

Appendix II
ESTATE PLANNING FORMS

1. FORM - REFERENCE TO MEDICARE MEDICAID CONDITIONS OF PARTICIPATION FOR HEALTHCARE POWERS OF ATTORNEY.

ADVANCED DIRECTIVE.

This health care power of attorney, including, without limitation, the appointment of my health care agent(s) hereunder, is an advance directive and all of my health care providers, including, without limitation, those subject to 42 C.F.R. §§ 489.100-489.102 (Conditions for Medicare and Medicaid Participation), wherever located, shall follow the directives contained herein and the directions of my health care agent(s) appointed hereunder without interference from any third parties.

2. FORM - EXCLUSION OF HOSTILE FAMILY MEMBERS FROM NOMINATION AS EXECUTOR, TRUSTEE, AND GUARDIANS

- a. **Will – Executor:** In no event shall my _____, _____, and _____, or their issue serve as personal representative of my estate, and I expressly exclude them as persons suitable to serve as personal representative of my estate.
- b. **Trust – Trustee:** In no event shall my _____, _____, and _____, or their issue, serve as Trustee and I expressly exclude them as persons suitable to serve as Trustee hereunder.
- c. **Power of Attorney – Guardian of Estate:** If it becomes necessary for a court to appoint a guardian of my estate, I nominate my Agent acting under this document to be the guardian of my estate, to serve without bond or security. In no event, shall my _____, _____, and _____, or their issue serve as guardian of my estate and I expressly exclude them as persons suitable to serve as guardian of my estate.
- d. **Healthcare Power of Attorney – Guardian of Person:** If it becomes necessary for a court to appoint a guardian of my person, I nominate the persons designated in _____, in the order named, to be the guardian of my person, to serve without bond or security. The guardian shall act consistently with N.C.G.S. 35A 1201(a)(5). In no event shall my _____, _____, and _____, or their issue serve as guardian of my person and I expressly exclude them as persons suitable as guardian of my person.

3. FORM - APPOINTMENT OF AGENT AND DECLARATION OF FINAL DISPOSITON OF REMAINS AT DEATH

STATE OF NORTH CAROLINA
COUNTY OF _____

APPOINTMENT OF AGENT AND
DECLARATION OF FINAL DISPOSITON
OF REMAINS AT DEATH

I, [DECLARANT], pursuant to North Carolina General Statutes, Section 130A-420, hereby appoints the following persons in the order named to arrange for the disposition of my remains at my death and further designate the type, place and method of the disposition of my bodily remains as provided herein.

1. Authorization and Appointment of Agent: Pursuant to North Carolina General Statutes, Section 130A-420(a1), I hereby appoint the following person, in the order named, with full, absolute and exclusive authority direct the type, place and method of the disposition of my bodily remains upon my death:

- A. Name: _____
 Home Address: _____

 Home Telephone Number: _____
 Work Telephone Number: _____
 Cellular Telephone Number: _____

- B. Name: _____
 Home Address: _____

 Home Telephone Number: _____
 Work Telephone Number: _____
 Cellular Telephone Number: _____

- C. Name: _____
 Home Address: _____

 Home Telephone Number: _____
 Work Telephone Number: _____
 Cellular Telephone Number: _____

2. Powers of Persons Authorized to Dispose of Remains: I specifically provide the foregoing persons, in the order named, with the full, absolute and exclusive authority to make any and all decisions regarding the disposition of my remains.

3. No Authority of Next of Kin and Third Parties to Interfere with Authority of Named Agents Hereunder: The authority of the foregoing persons, in the order named above, is exclusive and no third persons (including without limitation, next of kin and person listed in North Carolina General Statutes, Section 130A-420(b)) shall have any authority nor shall their consent be required or obtained in connection with the disposition of my bodily remains.

4. Special Instructions: I direct that my bodily remains be cremated and that the foregoing persons, in the order named above, make all reasonable and necessary arrangements in connection with the cremation of my bodily remains and funeral and related services regarding the same.

[OPTOINAL IF FAMILY MEMBERS ARE HOSTILE: Specifically, and without limitation of the foregoing, my _____, _____, my _____, _____ and _____'s issue shall have no authority nor shall their consent be required or obtained in connection with the disposition of my bodily remains.]

I have signed this Appointment Of Agent And Declaration Of Final Disposition Of Remains At Death this _____ day of _____, 20__.

[DECLARANT]

We, _____ and _____, the undersigned witnesses, being first duly sworn, sign our names and declare to the undersigned authority that the said named principal, _____, signs and executes this Appointment of Agent And Declaration of Final Disposition of Remains at Death willingly, that each of us, in the presence and hearing of the principal, signs this instrument as witness to the principal's signing and that to the best of our knowledge the principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Witness

Witness

STATE OF NORTH CAROLINA

COUNTY OF _____

Subscribed and sworn to before me by _____ and
_____, witnesses, both of whom personally appeared before me
this _____ day of _____, 2015.

Notary Public

Notary's Printed or Typed Name

My Commission Expires:

4. FORM - § 32A-34. STATUTORY FORM AUTHORIZATION TO CONSENT TO HEALTH CARE FOR MINOR.

The use of the following form in the creation of any authorization to consent to health care for minor is lawful and, when used, it shall meet the requirements and be construed in accordance with the provisions of this Article.

"Authorization to Consent to
Health Care for Minor."

I, _____, of _____ County, _____, am the custodial parent having legal custody of _____, a minor child, age _____, born _____, _____. I authorize _____, an adult in whose care the minor child has been entrusted, and who resides at _____, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

[Optional: This consent shall be effective from the date of execution to and including , .].

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein.

_____ (SEAL)
Custodial Parent

Date: _____

STATE OF NORTH CAROLINA

COUNTY OF

On this day of , , personally appeared before me the named , to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledges that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public

My Commission Expires:

(OFFICIAL SEAL).

5. FORM – GENERAL POWER OF ATTORNEY – PROVISION REQUIRING ACCOUNTINGS.

Accountings. My Agent shall keep full and accurate inventories and accounts of all transactions for me as my Agent. Such inventories and accounts shall be made available for inspection upon request by me or by my guardian or personal representative. Additionally, my Agent shall make such inventories and accountings available for inspection upon request by my attorney, [ATTORNEY NAME] and [OTHER INDIVIDUAL TO REVIEW ACCOUNTINGS]. My Agent shall not be required to file any inventory or accounts with any court or clerk.

[Consider using a similar form for funded revocable trusts.]

6. FORM – GENERAL POWER OF ATTORNEY – PROVISION ALLOWING FOR SUPPORT OF UNMARRIED PARTNER.

SPECIFIC POWERS RELATING TO PERSONAL AFFAIRS

My Agent may exercise the following powers relating to personal affairs:

A. Support. The power to do any acts, including the disbursing of any moneys belonging to me, which, in the opinion of my Agent, may be necessary or proper for any purpose in connection with my support and maintenance of [PARTNER] and me in accordance with my customary standard of living, including, but not limited to, provisions for housing, clothing, food, transportation, recreation, education and the employing of any person whose services may be needed for such purposes;

B. Health Care. The power to disburse any moneys belonging to me, which, in the opinion of my Agent, may be necessary or proper for any purpose in connection with my health care and the health care of [PARTNER], that is, any care, treatment, service or procedure to maintain, diagnose, treat, or provide for my physical or mental health or personal care and comfort and that of, [PARTNER], including, but not limited to, the power to pay for the charges of health care providers, such as any physician, dentist, or podiatrist and any hospital, nursing or convalescent home, or other institution; and

C. Other Personal Affairs. The power to do any acts, including the disbursing of any moneys belonging to me, which, in the opinion of my Agent, may be necessary or proper in connection with the conduct of my other personal affairs, including, but not limited to, (i) continuation, use or termination of any charge or credit accounts, (ii) payments or contributions to any charitable, religious or educational organizations, (iii) dealing with my mail and representing me in any matter concerning the U.S. Postal Service, (iv) continuation or discontinuation of my membership in any club or other organization, and (v) acceptance of or resignation from, on my behalf, any offices or positions which I may hold including any fiduciary positions and appointment of, on my behalf, any fiduciaries which I may have the right to appoint.

D. Residence. My Agent shall also have the following power to take any of the following actions with regard to any residence I may occupy:

1. Retention and Use of Residence. My Agent may retain the interest in the residence and, if retained, shall permit [PARTNER] to use and occupy the residence rent free.

2. Payment of Expenses of Residence. My Agent may pay all expenses incurred in connection with the carrying, upkeep, maintenance and repair of the residence including, without limitation, all mortgage payments, taxes, assessments, insurance and repairs.

3. Purchase of Replacement Residence. If [PARTNER] so desires, my Agent, in my Agent's discretion, may purchase an interest in a replacement residence using such portion of the net proceeds from any sale or other disposition of my interest in the residence, as my Agent, in my Agent's discretion, may determine. To the extent not so used, the net proceeds of any sale or other disposition of my interest in the residence shall be added to my property.

7. FORM – GENERAL POWER OF ATTORNEY – STATEMENT OF INTENT TO RESIDE AND RETURN TO RESIDENCE

**ARTICLE III
INTENT TO RESIDE AND RETURN TO RESIDENCE**

I currently reside at [ADDRESS OF RESIDENCE] ("Residence," which term shall include any replacement residences I may acquire). It is my intent to reside in my Residence and to return to my Residence after any absence, regardless of the circumstances of my absence.