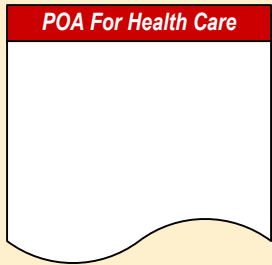


## Provisions If You Ever Become Disabled (continued)

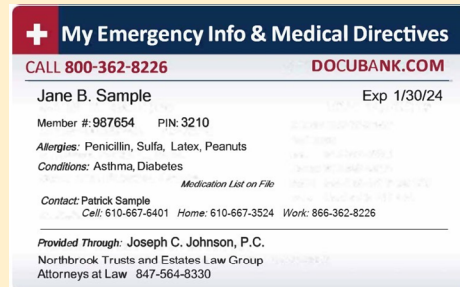
**Note:** This is an excerpt from a Flow Chart prepared for hypothetical Estate Planning Clients.



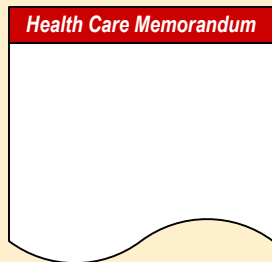
Effective only if the attending physician ever believes you are unable to give informed consent with respect to health care decisions.

**Your Agents are: Marge.** If she ever fails or ceases to act, the following will act, singly and in the order indicated: (1) **Bill, Jr.**; (2) **your sister, Eloise**; (3) **your brother, Jonathan.**

They are authorized to make all health care decisions for you, in the same manner and with the same result as if you were mentally competent and making such decisions yourself. If you have also signed a **Health Care Memorandum** (see below), that document will describe how your Agent and backup Agents should make health care decisions for you if they are ever called upon to do so.

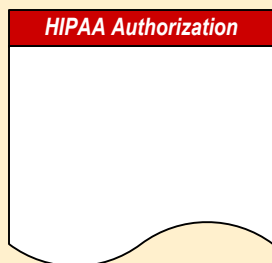


**Your DocuBank Emergency Wallet Card.** We want to ensure that your POA for Health Care and important Medical Info ("**Medical Info**") is available whenever and wherever they are needed. As a result, we recommend that you join **DocuBank**. By carrying your **DocuBank Emergency Wallet Card** with you at all times, your **Medical Info** will be available 24/7 no matter where you are, and even if you are unable to communicate with emergency medical or hospital personnel. Your **Medical Info** can include the names and phone numbers of your 1<sup>st</sup> 3 health-care Agents, the name and phone number of your Primary Care Physician, information concerning any medical conditions or allergies you have, and a List of Medications.



This document is not designed to be furnished to your doctors or hospitals.

Rather, this document is designed to be a road map for the Agent, and backup Agents, you have named in your Power of Attorney for Health Care. This document contains your instructions concerning how the Agent, or backup Agents, as the case may be, should make health care decisions (including end-of-life decisions) for you if they are ever called upon to do so.



In 1996, Congress passed a law known as the Health Insurance Portability and Accountability Act ("**HIPPA**"). **HIPAA** limits the use, disclosure or release of your health information ("**Protected Health Information**") by doctors, hospitals, and other health care providers and institutions ("**covered entities**"). The HIPAA Authorization document authorizes all **covered entities** to disclose your **Protected Health Information** to each person you have named as an Agent, or Backup Agent, in your Power of Attorney for Health Care, as well as all Trustees who are acting, or nominated to act, under your Living Trust.

# Flow of Assets Upon Your Death

**Note:** This is an excerpt from a Flow Chart prepared for hypothetical Estate Planning Clients.

