



Nursing Home or Hospital?



Funeral Home



Cemetery/Crematory

Who gives permission & understanding your next of kin:



1. Designated Agent
2. Spouse
3. Children 18+
4. Parents
5. Siblings 18+
6. Authorized Guardian
7. Grandchildren 18+
8. Nieces/Nephews
9. Grandparents
10. Aunts/uncles
11. Cousins

Who is Mary's NOK?

- **I am divorced**
- **I am engaged to my fiancé**
- **Have three children, ages 13, 15, 17**
- **Dad is still alive, he is in a memory care facility**
- **Two siblings, I only speak with one**
- **My friend, Dorothy, is my power of attorney and health care proxy**
- **My ex-husband is still the executor of my will**

The person responsible: Common Misconceptions

- NOK* \neq *Executor of your will*
- NOK* \neq *Health care proxy*
- NOK* \neq *Power of attorney*
- NOK* \neq *Beneficiary*
- NOK* $=$ *One or more person*

“I don’t want my legal next of kin to be responsible.”

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I, _____
(Your name and address)

being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by

(name of agent)

With respect to that subject only, I hereby appoint such person as my agent with respect to the disposition of my remains.

SPECIAL DIRECTIONS:

Set forth below are any special directions limiting the power granted to my agent as well as any instructions or wishes desired to be followed in the disposition of my remains:

Indicate below if you have entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law for funeral merchandise or service in advance of need:

- No, I have not entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law.
 Yes, I have entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law.

(Name of funeral firm with which you entered into a pre-funded pre-need funeral agreement to provide merchandise and/or services)

AGENT:

(Name)

(Address)

(Telephone Number)

SEE OTHER SIDE ►

What you will need to know for a death certificate: Vital Statistics

- First, Middle, Last Name
- Maiden last name
- Birthday
- Place of birth
- Social Security
- Marital status and spouse's name (including maiden)
- Veteran status
- Residence
- Father's first, middle, last name
- Mother's first, middle, last name & maiden last name
- Race
- Ethnicity
- Highest level of education
- Occupation, industry (currently or before retirement)
- Last employer (currently or before retirement) and location

- Cemetery Information (do you have the original deed?)
- If a veteran – do you have the DD-214 form?



For more
information:

Email me at: tatyana@eolmidwife.org or
tatyana@ballarddurand.com or call 914-688-6611

Great Resources on end-of-life planning:

<https://endoflifechoicesny.org/>

<https://www.health.ny.gov/consumersguide>

<https://www.ballarddurand.com/benefits-of-planning>

You local funeral home & cemetery!