

Legal assistance might be helpful in drafting and executing these essential documents. You can, however, prepare most of them yourself. Many standardized versions are available online; look for those created for Washington residents and consider whether your circumstances require modifications. Be sure to check (or initial) boxes about specific care you would or would not want and elaborate on your preferences, if necessary.

As you complete these documents, place them in one binder or file that is easily accessible to those who will support you upon death or incapacitation. It is also good to provide copies to others named in the documents such as your health care provider or designated agent.

Finally, it is helpful to create one consolidated document that captures all critical information that others might need upon your death such as a list of your financial accounts, where your legal documents are kept, and insurance information. A free template can be found at <https://volunteerhospice.org/resources.php?page=2#top>



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Errors in Completing the Essential Documents

- **Forms not properly signed.** You must sign and date all essential documents. Some forms require your signature in multiple places or initials throughout the document to indicate your agreement with certain clauses.
- **Use of inappropriate witnesses.** The definition of a qualified witness varies with each document. Make sure you know who can and cannot be a witness. For example medical staff at the facility where you receive health care cannot witness your health care directive.
- **Not choosing the best proxies for end-of-life decisions.** Talk with the people you would like to serve in these roles before naming them in legal documents. Make sure they understand your wishes and are willing to carry them out. Once you select a proxy, make sure that he or she has the latest version of your decision-making document.
- **Conflicting information on different documents.** Some end-of-life wishes appear in more than one document. For example, “health care agent” or proxy is often included in the health care directive and DPOA for health. Make sure you understand who you are naming to represent your wishes and list that person consistently across documents.
- **Procrastinating and not completing the documents!**

The Eight Essential Documents



End-of-life planning is the process of creating documents that specify your wishes regarding end-of-life care, management of your assets, and handling of your body after death. These documents help you achieve your goals in life and death.

The “eight essential documents” usually completed during end-of-life planning are described in this brochure.



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#1 Will or Trust

A will is a legal document that makes provisions for the disposition of your estate after you die. It includes the name of the person who will oversee paying off debts and distribution of probated assets after your death. A will does not control certain assets, such as retirement accounts, payable on death accounts, or life insurance policies.

A trust is a legal document that can be used to manage and control your assets while you are alive and after you die. A trust usually names the person who manages the assets in your trust. Assets in a trust do not need to go through the public probate process and are often used to manage assets of blended families.

A will or trust can be made without help from an attorney if you have a simple estate with few assets and beneficiaries. Seeking the help of an experienced attorney is advised if you need more complex estate planning.

#2 Community Property Agreement

A community property agreement is a written contract between married spouses or registered domestic partners that leaves all community property to the surviving spouse/partner upon the death of the other without probate of a will or administration of a trust.

#3 Health Care Directive

Also known as a “living will” or “advanced directive,” this document describes your wishes about health care should you

become unable to speak for yourself. A health care directive can address use of cardiopulmonary resuscitation (CPR), mechanical ventilation, tube feeding, dialysis, administration of antibiotics, and comfort care.

In certain situations, a health care directive might not be followed. For example, emergency medical services (EMS) personnel are required to provide CPR and other life-sustaining treatments unless a valid POLST is present. (See #4.)

#4 Portable Orders for Life-Sustaining Treatment (POLST)

This document describes the life-sustaining treatment you want or do not want in a medical emergency. It is like a DNR (Do Not Resuscitate) order but makes provisions for other types of care. The POLST must be signed by your health care provider.

EMS personnel are required by law to honor a POLST if it is brought to their attention, but they rarely have time to search for one during an emergency.

#5 Durable Power of Attorney (DPOA) for Health Care

This legal document names a health care agent or proxy who is authorized to make



medical treatment decisions for you if you are unable to do so. Designation of a DPOA for health care is often included in the health care directive.

#6 DPOA for Finances

This legal document names the person who has authority to control your finances if you are unable to attend to them. In designating the agent, you should specify the financial powers given to your agent such as the capacity to change beneficiaries or make gifts of your money or property.

#7 Health Insurance Portability and Accountability Act (HIPAA) Release

Also known as a “HIPAA authorization form,” this document gives permission to medical care providers and staff to discuss your health conditions and care with designated people. It does not, however, allow those people to make health care decisions on your behalf. The HIPAA release is often included in documents that designate DPOA. HIPAA release forms are often facility-specific.

#8 Disposition of the Body

Sometimes called a “letter of intent,” this document specifies how you want your body to be handled after your death (e.g., burial, cremation, alkaline hydrolysis) and authorizes an agent to carry out your instructions. Pre-arranging and paying for body disposition before death (e.g., a pre-paid funeral plan) is considered designation of authority in Washington state.