END OF LIFE PLANING

A FAITHFUL WALK THROUGH THE PLANNING PROCESS

OF YOUR LAST WISHES



"The minister of the congregation is directed to instruct the people, from time to time, about the duty of Christian parents to make prudent provision for the well-being of their families, and of all persons to make wills, while they are in health, arranging for the disposal of their temporal goods, not neglecting, if they are able, to leave bequests for religious and charitable uses."

--- The Book of Common Prayer, Page 445

The following documents are designed to help our parishioners navigate the process of planning for the end of their life, regardless of where they are in their life at the current time.

Thank you to the Episcopal Church Foundation for providing model documents for us to follow in the process of preparing these documents for our parishioners.

Thank you to Christopher Sherwood, Attorney at Law, for reviewing the documents for legal accuracy and for providing a link to medical directive documents. Thank you to caringinfo.org for allowing us to link to their site for the medical directive documents.

These documents are provided free of charge to St. Peter's parishioners and may not be sold or copyrighted.

St. Peter's Episcopal Church

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GENERAL INFORMATION

The subject of our own death is often an uncomfortable one, and we do not wish to bring it up to our loved ones, because we do not wish to cause them or ourselves pain. However, planning for our eventual passing is one of the kindest things we can do for our loved ones. They are already grieving, and they may not know what our wishes would be as they plan to lay us to rest.

This series of documents is intended to help you help your loved ones if you have not already done so. In addition to planning for your funeral, it can help you with creating a medical directive and writing a simple will.

If you do not have a will, the state did prepare one for you years ago, but you may not like the way the state has divided your possessions. If you want control, it is necessary for you to put your desires in writing, deciding how your possessions are distributed, who will be the trustees and executors of your estate, and of course, who will be guardians for your young children or dependents. This will bring peace of mind and relief to your loved ones, who will otherwise be burdened with those decisions in the event there is no will.

In the Episcopal Church, we believe that your estate and end-of-life plans should reflect your life's values. That is why we present the following sections for your consideration as you plan ahead.

- "Planning Your Funeral." We suggest you design your funeral alongside your will. The funeral can then be a reflection of your life, a message to loved ones about your values and what was important to you.
- "Writing Your Will." Once you have expressed your values through writing your funeral service, then write or amend your will so that it reflects those values.

Possessions – and how we use them – have a way of defining who we are. We hope this material will help you make important decisions to guide your loved ones and friends, so they will know who you were and what was important to you.

PRIVACY:

St. Peter's Episcopal Church is committed to full legal compliance with respect to protecting the privacy of the information that you entrust to us.

We collect nonpublic personal, financial, and statistical information about you from the following sources:

- Application or other forms you complete and give to us
- Transactions you make with us, or agents and sub-agents
- Consumer reporting agencies

We do not disclose any nonpublic, personal, or financial information about you to anyone, except as required by law. We restrict access to nonpublic, personal, financial information about you to those employees who need to know that information in order to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal information.

PLANNING YOUR FUNERAL SERVICE

A WAY to EXPRESS YOUR VALUES

"I am the resurrection and the life, he that believeth in me, though he were dead, yet shall he live; and whosoever liveth and believeth in me shall not die."

---John 11:25

The Christian faith calls us to witness, even in death, the new life that God gives in Christ through his death and resurrection.

We have prepared this document to help you and your loved ones prepare in advance. It will enable your loved ones and the parish clergy to understand your wishes and preferences. The clergy will help plan the service and will stand ready to assist in any way.

Christian burial is marked by three characteristics. First and foremost, it is an act of worship wherein we glorify God for the gift of eternal life in Jesus Christ, our Lord. Second, it is a time when members of the Body of Christ gather to comfort one another and to offer mutual assurance of God's abiding love. Third, it is a liturgy of celebration whereby we give thanks for a deceased loved one and commend that person to the care of Almighty God.

The earliest records of Christian burial tell us that the following elements were included:

- Prayer in the home before the burial
- A gathering of the community for a burial service, consisting of thanksgivings, psalms, hymns, readings from Scripture, and prayers for the departed and those who mourn
- Celebration of the Holy Eucharist
- A procession of lights and torches to the place of burial
- The interment of the remains

As part of preparation for Christian burial, it is suggested that you talk with your clergy. It is also of great benefit to read about the service in *The Book of Common Prayer (BCP, 468-507)*. The rubrics on these pages are of particular interest. It is also recommended that people familiarize themselves with prayers for "Ministration at the Time of Death" (BCP, 462-467).

Initials:

Date

Final directions and instructions upon the death of

FUNERAL SERVICE GENERAL INFORMATION AND NOTIFICATIONS

Full Name Date File this information where it will be found easily upon your death. It is suggested that you file this with your local church or your attorney and notify your heirs that this form has been completed for their information. Spouse's Full Name Full Name Street Address, PO Box, and/or Apartment # Street Address, PO Box, and/or Apartment # Zip Code City Zip Code State City State Date of Birth Date of Birth Place of Birth Place of Birth Date of Baptism Date of Baptism Father's Full Name Living $\square \square$ Father's Place of Birth Y N Date Mothers Full Name (including Full Maiden Name) Living $\square \square$ Mother's Place of Birth Y N Date

St. Peter's Episcopal Ch	urch		End-	-of-Life Planning
Occupation				
Employer				
		Date of Last Exec	uted Will	
Location of Last Executed Will				
Executor #1s Name	Address	City	ST	Zip Code
Executor #2s Name	Address	City	ST	Zip Code
Executor #3 Name	Address	City	ST	Zip Code
Executor #4 Name	Address	City	ST	Zip Code
	nd telephone numbers of liv		nd adopted	d):
Full Name	Street Address, PO Box, and/or Apartment #	City/State/Zip Code	Phone	e Number

Names, addresses, and telephone numbers of living parents and siblings:

Full Name	Street Address, PO Box, and/or Apartment #	City/State/Zip Code	Phone Number

Names, addresses, and telephone numbers of other persons to be notified upon my death:

Full Name	Street Address, PO Box, and/or Apartment #	City/State/Zip Code	Phone Number	Relationship

Names and addresses of clubs and organizations that need to be notified, with a contact individual and contact information: (Examples include churches, PEO, Masons, Lions, Rotary, etc.)

الماخامان	Data
Initials:	Date

Name of Organization	Street Address, PO Box, and/or Suite #	City/State/Zip Code	Name of Contact Individual	Email/ Phone Number
Organization	Box, una/or suite #	Code	maividudi	Number
Names and Relation	onship of immediate	family members v	who have pre-decea	ased you:
Full Name				Relationship
FUNERAL HOME:				
I prefer the follow	ing funeral home:			
Name & Address_				
however, my fami	ly or executor may m	ake this decision.		
☐ Open coffin at fun	eral home Closed	coffin at funeral hom	e 🔲 I prefer no view	ring at funeral home
DONATIONS:				
In lieu of flowers,	I request that donati	ons be made in m	y name to:	
Name of Institution or Cha	rity			
Full Address				
For:				

Initials: _____ Date____

OR TO:	
Name of Institution or Charity	
Full Address	
For:	
OTHER INFORMATION FOR MY SURVIVORS:	
	
Please return copy of documents to the Parish	n Administrator:
Name of Church	
Address	City/State/Zip

End-of-Life Planning

St. Peter's Episcopal Church

St. Peter's Episcopal Church	End-of-Life Pl	Planning
Telephone	Email Address	
SIGNATURE:		
Signature	Printed/Typed Name	
Be sure to retain a copy of your completed do estate, you may wish to provide a copy of the	ocuments for your own records. If you have an executor of yo ese documents to that individual as well.	our

MY FUNERAL/MEMORIAL SERVICE

Full Name	e of Deceased		 -			
Street Add	dress, PO Box, and/or Apartment Number City	State	Zip Code			
be presen	opal tradition is that church members are normally buried from the church. t, although a memorial service without the body may be held. If there is a c Il provide. If there is an urn, there is a table on which to place the urn.		· · · · · · · · · · · · · · · · · · ·			
1.	I request that my service be conducted at:					
	Name of Church and Location (Address, City and State)					
	Alternate place if above is not possible:					
	Site Name and Location (Address, City and State)					
	The rector or clergy of said congregation shall over	ersee the services.				
2.	The "Burial of the Dead" (the funeral service) is a Holy Communion with special propers (i.e. Collect	•				
	I request (check one):					
	☐ The Burial of the Dead with Holy Communion (body or urn present)					
	☐ Rite I (BCP, page 469)	☐ Rite II (BCP, page 491)				
	☐ Rite I (BCP, page 323)	☐ Rite II (BCP, page 355)				
	☐ Wyoming Eucharist (authored by L. Greenough/see priest for content)					
	☐ The Burial of the Dead (body or urn present)					
	☐ Rite I (BCP, page 469)	☐ Rite II (BCP, page 491)				
	☐ A Memorial Service (body or urn not present)					
Initials:	Date:		Page 9			

Please fill out this form and return it to the parish secretary in the church office. It is also suggested that

you make a copy available in a place that will be easy for your loved ones to find.

3.	Other arrangements	as follows (contact pari	sh administrator):	
	☐ Altar flowers: ☐ Use Churc	ch's florist ist of my choosing:		
	Name of Florist I wish the alta	Address, City/State		Phone Number
	☐ Ushers: (please pro	vide information of usher	s to be contacted)	
	Name	Address	City/State/Zip	Telephone #
	☐ Pall bearers: (plea	se provide information of	pall bearers to be contacted)	
	Name	Address	City/State/Zip	Telephone #
4.	expressing the hope congregation should	and faith that Christia	ic is chosen, it should be ans affirm in the presenc aying, singing the hymns opropriate.	e of death. The
	☐ I will have an ele	ctronic file of the mus	ic to be played at my fur	neral.
	☐ I wish to have live	e music performed as	follows:	
Initials:	D	ate:		Page 10

	Songs (plea	ase indicate the hym	nns to be	e performed	and th	e musician/singe	er to p	perform them):
	Redeemer (from the Celebrating #42-46), Sustainer (i (#548-562), Comme	#48-77),	Praise & Ad	loration	(#306-369), De	partir	
	The Easter I	from the 1982 Hymi Hymns are #174-213 #354-358), and #287	. Also s					
	☐ Persona	l favorites						
	Name of Song			Hymnal/ Pg#	To be	performed by		ation in ogram
-								
=								
=								
•								
•								
_								
	Musicians/Sir	ngers: (please provi	de inforr	mation of m	usicians	s and singers to I	be co	ntacted)
	Name	Address	Ci	ity/State/Zi	p	Telephone #		Instrument (voice, piano, guitar, etc.)
-								
-								
•								
Į								

5.	I request that the following Scriptures be read:
	 □ Old Testament (choose one): □ Isiah 25:6-9 (He will swallow up death in victory) □ Isiah 61: 1-3 (To comfort all that mourn) □ Lamentations 3:22-26, 3-33 (The Lord is good unto them that wait for him) □ Wisdom 3:1-5, 9 (The souls of the righteous are in the hand of God) □ Job 19:21-27a (I know that my Redeemer liveth) □ Other: (Please list preferred scripture)
	□ Psalm (choose one): □ After Old Testament □ After New Testament □ 23 □ 106 □ 27 □ 116 □ 42 □ 121 □ 46 □ 130 □ 90 □ 139 □ Other: (Please list preferred scripture)
	 □ New Testament (choose one): □ Romans 8:14-19, 34-35, 37039 (The glory that shall be revealed) □ 1 Corinthians 15:20-26, 35-38, 42-44, 53-58 (Raised in incorruption) □ 2 Corinthians 4:16-5:9 (Things which are not seen are eternal) □ 1 John 3:1-2 (We shall be like him) □ Revelation 7:9-17 (God shall wipe away all tears) □ Revelation 21:2-7) Behold, I make all things new) □ Other: (Please list preferred scripture)
	Gospel (must be included if Holy Communion is celebrated): ☐ John 5:24-27 (He that believeth hath everlasting life) ☐ John 6:37-40 (All that the Father giveth me shall come to me) ☐ John 10:11-16 (I am the good shepherd) ☐ John 11:21-27 (I am the resurrection and the life) ☐ John 14:1-16 (In my Father's house are many mansions) ☐ Other: (Please list preferred scripture)

6.

Name	Address	City/State/Zip	Telephone #	Content (i.e. Old Test, Epistle Psalm, Gospel, Eulogy, etc.)
☐ Front pag☐ Inside fro☐ Inside fro	ge photo ont page photo ont page scripture o	ormation included in to		. 2
	or poem to be use	ea:		
☐ Back pag	·	a avar nhata		
	e scripture or poen	•		
	or poem to be use e obituary	:u		
	, co,			
☐ Music to	be identified in th	e Bulletin/Program:		
☐ Pi	relude music:			
	Name of Song:			
	☐ Taped	☐ Performed I	oy	
□ N		sion of coffin/ashes:		
	☐ Taped	☐ Performed I	oy	
\square N	lusic before the Old	d Testament reading:		
	Name of Song:			
	☐ Taped	☐ Performed I	oy	
		T		
□ N	lusic before the Ne	w lestament reading	•	
□ M		-		
□ M		-		
	Name of Song:_ ☐ Taped	-		
	Name of Song:_ □ Taped Iusic before/after t	☐ Performed I he Gospel reading:	 Эу	

Music after the Eulogy:	
Name of Song:	
☐ Taped	☐ Performed by
Music before the Euchari	st:
Name of Song:	
☐ Taped	☐ Performed by
Communion hymns:	
List song pages in Hyr	mnal:
☐ Taped	☐ Performed by
Recessional:	
Name of Song:	
	☐ Performed by
Music during dismissal:	
Name of Song:	
☐ Taped	☐ Performed by
Postlude music:	
Name of Song:	
☐ Taped	☐ Performed by

DISPOSITION OF MY REMAINS:

Initials: _____ Date:____

It is m	ny wish that my remains be o	lisposed of as follows	:	
□ Bu	uried:			
	Location of cemetery plot	deed, crypt deed:		
		Address		City, State, Zip
	☐ Coffin specifications:			
	☐ Least expensive	☐ Mid-range	☐ Elaborate	
☐ Cr	remated:			
	☐ Before Funeral ☐ /	After Funeral		
	Urn/box:			
	☐ Least expensive	☐ Mid-range	☐ Elaborate	
	Final placement of ashes:			
	Location of columbarium of	contract:		
	Name	Address		City, State, Zip
	☐ Ashes to be spread or	ouried:		
	Location:			
□ D(onate entire body or certain	organs (See Organ Do	onation Form):	
	☐ Arrangements have be	en made		
	☐ Please make appropria	te arrangements		

St. Peter's Episcopal Church	End-of-Life Plannin
Additional Comments:	

PREPARING TO WRITE YOUR WILL OR RREVOCABE TRUST AN ESTATE PLAN THAT REFLECTS YOUR VALUES

Writing a will or trust is a loving and responsible act for the sake of your family. Here are a few helpful suggestions on how to prepare to write a will or trust.

BEFORE SEEING AN ATTORNEY...

- ❖ Make a list of everyone for whom you are responsible.
- ❖ List everyone that you would like to remember in your will or trust.
- List all your material assets, debts, liabilities and credit cards.
- ❖ After subtracting your debts, match the names with the assets or consider giving a portion of your total estate to each individual. Take care of your family first. This is also the time to consider special friends, organizations, and your church.
- Consider establishing a trust if your estate is large enough.
- Ask your chosen estate administrator (sometimes called executor/executrix) if he or she is willing to serve. Be sure to have at least two back-up individuals who can serve if your primary choice is not able to serve in this capacity.
- Consult with the people you select as guardians of your children/dependents (where minors and other dependents are involved).
- ❖ Talk with your priest to explore the ministries of the church that could best be funded with a gift from your will or trust.

BEQUESTS IN YOUR WILL OR TRUST CAN TAKE SEVERAL FORMS . . .

- An outright monetary bequest.
- ❖ A percentage of an estate.
- ❖ A specific asset, such as personal or real property.
- ❖ A testamentary trust created in a will or trust.
- A contingent beneficiary, i.e., the church receives the assets if there are no surviving beneficiaries.

Note: A bequest to the church is deductible from the value of your estate for tax purposes.

AFTER MAKING YOUR WILL OR TRUST . . .

- ❖ Make sure someone knows where your will or trust is located.
- ❖ Do not place funeral instructions in a safe deposit box. Generally, services will be over by the time your administrator checks your bank box. Instead, leave a copy of your funeral plans and wishes with your priest and a member of your family.
- Review your will or trust from time to time with your legal advisor. Laws, assets, and personal interests often change over time.

Initials:	Date:	Page	1 17	7
IIIILIAIS.	Date.	1 0 5 0	1 4/	,

INCLUDING A CHRISTIAN PREAMBLE

A Christian preamble to our will or trust provides a significant opportunity to share your faith with family and friends. Through this personal statement of your faith, an important message will be delivered to those who love and know you best. This message of faith comes at a time of grief and loss and serves as a reminder to them to place their trust in Jesus Christ as you have done. Remember, this may be the last document they read about you, their loved one.

[The particulars of the will or trust would follow, leaving gifts to family and friends, but also an articulation of the gifts you might leave to the various ministries of the Church].

Initials: _____ Date: ____ Page | **18**

SAMPLE FORMS OF BEQUEST

This document may begin with a general statement such as:
hereby give, devise, and bequeath the following: [to be followed by specific gifts or bequests, such as are noted below]
Specific Amount:
to the Name of Entity, Address, City, State Zip Code, or
its successor entity in interest, to be used without any restriction for its general charitable
and/or religious purpose and operations or for any specific purpose as its governing board or
body may determine to be in the best interests of the organization.
Percentage Amount:
xx% of the rest, residue, and remainder of my estate, to the Name of Entity, Address, City, State

Zip Code, or its successor entity in interest, to be used without any restriction for its general charitable and/or religious purpose and operations or for any specific purpose as its governing board or body may determine to be in the best interests of the organization.

Contingent Bequest:

In the event the beneficiaries of bequests and devises herein predecease me, or, in the case of institutions, cease to be organizations described in section 501 (c)(3) of the Internal Revenue Code, the rest, residue and remainder of my estate, to the Name of Entity, Address, City, State Zip Code, or its successor entity in interest, to be used without any restriction for its general charitable and/or religious purpose and operations or for any specific purpose as its governing board or body may determine to be in the best interests of the organization.

Initials: _____ Date: ____ Page | 19

INFORMATION NEEDED FOR ESTABLISHING AN ESTATE PLAN

	Name		Date of Birth	Social Security Nu	mber	_
	Street Address, PO Box, and/or Apartment #			County		-
	City	State	Zip Code	Email Address		-
	Armed Forces Dates of Service		Discharge Certific	ate Location		-
	Military Serial Number					
	Marital Status: ☐ Single ☐ Divorced	☐ Marrieddd ☐ Remarri			idowed	
2.	o you have a durable power of attorney? \Box Yes \Box No (If no, go to Family Information					mation
	Do you have an advanced health car	re directive	_			
	(HCPOA or living will)?			(If no, go to Fan	=	
	Do you have a will?			(If no, go to Fan	-	
	Do you have a revocable trust?		⊥ Yes ∟ No	(If no, go to Fan	niiy intor	maπon
3.	Since making your current legal doc	uments. have v	ou:			
3.	Since making your current legal doc	uments, have y	ou:		Yes	No
3.	Since making your current legal doc Moved to another state?	uments, have y	ou:		Yes	
3.		uments, have y	ou:		Yes	
3.	Moved to another state?		ou:		Yes	
3.	Moved to another state? Sold or bought property?		ou:		Yes	
3.	Moved to another state? Sold or bought property? Celebrated the birth of a child or gran	ndchild?			Yes	
3.	Moved to another state? Sold or bought property? Celebrated the birth of a child or grance Changed marital status?	ndchild? onal representative	e (executor)?		Yes	
3.	Moved to another state? Sold or bought property? Celebrated the birth of a child or gran Changed marital status? Changed your mind about your person	ndchild? onal representative an for your childre	e (executor)?		Yes	

Initials: _____ Date: ____

FAMILY INFORMATION:

Name		Date of Birth	Social Security Number
Street Address,	PO Box, and/or Apartment #		County
City	State	Zip Code	Email Address
Does your	spouse have a will?	Yes 🗆 No	
step-children/	dchildren (List your children & grand step-grandchildren):		
ull Name	Street Address, PO Box, and/or Apartment #	City/State/Zip Code	Date of Birth
Other Depend	ents (If caring for parents/grandpare	ents): City/State/Zip Code	Date of Birth
an realite	Apartment #	enty/state/21p code	Dute of Biltin

4. Other Loved Ones:

Full Name	Street Address, PO Box, and/or	City/State/Zip Code	Date of Birth
	Apartment #		

(-)	ian(s) of My Child(ren)/[
Name			Telephone
Street Address, PO Box, and/or A	partment #		
City	State	Zip Code	Email Address
Name			Telephone
Street Address, PO Box, and/or A	partment #		
City	State	Zip Code	Email Address
	State		Email Address
			Telephone
Name			
Name Street Address, PO Box, and/or A	partment #		

Initials:	Date:

7.

Executor (continued): (Person(s) to I	pe the personal rep	resentative of my e	state in the event the primary
choice is not able to serve in this capacity	<i>י</i>):		
Choice #2:			
Name			 Telephone
Street Address, PO Box, and/or Apartment #			
City	State	Zip Code	Email Address
Choice #3:			
Name			Telephone
Street Address, PO Box, and/or Apartment #			
Choice #4:			
Name			Telephone
Street Address, PO Box, and/or Apartment #			
Location of My Records:			
Item	Location		
Passwords/Pins/Phone Code			
Will			
Advanced Health Care Directive			
and Durable Healthcare Power			
of Attorney			

Revocable Trust		
Birth Certificate		
Social Security Card		
Tax Records		
Safe Deposit Box/Key		
Insurance Policies		
Durable Power of Attorney		
Funeral Instructions		
Full Information of Parents (full		
names and places of birth,		
including the full maiden name		
of mother)		
Other Documents (List below):		
Cremation/burial signed		
documents and instructions		
Beneficiary Information (persons, Papart of your life): Name	Mission, or charitable associations you	wish to thank for being
Name	Bequest	
Name	Bequest	
Name	Bequest	

Initials: _____ Date:____

Financial Information:

1.	Present Annual Incom Salary Investment Income Retirement Income	\$ \$ \$					
	Other Income: TOTAL						
2.	Property (Real Estate)						
	Description/Location		Original Cos	t Presen	t Mkt Value	М	ortgage Amount
3.	Mineral Interests on P	roperty noted	l above:			•	
	Description/Location						rcentage of neral Interest
4.	Notes and Mortgages:						
	Name of Debtor	Description	1	Mortgage Amt	Interest Ra	ate	Payment Amt
	L	1		I	ı		I

_	- 1	.ea	_	

Lessor:	Lease Period	Total Lease Amount	Lease Payment Amt
		•	•
Lessee:	Lease Period:	Total Lease Amount	Lease Income Amt

6. Bank Accounts/Retirement Accounts (IRA, etc.)/Other Income-Producing Accounts:

Name of Institution	Type of Investment	Account Number

7. Stocks/Bonds:

Corporation	# of Shares	Original Cost	Market Value

8. Insurance Policies:

Company	Policy #	Face Value	Cash Value

nitials:	Date:	Page	27

	_	
\sim	O+la a	Assets:
ч	UTTHE	ACCOLC.

Description	Location	Original Cost	Present Value

10. Credit Cards:

Description	Number	Present Balance

11.	Notes:		

PLANNING FOR THE FUTURE

1. Monthly Expenses:

Mortgage/rents	\$
Insurance	\$
Utilities	\$
Taxes	\$
Credit Cards	\$
House expenses/repairs	\$
Auto expenses/repairs	\$
Clothing/personal care	\$
Education	\$
Pledges/charitable gifts	\$
Birthdays/holidays/allowances	\$
Medical/dental	\$
Vacation/recreation	\$
Other:	\$
	\$
	\$
TOTAL	\$

2. Projected Retirement Income:

	Estimated		Continues to Spouse		
Description	Amount	Yes	No	Half	
Social Security					
Pension Plans					
Retirement Accounts (IRA, 401K, etc.)					
Charitable Trusts					
Stock Dividends					
Gift Annuities					
Pooled Income Fund					
Mortgages					
Royalties					
Mineral Interests					
Life Insurance					
Other (describe below)					
TOTAL					

. 112 - 1 -	D. L.	
nitials:	Date:	

3. Advisors:

4.	Notes:	

Initials:	Date:

WYOMING ADVANCE DIRECTIVE

Planning for Important Healthcare Decisions

The Wyoming Advance Directive to plan for important healthcare decisions document is provided courtesy of **CaringInfo** (www.caringinfo.org) and is recommended by Christopher Sherwood, Attorney at Law, Yonkee and Toner. This document is a fillable form and is provided for your convenience through the following link:

https://www.caringinfo.org/wp-content/uploads/Wyoming.pdf

The **CaringInfo** Site (<u>www.caringinfo.org</u>) is also replete with good information for both those planning for the future as well as those already immersed in serious illness and caregiving situations.

NOTE: When having your documents witnessed and notarized, it is important to have the documents witnessed and notarized by individuals who have no involvement with your estate.