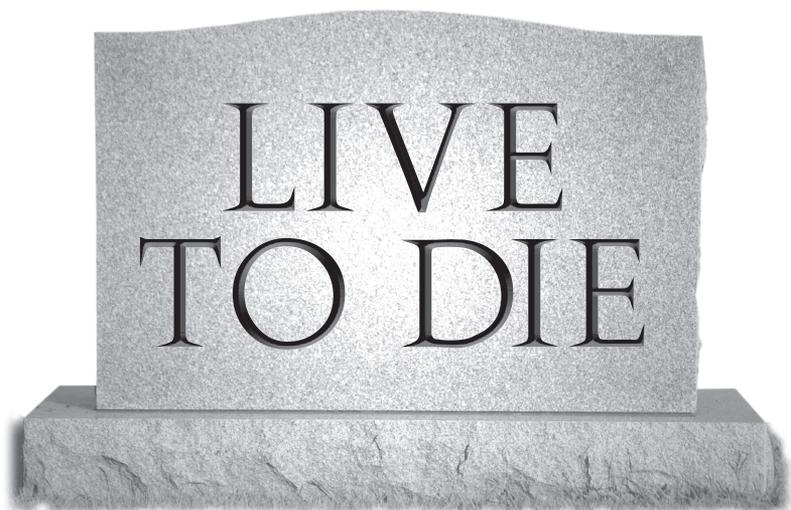


MICHELLE A. DRAGONY



The
BirthDay-DeathDay
Planning Process

A comprehensive guide to life-long death planning

MEDICAL • LEGAL • FINANCIAL • SPIRITUAL

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2nd Edition; 1st Printing

Print Edition ISBN: 978-0-9847725-3-7

EPUB Edition ISBN: 978-0-9847725-5-1

Mobi Edition ISBN: 978-0-9847725-4-4

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DEDICATION

to the living.

SPECIAL THANKS

to Betty Grant for editorial support.

QUOTES

I must not fear.

Fear is the mind-killer.

Fear is the little-death that brings total obliteration.

I will face my fear.

I will permit it to pass over me and through me.

And when it has gone past I will turn the inner eye to see its path.

Where the fear has gone there will be nothing.

Only I will remain.

Bene Gesserit Litany Against Fear from Frank Herbert's Dune.

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PART I

APPROACH
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PART I

APPROACH

BOOK

LIVE TO DIE is a comprehensive, how-to handbook for life-long Death Planning. It will be your main guide to Death Planning, over the years.

PLANNER

LIVE TO DIE'S **BirthDay~DeathDay Annual Planner** is a section at the end of the book designed to help you review your death plan every “birthday” (or yearly), starting at age 18, when you become a legal adult. It will help you review a series of questions about changes in your life in the last year, and possible changes in the next. Depending on the changes, you may have to adjust your death plan. Copies can be made from the book, or downloaded from the website.

WEBSITE

livetodie.net will be a dynamic, interactive website that will have many “chicken soup” support stories in the form of blogs and expert resources. Every time I talk to someone about this book, I learn something new. People don’t often initiate talk about death, but once they

have an opportunity, they have a lot to say. **livetodie.net** will be a *network* for people of all ages and cultures to trade ideas and information about death planning.

TO NE

Death is the most fearful topic we face in life. It is a hard topic to write about. I occasionally use humor. As the pastor of my parents' church said during my mother's memorial, "Everyone grieves differently." It is so true. People's reactions and references to death can vary greatly. If I use humor that you find unbecoming the subject, please forgive my attempt at lightening the load. Many people have read this book with an eye to different sensitivities (cultural, religious, etc.) and I have tried to be sensitive to all. My desire is to help, not to offend.

LEGAL ADVICE

All legal references or "advice" should be double-checked with a real attorney. Both time and geography may affect specific legal scenarios in this book. Indeed, I have tried to make the book as timeless and placeless as possible so the general idea of death planning is not lost in the specificity of legal minutiae. Of great difficulty is the Living Trust document/program. Political maneuverings have, and will continue to influence what we do with our money and how it is taxed after death. Also, the Affordable Care Act (ACA) will expand our medical care options. The general point I make in this book is that you need to start asking death planning questions now, and continue to do so over time, as things are always changing.

PART I

INTRODUCTION

WHY I WRITE

WHEN I WAS 20, I was hit by a drunk driver. He went through a mature tree, a 6' fence, the corner of a house, and hit the couch on which I was sitting. I was only inches from being crushed. I was injured, but nowhere near a physical death. However, my mind would not stop obsessing with the closeness of death. I thought about death, a lot.

My mind struggled to find some sense of security to overcome my fear of death. One day, in the eighties, on a morning show, I saw a segment about the Durable Power Attorney for Healthcare (DPAHC). This was a form you could fill out to define your terms for life and death. For instance, you could demand that you not be resuscitated (DNR) if you were a vegetable. Or, you could demand that you be kept alive, even cryo-preserved, even if you are a vegetable. It was a document that would make sure to respect any wishes I had regarding how I wanted to live or die. My greatest fear was that I could have lost the use of my body and voice, yet still had my mind. In that

case, DNR would be for me. Of course, you can't control your death, but these legal papers provided me an opportunity for a better sense of control. Control made me feel more secure.

Then, I wanted to make sure I knew my folks' wishes. I just told them about the segment I had seen on TV and asked them if they'd filled out the form. I seem to remember that they had, but, more importantly, we continued the conversation over the years. I came to know the nuances in their preferences for living, and dying, and they mine.

A few years later my sister-in-law, Kathy, would marry my brother. With the specter of Huntington's in her future, our family worked hard to make sure she, and we, would be prepared for her eventual death, so as to ameliorate as much trauma as possible in an inevitable future. When she passed away in her 40's, everything was in order. My brother, then alone with a teenage son, was spared the confusion of lawyers because all had been asked and answered.

All our futures are inevitable. My mother died a year after Kathy. It, too, was a "good" death, a death that respected her wishes and her life. She was surrounded by love as I helped my dad do a Kaiser-guided do-it-yourself hospice in the last weeks of my parents' six month marathon. It was comforting to know we were doing as many of the things that she would have wished, even though she'd lost the ability to tell us what she wanted. We had no legal, financial, medical or spiritual questions to distract us in our comforting of her, because we had planned.

I realized the special trick to both of these good deaths is that we talked about death planning regularly, as a process, over years, rather than as a one-time conversation (or no conversation at all). It wasn't

specifically on our birthdays that we would review things, but with the general punctuation of our lives and regular family visits:

- When we got married (new Will)
- When we bought a house (new Trust)
- When we had a child we needed to decide on a guardian (new Will and Trust)
- When my sister-in-law became too sick, we had to find another guardian (new Will and Trust)
- When she passed away, we thought again about guardianship.

More systematically, your birthday is a consistent and logical trigger for the yearly review of your life and death, hence the LIVE TO DIE process.

BirthDay~DeathDay Annual Planning Process

Most people wait until they are old to plan their deaths. Many people forget the death planning process when they have kids. With few exceptions, the birthday is a cultural imperative world-wide. It is a day where we are often with those we love. You can use your birthday to piggy-back some of the most important conversations and decisions you will make in your life for death.

LIVE TO DIE offers four things:

1. A comprehensive approach to death planning by answering Four Questions covering medical, legal, financial and spiritual concerns.
2. An explanation of the First and Second Responsibilities for death planning.

3. A way to help you, and those you love, meet your responsibilities to yourselves and each other by providing the idea of multi-generational communication and responsibility: The Death Pod.
4. An annual, life-long planning process called the BirthDay~DeathDay Annual Planning Process.

I write this in memory of my mom and Kathy, with hope and love for my living family. I also hope the ideas in this book will help you and your loved ones to plan the best deaths you can dream of; honor your lives by planning your deaths.

PART I

OVERVIEW

THE LIVE TO DIE DEATH PLANNING PROCESS

DO YOU WANT A GOOD DEATH?

Overcome your Fear of Death.

Death is inevitable.

Think of the Responsibility to yourself...

Think of the Responsibility to those around you...

You, or someone critical to your life, could die tomorrow:

Overcome your Fear of Death.

Ask Questions.

Consider Death Timelines.

Form Answers.

Complete Tasks.

Plan Your Deaths with your Death Pod.

Review Yearly.

Do you want a Good Death?

Then plan the Best Death you can dream of;

Honor Your Lives, by Planning Your Deaths!

WHAT IS A GOOD DEATH?

A good death is the best death you can “dream” of; a death that honors your life.

Dreaming might not be the way one usually refers to how you think about your death, but you need to create a vision for yourself. Dreaming inspires enthusiasm and action. And you will need both to execute your plan for a good death.

So, dream on and use this book to help figure out and plan what is right for you, and those around you, today, and, as time changes life.

... AND FEAR?

Fear is the biggest thing that stops people from planning, let alone dreaming their death. The fear is completely reasonable. It can be conscious and unconscious. If you have not planned your death properly, you may say it was due to lack of time or money, but deep down it is usually fear. It may not be an anxiety-attacking kind of fear, but the kind that stops you from acting when you should. It's just like that deer-in-the-headlights reaction, only over a longer period of time.

However, you have a moral responsibility to overcome your fear. This book gives you lots of tools and options on how to approach planning death. As my mother would say, “You have no excuse.” Imagine “the look” that went with that throw-down. ;-) But, she was right.

Face the fear we all face. Face your fear for yourself and for the people around you. Face it so you, and those you love, can live to die comfortably, peacefully, and with love all around...honor your life; plan your death.

LIVE TO DIE'S

BirthDay~DeathDay

Annual Planning Process:

The Basic Elements of Good Death Planning

1. Meet Your Responsibilities.
 - First Responsibility: Plan Your Own Death
 - Second Responsibility: Help Others Plan Their Deaths
2. Explore Four Questions.
 - Medical
 - Legal
 - Financial
 - Spiritual
3. Consider Five Death Timelines.
 - Sudden Death
 - Death in Days
 - Death in Months
 - Death in Years
 - Controlled Death
4. Complete Five Tasks.
 - Medical Insurance
 - Durable Power of Attorney for Healthcare (DPAHC)
 - Will / Trust
 - Post-Death Financial Assurance (Life Insurance/Savings)
 - Death Pod and Death Wishes
5. The Death Pod
6. LIVE TO DIE'S BirthDay~DeathDay Annual Planning Process

1. Meet Your Responsibilities:

Your **FIRST RESPONSIBILITY** is to:

PLAN YOUR OWN DEATH

1. Who will look after you as you die?
Filial Duty and the Death Pod
2. What will happen to you and others
if you don't plan your death?

Your **SECOND RESPONSIBILITY** is to:

HELP OTHERS PLAN THEIR DEATHS

1. Limit of Responsibilities
2. Who will look after them as they die?
Filial Duty and The Death Pod.
3. What will happen to them, you and others,
if they don't plan their death?

The First Responsibility and the Second Responsibility will be addressed in Parts II and III, respectively.

Each Part takes each Responsibility and explains how the negative effects of each Death Timeline can be lessened, by asking the Four Questions, and completing the Five Tasks, and what will happen, if you don't.

2. Explore Four Questions:

There are four areas to question and explore comprehensively:

- Medical
- Legal
- Financial
- Spiritual

Try and think of how you would apply these questions to each of the Five Death Timelines (Sudden Death to Controlled Death) and Responsibilities to Yourself and to Others; there is a lot think about.

These questions will be answered through the completion of the Five Tasks.

3. Consider Five Death Timelines:

There are five kinds of timelines that should be considered when planning your death:

- Sudden Death
- Death in Days
- Death in Months
- Death in Years
- Controlled Death (according to your state's law)

I will take each Death Timeline and consider each Question and why (or why not) each Task should be completed, and what might happen to you, and to others, if you don't plan a good death.

4. Complete Five Tasks:

Answers to the Four Questions and Five Death Timelines culminate with the completion of the Five Tasks. LIVE TO DIE will show you how to complete the Five Tasks in order to be ready for your best death scenario.

- Medical Insurance
- Durable Power of Attorney for Healthcare (DPAHC, also known as a "Healthcare Directive")

- Will / Trust
- Post-Death Financial Assurance (Life Insurance/Savings)
- Death Pod and Death Wishes

Medical Insurance assures the quality of care you are likely to want when you are near death. It also will reduce the financial burden you would cause to others if you don't have insurance, especially if it is anything but a Sudden Death. Medical costs mount astoundingly quickly. Long-term care is expensive. With Medicare, Medicaid and the ACA, everyone should be able to afford insurance.

A Durable Power of Attorney for Healthcare (DPAHC) allows you to appoint a "healthcare agent" who will advocate for your medical needs and wishes when you can't. This is where you can define your "Do Not Resuscitate"(DNR) parameters in writing. DPAHC also covers autopsy, "anatomical gifts" (organ donation), and disposal of remains.

Wills can be optional for those who are single and childless and if you don't care what happens to your stuff. *Trusts* can be optional for those with few assets. However, a trust is useful to everyone in that it will name a "successor trustee" who can be your financial advocate if you are physically and/or mentally unable...while you are still alive.

Post-Death Financial Assurance in the form of life insurance and/or savings will help you protect your family and business interests after your death.

A Death Pod is a multi-generational support group that will help to make your *Death Wishes* come true. The creation and maintenance of your Death Pod is the most critical of the five tasks.

Consider the Five Tasks as the five "basic" tasks that everyone should start with when planning for death. Notice that the Tasks overlap

the Question areas. For instance *The Durable Power of Attorney for Healthcare* is a medical question, legally solved, with spiritual overtones that should trigger a heart-to-heart with your Death Pod!

5. Create the Death Pod

The creation and maintenance of your Death Pod is the most critical of the five tasks. Who should you choose? How should you contact them? How should you talk about your expectations? How should you accommodate others' expectations? How will you adjust over time? How do we use LIVE TO DIE'S BirthDay~DeathDay Annual Planner?

6. Review with The BirthDay~DeathDay Annual Planning Process:

Expect to scrutinize these Questions yearly, say, on your birthday!

It is the period of time between knowing you are likely to die and dying, that will make these Questions, Tasks and Responsibilities matter to you. If you answer these Questions by completing the Tasks, the time of crisis will be much easier for you. Planning will also make the time after you die easier for those you leave behind.

To help organize your actions, I provide the **BirthDay~DeathDay Annual Planner** (Part VI). The **Planner** will ask you a series of questions about changes in your life in the last year and possible changes in the next.

If you want a good death, you must face your fears. LIVE TO DIE will give you a reason to act and a process to follow. The more you read about it, the easier it will be to talk about it. The more you talk

with others about it, the easier it is to plan and the easier it is to take actions in order to make good deaths a part of your living culture. If done with love, it will become a deep, human bonding experience for all those who participate. The goal is to live a good life and die a good death.

PART II

FIRST RESPONSIBILITY

PART II

FIRST RESPONSIBILITY

PLAN YOUR OWN DEATH

**1. Who will look after you, as you die?
Filial Duty and the Death Pod.**

**2. What will happen to you and others
if you don't plan your death?**

Explore Four Questions

Medical

Legal

Financial

Spiritual

Consider Five Death Timelines

Sudden Death

Death in Days

Death in Months

Death in Years

Controlled Death

Complete Five Tasks

Medical Insurance

Durable Power of Attorney for Healthcare

Will / Trust

Post-Death Financial Assurance (Life Insurance/Savings)

Death Pod and Death Wishes

Death, the ultimate individual event, demands the ultimate in human community if you, and those around you, want to experience a good death. As much as we humans like to consider ourselves independent, we are really communal, hive-like creatures whose relationships are inextricably tangled and interdependent. To make sure that you and those around you have a Good Death, you will need to respond to two interdependent areas of responsibility:

FIRST RESPONSIBILITY:

Plan Your Own Death

SECOND RESPONSIBILITY:

Help Others Plan Their Deaths

My assumption is that you love yourself and that you love the others in your family and your close friends, and that you are willing to act as a reflection of your love. While you might say you love yourself and the other human beings that are close to you, *if you are not willing to act* consistently and purposefully, over time, to plan your deaths, then your love is not as powerful as it could be. How powerful is your love? Is it enough to overcome your fear of death?

In this section, Part II, we will explore your First Responsibility.

In Part III, we will explore your Second Responsibility.

FIRST RESPONSIBILITY:

Plan Your Own Death

1. WHO WILL LOOK AFTER YOU AS YOU DIE?

~FILIAL DUTY AND THE DEATH POD~

“It’s all about ME!”

Well, not quite. Although I am assuming that self-interest is the greatest motivator on the planet, I hope that there is love, too. Love will make the death planning process less about you and make cooperation easier and kinder.

Although self-interest will initially drive your actions to meet the First Responsibility and the Second Responsibility, death planning will demand the ultimate in interdependent, hive-like behavior; a quid pro quo of sorts, a reciprocation of inter-generational proportions. It may be all about you, but in order to get what you want, no matter what you want, be it big or small; while you are still alive or after you have died; whether someone helps you or you pay them; *you will need other human beings to help you*. You can see how love would help greatly to drive the motivation for this life-long project.

A contract of **Direct Reciprocation** is the most common “contract” in death planning. But there is a problem when you contract with any one person (say your spouse, or child, any *one*)......Once your “partner in death planning” dies, how will they look after you? Or if you die, how will you look after them?

To solve this problem you will need to invest in a **Multi-Generational Contract of Reciprocation** (The Death Pod). If your kids see you taking care of the elders in the family, then they will attend to the elders

in their generation, and so on. This multi-generational reciprocation is called Filial Duty: It is an old-fashioned, medieval term balancing the duties of loyalty and honor with love, within the family. The idea of filial duty can be extended beyond immediate family to extended family and close friends.

Before socialized government, humans used to rely on immediate and extended family for support in life and death. Today, the illusion of independence that many see, is really a dependence on a government structure which is not as loyal, honorable, or loving as family. Do you think you can you count on Social Security? Medicare? Adult Day programs? Depends on who is in office as to whether or not these programs will be there to support you. Not so reliable. And no matter who helps, they won't hug or hold your hand like family and friends can. There are so many things we can't control with the government, I'd rather just work on being a loyal, honorable and loving family member.

As much as family can be complicated at times, it is the most reliable form of human interdependence that we have. And if you do not have family to depend on, friends can be just as loyal as any family group.

Religious and spiritual groups can provide individuals or groups of friends a perfect opportunity to start the death planning process. Your religious or spiritual leader will have helped many through the death process itself and will know from experience what planning is necessary. They would be happy to sit down, listen and support you as you plan. They may even help you start a support-group to move the process further and to provide others the opportunity to plan.

So, to answer, “Who will look after you as you die?” you have four choices:

- Family Member(s)
- Friend(s)
- Private Service (paid for by you, or charitable donations)
- Public Institution (tax-payer funded; where you end up, if you don’t plan).

Your choices will change over time and situation.

Consider your possible futures:

- Your spouse might not be able to care for you.
- You might be divorced, widowed, or single by choice.
- Your kids might be busy at the time of your demise.
- Friends are too sick or elderly to help.
- Geographical move (finances, health, family)

What would you do in any of these situations?

Who would be your “go to” person, if your life situation changes?

So, the question, “Who will look after me as I die?,” is time and situation sensitive, which is why the First Responsibility will need to be addressed over and over again, say, every birthday!

At some point, you will need to take Filial Duty seriously. You will need to make it real. You will need to sit down and formally invite two to five people into your **Death Pod**. I will discuss ways to do this in Part IV, The Death Pod, and Part V, LIVE TO DIE’S Birthday-DeathDay Annual Planning Process.

A Death Pod should consist of at least two people, who are willing to formally help you plan your death, and also help you if you find yourself entering the death process. “Formally” means consciously and concretely. It is appropriate to be a generally supportive family member, but it is important to have specific conversations with specific people who you think will be there for you (or you for them), so that they know you have such an expectation (and vice versa). Nothing has to be in writing, unless that is something you all choose to do. The most important action a Death Pod will take is to talk (or write) about how they will fill out their **BirthDay~DeathDay Annual Planner**.

Minimally, you should plan to meet once a year, near the birthday of each member, or one particular member. In the beginning, you may need to have more meetings as you work through the death planning process for the first time. You may need to swap emails on various topics as you research options and plan actions. Part of your responsibility as a Death Pod member, will be to remind each other to make adjustments to your death plan(s) mid-year, if necessary, at the point of major life changes, such as marriage, birth, moving, death...

What expectations should you have for committing to a Death Pod? Going down this rabbit hole can mean a lot of things, from making sure your kids have filled out their DPAHC, to changing granny’s diaper. What are you capable of? Physically? Intellectually? Emotionally? What can you reasonably expect from others? What do others expect from you? What services should you prepare to pay for? Answers will come only from exploring the medical, legal, financial and spiritual questions with your Death Pod.

Expectations and commitments will ebb and flow through time. Death Pod membership should be flexible and adjustable to accommodate change, but not so much change as would reflect a lack of commitment. There may be personal problems that arise within the Death Pod that may or may not have anything to do with the Death Pod's purpose, but if the problems make death planning communication ineffective, then let go of each other graciously. Life is long, you may come to find yourselves together again.

Your Death Pod will change over time as people move, or as responsibilities change our ability to commit, or as conflicts ebb and flow. A strong Death Pod, based on love and moderated self-interest, will engender a trust that will encourage communication as you address conflicts regarding death and life. Strong communication is the heart of every Death Pod. It will allow conflicts to be resolved more easily and effectively.

A Death Pod is a little like being stranded with others in an elevator, after an earthquake, while the building is on fire—you all work together to survive. As a Death Pod, you are also addressing life and death full-on, the threat is just not so immediate or apparent. Any life-and-death experience with other human beings intensifies the intimacy of the relationship, engendering a feeling of understanding and trust. You will be forced to face things that are difficult, and even emotionally painful, as you work with your Death Pod. It will be a hard ride for some and harder for some than others. Share the fear, offer love and support, and it will get easier over the years.

Fear can lead to inaction. A group like the Death Pod works well to stop inaction, whether the inaction is due to the excuse of psychological paralysis or procrastination.

If you are a procrastinator, you are blocking fear. Kind of like going “la, la, la, la” with your fingers in your ears, only disguised as a benignly, busy, modern, adult life. The building is still on fire. How many life and death movies or books have you watched or read where characters in crisis situations are too busy or apathetic to act to save themselves? None. And notice how we can’t hold our breath to kill ourselves, either? We are hard-wired to live. And although death is the great antagonist to our daily breath, it can lurk quietly for years and years without attention. Only an immediate threat can guarantee a human being will produce immediate action to save themselves. Procrastination of death planning is easy, as the threat is less immediately apparent. Working as a group, a Death Pod is less likely to procrastinate, as not everyone will ignore the fire.

You can belong to more than one Death Pod and Death Pods can overlap. Overlapping and redundancy is good. My father lives in Sun City, Roseville, and let me tell you, his peers were very helpful during my mom’s death; lots of overlapping between peer groups, mine and his. For an inter-generational Death Pod, based on filial duty and friendship, overlapping with family and friends is a necessity.

FIRST RESPONSIBILITY: Plan Your Own Death

2. WHAT WILL HAPPEN TO YOU AND OTHERS IF YOU DON'T PLAN YOUR DEATH?

There are Four Questions, Five Timelines, and Five Tasks. The more Tasks you can complete, the better prepared you will be for any of the death timelines. The Tasks answer the Questions involving medical, legal, financial and spiritual issues, in context with each of the Death Timelines.

Ask >> Four QUESTIONS	>> Consider >> Five DEATH TIMELINES	>> Complete Five TASKS
1. Medical	1. Sudden Death	1. Medical Insurance (and Savings)
2. Legal	2. Death in Days	2. Durable Power of Attorney for Health- care (DPAHC)
3. Financial	3. Death in Months	3. Will / Trust
4. Spiritual	4. Death in Years	4. Post-Death Financial Assurance (Life Insurance / Savings)
	5. Controlled Death	5. Death Pod and Death Wishes

We will proceed **Task by Task**, discussing how each Task will affect each Question and each Death Timeline, for both the First Responsibility and, in Part III, the Second Responsibility.

The five tasks above are your basic line of defense. Additional tasks, as are important to you, might include:

- Pet Guardianship
- Additional Donations, Scholarships or Gifts
- Digital Legacy Protection

TASK #1:

Medical Insurance (and Savings)



Questions: Answers Medical, Financial, and Spiritual issues.

Death Timelines: Sudden Death is the least expensive timeline if you have no medical insurance. However, for longer and more complicated deaths, medical expenses will mount quickly without medical insurance. Even with medical insurance you should still plan to save for old age and long-term care.

Summary: Getting Medical Insurance will answer your medical needs, and will allow you to live to die in a way that respects your spiritual wishes and will rescue you from financial ruin (or the ruin of those who are left in the wake of your death). Sudden Death is the least expensive, medically, but all other deaths will usually cost more than most people have saved, unless you have medical insurance. Ideally, you don't want to have to sell your home to cover medical expenses; you may need your house if you live longer than expected.

Note that long-term care costs will vary with quality. Consider what quality of long-term care you might like in a long-term death situation, then consider what such care will cost, then start additional savings to buffer what medical insurance won't cover.

The most effective way to cover your medical needs is to get your own medical insurance **and** save additional money for long-term care, in case you need it in "old age".

There is a wide range of medical insurance policies that weigh medical risk and cost, premium versus deductible. Shop around and talk with others about their coverage. There are also professional medical

insurance brokers who can assess your needs and offer the best policy for you and your family. The ACA defines a minimum coverage.

TASK 1: MEDICAL INSURANCE

SUDDEN DEATH

With sudden death you'll be dead quickly, but there will still be medical bills for someone to pay if you don't have medical insurance. You will have a day of major medical expenses, rather than long-term costs, but your last-minute emergency room action can cost thousands. If you have some assets (like a house and some savings) and you have no medical insurance, then the state will come after your assets, which will leave little for those who might need it after you die. The state will pick up costs for uninsured people who have no assets, but that means you are making someone else pay taxes to afford your emergency medical costs. The ACA makes healthcare insurance affordable for all and there are a lot of choices out there. Inquire and learn. Don't allow your family to become a victim. Take care of your basic needs.

TASK 1: MEDICAL INSURANCE

DEATH IN DAYS

You can incur a lot of medical bills in just a few days of dying. Long-term debt won't be your problem...quality of medical care will be. The one question that should be answered emphatically, before you get sick, is the question of your medical care. Make medical insurance a priority. In a sudden death, I like to think our immediate life is not contingent on what kind of insurance we have. Ultimately, everyone will be treated in an emergency. However, after the immediate life-saving is done, there are usually ameliorating care, surgery, medication or physiotherapy. The quality and choice of each will depend on how good your insurance is, and how much extra cash you have for second opinions, or care that

your insurance does not cover. You may still die, but you will have given yourself the best chance there is to live by having private medical insurance, and you won't burden others with your debt.

TASK 1: MEDICAL INSURANCE

DEATH IN MONTHS

Long-term care costs will be your concern, now, unless there is a family, friend or Death Pod member to take care of you. Think of these questions as if you had to answer them right now: Are you mobile? Are you light enough to be helped easily? Are you rational? Violent? Are you pleasant to be around? That last question is probably more to the point. People will extend themselves for those who are kind and pleasant to be around.

And then, what if your condition requires professional care? It is always possible that even with insurance you can exceed your private medical insurances allowance for long-term care. Government medical programs will pay for long-term care, but your choices will be limited. If you value choice, you will need to save money, specifically for old-age, long-term medical costs (whether paid to professionals or to family or a friend).

My mom was insured by Kaiser. Kaiser, an HMO, did a great job combining all the medical services involved in the death process into one coordinated package. Even with all their services, we still needed someone at home, full-time, attending to mom's personal needs. My dad, at 80, did a six-month marathon with the help of neighbors, my brother and myself. He was there 24/7 while my mom deteriorated mentally and physically. Figure the value of that, at just over minimum wage, if you could not do the work yourself: $24\text{hours} \times \$10/\text{hr} = \240 a day! $\$7,200/\text{month} \dots$

Looking after an aging and dying human being is a very, very hard job physically, emotionally and intellectually. It is a “full-metal jacket” human experience. Every part of you will be touched as you watch the struggle for life. The compassion and patience required in this situation is a priceless commodity; you will be lucky to find someone who can perform these duties, if you can’t do them yourself.

Besides the constant time-consuming grind of meeting physical needs (the toilet, bathing, special diets, etc.) there are other issues having to do with mental ability that make the challenge of an aging and sick elderly even more difficult and even more poignant. Mentally, my mom couldn’t remember any thing short term. Patience and some humor were required to answer the same question for the hundredth time. I broke my arm in a mountain biking accident and it would surprise her every time I would walk into the room to see a cast on my arm. It would require me to conjure up the story of how I had a cast on, again and again. I started making up other adventure accidents that she found very believable of her action-packed daughter. I asked dad if it was a bad thing to tell her fibs like that, but as she always laughed (my calamities were increasingly dramatic and funny) and wanted to “hug me better,” we thought it was OK. I’m glad we were able to talk about it, and to talk about all the sorts of things that we experienced with mom during this period. My head was spinning with ideas and feelings and my dad was spinning, too. It stands as one of the greatest treasures of my life that my dad, my brother and I were able to share our feelings.

Sometimes the patience required is gut-wrenchingly personal. Dad had to manage the “wallet-and-wedding-ring loop”. Her wallet was about freedom, her ring was about love, and she needed to know where they were all the time. He couldn’t make anything up as the

only thing that would satisfy her was to see them. Gollum was not as obsessed about his ring as she was hers. It was the symbol of the incredible love my mom and dad had for each other. My dad, who is not generally the most patient of people, rose to a level of patience and love that was a transcendently beautiful thing to be around. He would gently reassure her that her things were safe, all day, and sometimes in the middle of the night. He would talk to me later about how hard it was, but in the catharsis of talking, he would find another burst of strength and patience.

Even if you have that kind of patience, can you manage the physical part of the job? Not every eighty-year old guy is going to be able to be the caregiver for his wife. And few women can physically care give their husbands. My mom was mostly ambulatory, but the last two weeks we had to move her ourselves. I could barely move my mom with my dad's help, and she was only 100 pounds (I'm 120). Towards the end, he needed help, too. Neighbors helped when I wasn't there, but had it been longer than two weeks, my dad would have had to hire someone. He had the money, but what if you don't? If you don't have the money to pay for such care, you can look to your Death Pod to help, if you have planned ahead.

The Death Pod and Multi-Generational Reciprocation concepts make a big play in a long-term care situation. You will need someone younger and stronger than you to look after you, your spouse or partner. My mom and dad have my brother and me, but who do my brother and I have? The next generation.

My nephew, Matt, at 17, had been through a lot in losing his mother to Huntington's. We never called ourselves a Death Pod, but Matt grew up watching his dad, Paul, and, my then husband, Robert, and

me all work as a team to solve various problems as Kathy lost mobility. I was comfortable in pointing out to Matt that I will probably need his help when I'm old. He gallantly responded with a smile, saying he would be happy to be there. As I was not yet 50, and I have good medical insurance, I do not need to burden my nephew further, but we have opened the door of multi-generational reciprocity. This is the beginning of an adult relationship within our family, knowing we can help each other, knowing that it is a reciprocal relationship that will last over decades. It's like being in a long-term business relationship, but resting intensely on life and death.

My son is only in his teens. Maybe he'll want to help me in my old age, but maybe not. It will depend on a lot of things that will change over time. These types of questions are hard, but the quality of your death will depend on asking yourself: Who will look after you as you die?

Hospice is a big word in the dying process. Volunteer for one to see how they work. Expose yourself to the most intense human experience you will ever have: helping people die. The hospice movement is generally run by volunteers and funded by people who have left donations in their wills or trusts. I know my father volunteered before and after at the hospice that helped my mom, and made a contribution as well. Many people, including my mom and dad, want to die at home in a familiar place with their family comfortably close. Hospice helps that happen. We were so grateful for their compassion and knowledge.

Consider that many long-term care situations can be managed at home. If you arrange ahead of time with a Death Pod member to take care of you, you can pay them a more reasonable, low overhead, cash-rate, in the form of tax-deductible gifts, or leave them your house. They might be able to do it for love and for free, but

realistically everyone has bills to pay and jobs to go to, and you will be asking them to put all that aside for you. It is reasonable to offer them compensation. It could be an opportunity for a younger Death Pod member to help an older person and be given a financial “gift” in return, to help them with their future; a nice legacy.

TASK 1: MEDICAL INSURANCE

DEATH IN YEARS

There is long-term, and then there is long-term. You can take a long, long time to die from a lot of things, including old age. People are often placed in an endless limbo of medications and therapies. The desire to eek out one more day is a strong one, but it is one that you will have to plan for. You can rely on government medicine or you can assume a spouse is able, or son or daughter will step up, but you have to plan specifically for these people to help, if you want to have control over your life and death.

Besides good communication over time, planning also means generally saving money on top of having medical insurance. The “old folks home” will always be expensive. You are asking other humans to do very personal and menial things for you, for a long time. And they often serve you long after you have lost your mind. It is not such an easy job and it is often a job that friends and relatives are not trained to do. Do you have enough money to pay someone to be with you 24/7, for a month, or months, or years? Someone with a medical background costs more. Do the math. It is a lot of money. If you own a house out-right, then you can treat yourself via an equity loan, or you can set up a reverse mortgage. So, the more money earned and saved for medical care, the better.

Aim to control your medical future: Prioritize medical insurance after food and housing, and not expensive food or fancy housing. If you are sitting in a high-end car, or on a beautiful new mountain bike...or on a vacation in Maui, and you don't have medical insurance, then you take a huge, unnecessary risk. Of course, if you crash that car or bike and you have no insurance, you will still get "served", but will you get the best service, or even any choice in your service? And, they will bill you. They will take everything you have to get paid. If you can't pay, you will go bankrupt and the taxpayers will absorb your loss. There is a better way.

TASK 2:

Durable Power Of Attorney for Healthcare (DPAHC)

 **Questions:** Answers Medical, Legal and Spiritual issues. This document allows you to define a "healthcare agent" and DNR (do not resuscitate) parameters, and control your autopsy, organ donation (the greatest gift), and disposal of remains.

Death Timelines: Having a healthcare agent assigned in your DPAHC will give you control over your life during all timelines. Specifically, your DNR parameters are important for all deaths. This document empowers you after death by defining autopsy, organ donation, remains disposal and death ceremonies.

Summary: The **Durable Power of Attorney for Healthcare** (DPAHC, for short; also known as a "Healthcare Directive") gives you, and/or a healthcare agent, the "authority to consent, to refuse to consent, or

to withdraw consent to any medical care”. The DPAHC is a legally enforced document that helps control medical decisions when you are unable to do so for yourself. Your spiritual life will have an effect on how you fill out this form: When will you want to let go of life? These answers will also change with age. Talk with your Death Pod.

Any questions? Even though this form can be found on-line, consider a meeting with your local trust attorney to make sure you understand all the implications of this document, per current law.

DPAHC also covers autopsy, “anatomical gifts” (organ donation), and disposal of remains.

TASK 2: DURABLE POWER OF ATTORNEY FOR HEALTHCARE SUDDEN DEATH

Consider what this document is asking: “consent, and refuse to consent.” Consider this question carefully, over time. In an emergency, all life-saving measures are usually taken. You may or may not want that. Currently, in my case, I don’t want to be saved as a vegetable under any circumstances. Specifically, I need to be able to walk, or roll, freely. I don’t need to drive, but I do need to be able to think and communicate. On the other hand, I am a fighter and could probably survive and recover from more than most. But, as I get older, I may not want to fight the results of broken bones, head trauma and surprise diseases. I might prefer a less aggressive approach. As an elderly person who has lived a good life, I don’t think I will want to live a medical nightmare to stay alive. DNR orders can be defined with a DPAHC, and they can be changed as you change, over time.

As a young person, your DNR directions for your DPAHC do not need to be that specific. Most young people think they will live forever, if they think about it at all. I got hit by drunk driver when I was 20; a sudden near-death experience, so I thought about what limitations I might put on being saved. If I hadn't had an extreme event happen to me, I doubt I'd have given DNR standards any thought. However, once I got to thinking about it, I definitely found I had an opinion on how I'd prefer to live to die. Consider mental incapacity or partial incapacity. If you end up in an emergency room, does mental incapacity creep you out as a possible future? Physical loss? Like your lower half or three-quarters? Are these deal-breakers for your living? Does it matter enough for you to say so in a legal document?

For older people, especially those with a pre-existing illness or those simply in the normal decline of old age, there is a point where they are "ready to go" at the next major medical event. That doesn't mean they are looking for an event to happen so they can die, but that the motivation and energy to fight through a medical emergency is more than they feel they want to go through, in their condition. In this situation, you need to be prepared: communicate to medical staff with a medical-alert bracelet if you can't speak, have DPAHC documentation at the ready, and a Death Pod member to advocate. Given the difficulty of carrying legal papers to an emergency room and having your Death Pod buddy with you, wearing a DNR-DPAHC bracelet that defines your DNR parameters is a good backup. It will save you from a life or death you don't want.

My revulsion with the idea of a long and lingering death begins with my pharmaceutically, semi-comatose grandmother who was in a convalescent hospital that smelled of urine and Lysol, for *years*. It seemed cruel at the age of 10, and it still does. Being able to breathe was a poor

excuse for living, from my point of view. I don't want it to happen to me.

One last thought on “sudden death”: There is the “sudden *mental* death” that can happen in an accident or a stroke. It is the sudden death that may actually take days, months or years for you to physically die, but you are legally no longer mentally able to make decisions for yourself. If you don't have a DPAHC that considers sudden mental death, you have made a lot of work for your family/friends. If you have a Death Pod this should be the first thing you all do together. DPAHC party! Talk scenarios, fill out your forms, sign, witness, make and swap copies. Anyway, if you don't answer these questions, they will have to have you declared mentally incapacitated so someone can assume the role as your medical care agent and then they will have to decide DNR standards—with no input from you! They will also have to declare you mentally incapacitated if you don't have a trust, in order to access your finances to pay your bills while you can't.

Sudden mental death will force major decisions...quickly. The more you have talked with people, the more people have access to your current DPAHC copies, the more they will know how to act. So, talk about your DPAHC to your family and friends and Death Pod, so that if they get a call one day from the emergency room asking if they can put in a sheep's brain to save you, they will have the answer you would want them to have. Take the pressure off others and remove the possibility of guilt that might be attached to such a decision, by communicating verbally with others, filling out your DPAHC, reviewing it yearly...and getting copies to people.

TASK 2: DURABLE POWER OF ATTORNEY FOR HEALTHCARE DEATH IN DAYS, MONTHS AND YEARS

As a parent, I am more inclined to go through severe life-saving measures than I was before. On the other hand, I've heard older people say that they are ready to go. There is a range of what people will put up with to live when death comes knocking. I hear people say that you will change your mind about how far to push as you get closer to death. Maybe. All the more reason for us to talk with each other about what we want, regularly.

If you process the conditions of your life and death with your Death Pod over time, these long-term death situations will be easier, as you already have conversations and context with which to work. It will be your Death Pod that helps you carry out your death plans. Doctors and medical science operate with one goal: to keep us alive, longer. The Hippocratic Oath did not foresee the purgatory a human can be put through when there is multiple system failure, yet medical intervention, driven by hope, research and insurance funding, continues life as the main goal. This is not necessarily in your best interest. As Baby Boomers age, we are starting to use words like “palliative” and “hospice” and “active dying” as a way to find better paths to death. Explore paths with your Death Pod. As medicine advances, our decisions to extend life will become more and more complicated, compelling and scary. Talking about scary stuff is like turning a light on in a dark room: You might see the monster with the light on, but that is better than the “what if” in the dark Now you see the monster, you are closer to dealing with it. Keep talking and developing knowledge and strategies, and the monster will become too familiar to fear, just a fuzzy stuffed thing on your bed, even in the dark.

Oh, one last thought. Sometimes you get better, and live...really live...again. Wellness, sickness and death are a continuum on which you can slide back and forth. After near-death, as you taste the sweetness of life again, you'll probably want to change your DPAHC DNR status...after a long talk with your Death Pod.

TASK 2: DURABLE POWER OF ATTORNEY FOR HEALTHCARE ORGAN DONATIONS

Organ donations, or “anatomical gifts”, are a much-needed service to humanity. Here is something that costs nothing, and could extend life to many humans, yet the organ donor lists are a sadness, not for their length, but that these limiting lists exist at all. Organ donation is often overlooked during sudden death. It is often in opposition to a religious belief. It is often the object of fear.

I remember a couple of 1970's movies that revolved around illegal organ harvesting. Thirty years later pop-culture's modern-day carney-show, *The X-Files*, suggested whole-head donations are a worry. This sort of thing scares people to think that doctors would let them die to get a kickback from selling fresh organs. Maybe it exists in the odd movie (I saw a similar scenario on *Law and Order* once, too) but I'm not reading about organ stealing doctors in the news. Even Wikipedia says, “There has never been sufficient evidence to suggest that the practice (organ stealing) has ever occurred on an organized basis”. However, due to fear, thousands of organs are wasted that could have been used to save and improve human lives. Think hard about how you feel, talk with your Death Pod, fill out your DPAHC **and check the box on your donor card attached to your driver's license**. Besides helping you overcome any fear of organ donation, your Death Pod

can support your wishes after you have died, perhaps even finding specific donors for various organs. It is the greatest legacy one human can give another.

This is a legal move made by filling out the DPAHC and the donor card that comes with your driver's license.

TASK 2: DURABLE POWER OF ATTORNEY FOR HEALTH AUTOPSY

Paranoia, curiosity and religion all meld here. The coroner or medical examiner has the legal authority to order an autopsy without the consent of the deceased person's family (next of kin). Here are some legal reasons to call for an autopsy:

- Sudden or unexpected death, including the sudden death of a child or adult, or the death of a person who was not under the care of a doctor at the time of death.
- As a result of any type of injury, including a fall, motor vehicle accident (MVA), drug overdose, or poisoning.
- Under suspicious circumstances, such as a suicide or murder.
- Under other circumstances defined by law.

If an autopsy is not required by law it cannot be performed unless the deceased person's family provides permission, or unless you specify in your DPAHC. You may decide, through your DPAHC, to do an autopsy for the following reasons:

- To discover a previously undiagnosed medical illness or condition
- To answer questions about an unexpected death that appears due to natural causes.

- To see if there are genetic diseases or conditions that other family members may also be at risk for developing.
- When the death occurs unexpectedly during medical, dental, surgical, or obstetric procedures.
- When the cause of death could affect legal matters.
- When the death occurs during experimental treatment.

If you have no DPAHC when you die, your family will have to make the decision for you. They could decide to say “no” to all these reasons, unless you specify differently in your DPAHC. Consider these variables and talk them over with your Death Pod when you fill out the section on autopsy within the DPAHC document.

TASK 2: DURABLE POWER OF ATTORNEY FOR HEALTHCARE DISPOSAL OF REMAINS

There are two ways to go: Burial and Cremation. Within each group, there are an infinite number of ways to achieve your ends. This may not matter to you, and less so if you’re dead, but it usually matters to those around you. Men have carried dead comrades through wars to save their bodies for ceremonial disposal. I was discombobulated just figuring out what to do with my cat’s remains. Yet, I’m clear-headed about my own disposal: cremation; ashes over water (ocean, fresh, or pool—of course, my brother will probably think the toilet would be a funny twist, better make a note of that...). If you don’t care, say so, then others can be relieved of this responsibility.

Spouses, partners, and families should talk about burial and cremation. The duality of a lifetime partnership is something that many would like to honor after death. But even in lifetime partnerships, the

treatment of the dead body can evoke responses that may not fit each other's vision. Some compromise and consideration may need to be given to each other if the same path is not taken.

Whether you see this as a burden you don't want others to have to deal with, or whether you see this as an opportunity to avoid being "flushed", or if you don't care at all, fill this section out when you fill out your DPAHC.

Task 3:

Wills and Trusts



Questions: Answers Legal, Financial and Spiritual issues.

Death Timelines: While you die, you will want someone who can become your "successor trustee". This person will protect and manage your finances while you can't. Sudden death and sudden mental incapacity can make having no will or trust very difficult for the living. If your mind is intact, and you have a few days, months or years, you can get this task accomplished. If your mind is not intact, then people will have to have you declared incompetent, in order to allow someone to assume Power of Attorney over your finances. This is not an easy process at any time, let alone under the specter of death. The living will be very stressed by this course of action. After death, with no will, probate will occur where the state freezes everything until they figure things out...that means for 6 months to a year. Either way, a lawyer will have to be hired to figure things out. With a will, you will have a more clearly directed probate. With a trust, you avoid having to be declared incompetent and avoid probate entirely; the surviving spouse and family will avoid unnecessary legal maneuverings, avoid

financial lock-out and avoid inheritance taxes, as much as possible. You will need an executor for the will. The executor and the successor trustee can be the same person.

Summary: Most people know that a **Will** and a **Trust** are legal enforcements of post-death financial and guardianship wishes. In addition, if you become mentally incapacitated (a sort of legal, living death), your trust will also allow your previously chosen “successor trustee” immediate access to your finances. That previously planned access means that someone will be able to pay your bills while you can’t, and act as you would to meet your financial responsibilities (if you have the money—not having money is another issue...). Spiritual details and other post-death wishes can be addressed in these documents and can be legally enforced, although discussions with your Death Pod pals, the “hands-on executors” of your post-death wishes, should continue, over time. You will feel more spiritually at peace as you die, if you know you have met your responsibilities.

TASK 3: WILLS AND TRUSTS

SUDDEN DEATH

You die suddenly. You need a **Will** and a **Trust** or your kids and property will land in a legal limbo called probate. (Note: a will is currently a requirement of trusts). Probate is the state directed dispersal of your assets after you die. If you have no will, the state decides who gets what. If you have a will, you still go through probate, but you can name an executor to work with the state to carry out your will wishes. If you have a trust, you avoid probate. Whether you have a will or a trust, everyone pays “estate” or “death” taxes, but working with a trust attorney can help you minimize those taxes as much as possible.

You might not care about your property, after all, you'll be dead and you can't take it with you, so who cares? Although, as a writer of a self-help book promulgating a "more improved way to live...and die", I have to point out that you might be wasting your life's work by submitting a significant portion of your assets to the government in the form of "death" or "estate" taxes. The amount taxed changes over time and political maneuverings, and depends on how much you have, so stay on top of this. Research on-line, chat with your Death Pod, and double-check with your trust lawyer to make sure you know where you stand. Protect your wealth for your family's future.

Wealth within families should be protected as financial trusts for their future. If you don't have family, aren't there non-profit causes that could benefit from your charitable trust? Do not just allow it to be taken by the government in the form of taxes. To throw away such an advantage would be such a loss. Make sure your life's work and money reflect the legacy *you* would like to leave.

So, if you want to make sure who gets what, in a smooth and timely manner, sign a will and create a trust. If you have planned well for your old age, then you should have a house and a nest-egg off which you are living. Now, you may use it all before you die, but if you have some left over, do you want it to go to the government in the form of taxes? Or when you die, do you want to have an opportunity to help those you love, or fund a project or cause you believe in? Ask a trust attorney how you can best maximize your tax savings with a trust and other strategies. At this place in the circle of life and death and multi-generational reciprocation, there are opportunities to financially reward those who are able to help you in your last years.

If you have no will or trust and you are suddenly mentally incapacitated, maybe on the way to death (and maybe not), you may have an awareness of how your lack of preparedness and your lack of consideration is affecting your family, friends and business associates; like a weird variation on Scrooge. You can avoid that whole emotionally pressured scene with just an hour's work at a lawyer's office. You can even use on-line will forms. However, if you have anything worth saving, I'd invest an hour with a reputable attorney to make sure you have taken advantage of all your financial and legal options.

And what about guardianship?!?! I don't know any parent who would intentionally hurt their child, especially when the child is young. Yet, I have spoken to plenty of parents who have not completed the process of finding a guardian for their kids. Is that you? Will you suddenly see the "series of unfortunate events", now destined for your children, in those last moments of consciousness, before you get to the white light?

A Series of Unfortunate Events is a children's book about three kids who lose their parents suddenly and suffer under an evil uncle. When my eight year old son read this book with me, he asked where he was going to go if we died. I told him that we had arranged, at his birth, for my brother Paul (not evil at all!) to be his guardian if we died. However, when my son asked the question it was at a time when things were changing in my brother's life. His wife, Kathy, who suffered from Huntington's (the effect being dementia and loss of muscle control), was failing rapidly. She had recently lost her driving license, and within a couple of years, she would need 24-hour care. Guardianship of a young boy would have been too much.

My then husband and I began talking about who would be a good guardian for our son, in my brother's stead. We had the situation where

grandparents were too old to look after him, and other aunts and uncles, for one reason or another, weren't a good fit at the time.

We finally decided to ask a playgroup family. We actually asked two different families and one didn't think they could keep up with the energy needs of our son, even though he was like a cousin to their son. It was a complicated process that was a responsibility to them, yet, a compliment, too. Our friendship was not affected by such pressure; just another life adventure to add to the history of our relationship.

We then went to another playgroup friend who we knew could handle the energy quotient. We hadn't asked her first because our families, as a whole, were not as close as we were with the first family, *and* she already had four kids. But she and I are close and agreed on most of the major parenting issues. She was honored that we would trust her to continue our work with our son. Although he wouldn't have the instant brother of the first family, he would have a woman who is capable of loving another child as her own.

TASK 3: WILLS AND TRUSTS

DEATH IN DAYS, MONTHS AND YEARS

If you don't die right away and if you still have all your marbles, you will have a chance to get your will and trust in order to determine who gets what and where the minor kids go.

If you are in a death-in-days situation, you may be able to create and sign a will and trust, but odds are you will not be at your best in this situation. You will probably be physically limited and although you might have all your marbles, they will probably be pretty rattled. You could even be forced into things that are not in your best interest.

What if you don't die right away, but you are mentally incapacitated? You are legally dead already. You are alive, but not legally able to take care of yourself. You can't sign a check, transfer funds from your savings, or sell your house to pay for long-term care. For that convenience, you will want a trust in which you have carefully and thoughtfully appointed a "successor trustee". That person will make sure to take care of your finances when you can't.

If you have a living spouse, the trust will define them as your automatic "successor trustee". They will continue to take care of your financial life seamlessly. If the spouse does not want, or is unable to do the job, then someone else can be appointed. Consider that professional trustees have MBAs with psychology and social work backgrounds. They are professionals with experience. Laymen usually get only one, maybe two, tries at helping someone at this level of responsibility. The professionals have conferences and gatherings that study trends in their profession. There are professional checks and balances within their industry that aim to avoid injustice. It is hard to compete with that level of experience and knowledge. A professional trustee is usually appointed by the bank where your money is kept and their fees are usually based on a percentage of your gross assets held in trust.

Beyond having the financial acumen of an MBA, there is honesty and loyalty that must be considered. I can not tell you how many times people have told me stories of relatives stealing from the living dead, and then the dead. Money management is a big burden for a family member. It is a temptation for many. Professionals take the emotion out of the decisions; they have layers of legal and financial rules that check and balance their decisions.

My husband and I were happy to act as successor trustees for each other, but we have appointed a professional trustee through a reputable bank, if we both die. Our son will have an unbiased professional to help him manage the money that will give him opportunity in his future (but not too much “opportunity”, if you know what I mean). I can also see older spouses preferring to have professionals guide them, as things can get a bit fuzzy and confusing.

Even if your sudden mental incapacitation is short-term, a previously appointed “successor trustee” can pay the mortgage and the utilities, while you’re unable. In the event you make it back to the living, you don’t want your whole life screwed up when you get back.

In a long-term care situation, there may be a progression in your mental decline. Hard to tell the exact day that you have enough marbles, and the day that you come up short, but that day often comes in a long-term care situation, where old age is also a factor. If you have already chosen a successor trustee, you will feel a lot more settled in your mind. If you make the choice when your mental capacity is in serious decline, you may not make the best decision. If you don’t take care of this successor trustee decision, those close to you will have to prove you are incapacitated and then file for power of attorney to access your bank account. What a horrible process to put your child or friend through. Better to have a plan before you lose your mind.

Guardianship is something that can be decided if you are dying, but not if you are dying and mentally incapacitated. It really is best to think ahead.

When we assumed the role of guardianship for my nephew, before we had children of our own, we considered Matthew as a potential responsibility. In his case, his mother had Huntington’s, so if my brother had a

fatal car crash we'd have some real responsibility pretty quick.

I insisted that my brother make sure that the “five tasks” were completed (of course I didn't call them the “five tasks” then). I wanted Matthew's future to be crystal clear at a time that would be large with emotion. Maybe I watch too many sappy movies, and Paul didn't crash, but it deepened the investment in our relationship with Matthew and his parents knowing we were on the same team. And it wasn't all happy-happy-joy-joy. I'm the older sister, don't you know? And my brother is a procrastinator. I had to apply pressure to get him to do all this death planning stuff (the trust, the will, the durable power of attorney for healthcare, life insurance, church). I firmly encouraged with words of love and the logic of responsibility for Matthew. My brother is really a great guy, just a procrastinator. He saw what he needed to do and did act. But this is what fear can act like. It can turn procrastination into a life-threatening situation for yourself, and those around you.

We had a long time to go through this process and there was warning and a timeline. If this had required quicker decision-making and action, it would have been even more stressful. It takes time to get your head around death planning. Start early and take you time.

Task 4:

Post-Death Financial Assurance (Life Insurance and Savings)



Questions: Answers Financial and Spiritual issues.

Death Timelines: This affects all death timelines in the same manner, as it is a post-death goal. If you have financial dependents (family and/or business), you should have life insurance, or enough savings, so that after your death those you love will be assured a reasonably smooth financial transition. Life insurance is also probate-resistant (as the beneficiary is not dead), and can be tax-resistant, too. Check the latest in legal maneuverings with your trust attorney.

Summary: The goal of life insurance is often to financially protect your dependents after your death. It can also pay for death taxes, funeral costs, and legal fees. It can shift wealth to the next generation. Business partners and co-shareholders can use life insurance to fund buy-sell agreements. It can also be a way to leave a significant amount to a charitable institution. The spiritual consideration is the piece of mind you will have knowing that those you have left behind won't suffer financial loss, on top of losing you.

There are many policies (term, premium or whole-life, variable/whole-life) to choose from. It is not my goal to suggest what type of policy will work for you; that is for a life insurance expert. It is my goal to encourage you to investigate whether or not you need to create a way to fund your post-death financial responsibilities.

Post-death financial assurance can also be done with savings.

TASK 4: POST-DEATH FINANCIAL ASSURANCE

SUDDEN DEATH, DEATH IN DAYS, MONTHS AND YEARS

If you have kids and want them to maintain the standard of living you had when you were alive, then you need to buy life insurance or have savings. Life insurance is a great investment. No investment, or asset, can provide as much return for such a small investment. This sort of leverage is ideal for young professionals who have great future earning power, but don't have the savings to self-insure their family in the early years. Liquidity is the other major benefit to life insurance. If you die, and the only asset is the house, then your family will have to sell it to make use of its value. That is a huge interruption of lifestyle, on top of losing you.

If you have enough savings, you don't need life insurance. The older you get, the more savings you should have, and the less you will need life insurance to insure your post-death financial needs. Note that life insurance gets more expensive as you get older, so there is good incentive to self-insure by saving.

If you have a spouse and no kids, you have to determine how dependant one spouse is on the other. If both spouses work and feel they could afford life if the other spouse dies, then you don't need life insurance. But, if there is a spouse that has stayed home to take care of kids, or to take care of the other spouse, then their earning capacity may not be enough to maintain the lifestyle to which you have been accustomed.

If you have a business, you may need to insure against your death. You may need to provide money for someone to come in and sell or manage your business, so everything you have worked for will not be lost. If you have a business partner, you should have reciprocal policies so the other partner is not left in dire straits after you die.

If you have extensive death plans, like a burial in a fine casket with a big funeral, then you will have to save for it, one way or another. Low cost, small life insurance policies can be maintained to make sure you will be able to afford the death of your dreams. Or, you can just put a little aside as part of your general savings to use for your post-death ceremonies. You may want to specify a specific bank account and amount that you have allocated for these services in your will or trust and to your Death Pod.

Death Taxes are a favorite toy of politicians. They will play with the percentage of tax you have to pay, depending on how much money you have. Whether you have a will or trust, everybody ends up paying something, but protect what you can. Make sure your savings are put into a trust, or some tax-deferral plan, to make sure your savings get to those you want them to get to, and not just given to the government in the form of death and estate taxes.

If you have no dependants, if you don't own a business, if you have no causes, and if you have enough savings to pay off your debts and your death costs, then you can cross this task off your list of things to do.

TASK 4: POST-DEATH FINANCIAL ASSURANCE CONTROLLED DEATH

Suicide is not covered by most life insurance policies within the first two years of starting a policy. After that you are free to go and still get paid (well, *you* won't get paid). It is rare for a person with suicidal tendencies, to wait two years to do themselves in.

Even the most helpful forms of euthanasia are considered murder in most places in the world. There are a few states that currently

allow doctors to prescribe death-medication for self-administration: “Physician-assisted suicide”. A third party, who is not a doctor, who helps to administer the death-medication, could be accused of murder. A suspicion of murder could cause an autopsy and this may affect the life insurance payout. If there was a plan to defraud a life insurance policy between you and a recipient, it might not go well for the person who receives the money.

Murder, the not-so helpful kind, as in, without your permission, is a way to collect life insurance money off of someone else’s death, but this is a bad thing to do and is very illegal. Life insurance companies would consider it suspicious to fulfill a life insurance policy to a beneficiary that has no known interest in your death. If a relative or someone who does have an interest in your death, murders you, then I hope you filled out your DPAHC with a big check on autopsy. Of course, if you are suspicious about those around you, maybe you don’t need life insurance—after all it isn’t for you.

Life insurance or savings: Do the math, literally. Figure out what you spend each year and figure out if the people who live on will be able to earn the same amount of money after your death. Often, stay-at-home parents insure themselves for less than their working spouse, but the amount of money that the money-earner would have to pay to maintain the same services to the family would add up very quickly to a full-time position. And it is a very responsible full-time position; you will be giving your kids to an adult who likely will spend more time with your kids than you will be able to. The costs will add up quickly.

As with all of the tasks, discussing options with your Death Pod is a good idea. Review this task over time, considering major changes in your life and whether you are self-insured through savings.

Task 5:

Death Pod and Death Wishes



Questions: Answers Medical, Legal, Financial and Spiritual issues.

Death Timelines: This task affects all types of deaths. Creating and maintaining a Death Pod will give you more control over your death, whatever the timeline. You should have at least one person, if not three, who will advocate for you as you die, and after you die.

Summary: As a practical matter, having a Death Pod in place will help you with executing all of your Tasks and Death Wishes (medical, legal, financial and spiritual), before and after your death. In an emergency, everyone can drop things for a week or so if it looks like you are going to die, but a lingering death/illness will cause people to make major sacrifices to help you. As you get older, even if you are healthy, you should have a plan for long-term care. This is not just a practical matter, because loving companionship will be a comfort as you live your last days.

Discuss the Five Tasks with your Death Pod to decide what kind of help you will need from other people and how those needs might be met:

Medical Insurance and Savings. Do you have medical insurance? How do you intend to fund old age medical needs and long-term care? If living long and well is important to you, then you need to start thinking about and answering these medical questions as soon as you are an adult. No matter your age, don't leave your Death Pod with unnecessary financial burdens and heart-wrenching medical decisions. As you age, figure out if you need help and ask for it ahead of time. It will be easier for everyone if you plan.

Durable Power of Attorney for Healthcare (DPAHC). Discuss your DPAHC decisions with your Death Pod and make sure everyone has a copy. Make sure everyone knows who will act as your “agent”. If you think it is important, wear a Medical-Alert bracelet indicating your DNR status and a contact number so the emergency room can call your DPAHC agent and Death Pod partners.

Will/Trust. Make sure everyone in your Death Pod has a copy and that they all know who the “successor trustee” is going to be. Don’t force your friends and family into an emotional, financial and legal struggle by leaving this task undone.

Life Insurance. Make sure everyone in your Death Pod has a copy. Your dependents and business partners, if they are not part of your Death Pod, should also have copies.

Other Tasks to Discuss:

- Bank Accounts, Investments and Bills (trust’s successor trustee)
- Organ Donation (DPAHC agent)
- Cremation/Burial and Memorials/Funerals (DPAHC agent)
- Charitable Contributions (trust’s successor trustee)
- Pet Adoption (trust’s successor trustee)
- Spiritual Wishes (Death Pod)
- Dispersal of personal effects not specified in the will (Death Pod)
- Help dependents after death; short and long-term plans (Death Pod)

A good Death Pod will travel through life with you and will know who you are. You will know who they are. Over time, you will feel more and more comfortable being able to think and talk about the tasks, and all the other things that might be important to you when you die.

TASK 5: DEATH POD AND DEATH WISHES

SUDDEN DEATH

Many acts of death cannot be controlled. They happen quickly, and that is it. If you have wishes for after your death, I hope you write them down in a legally accurate manner before you die, otherwise, the people around you will have to guess. Just talking with people won't do it. It might help in some small things (like the kind of flowers at your memorial), but defining things legally, gives you the force of law to defend your wishes after you die. On top of having your Death Pod advocates, this legal defense will be sure to get you what you dreamed of for your death.

If you do not plan your death process, you will become a burden to others. In a Sudden Death situation the time after death will require more time and attention than the death itself. And, if there are no plans for post-death realities, the time and attention needed will be even greater. Without legal and verbal Death Pod communication Sudden Death can leave the biggest mess.

Don't make your death a huge imposition on those around you. If you are a wonderfully charismatic and a sweet space cadet that is deeply loved by all, then enough people might care to get things right, even if you didn't plan. But cleaning up after someone's unplanned death can drain the good feelings pretty quickly.

Spiritual questions and needs will arise quickly and poignantly at the point of a sudden death. Please, make sure you have thought about these things and have talked about these things. Stay present and conscious of your needs and wishes over time. Think about this now: When you are dying, the thing that will trip you up, throw you for a loop, or freak you out, is that moment when you *know* you are dying

and you realize you don't feel complete, like you forgot something that you can't quite remember, just out of reach, that karmic itch you can never scratch:

What do you wish you would have done?

In a Sudden Death situation there may not be time to meet your spiritual needs. Most hospitals will provide some form of compassionate spiritual care for sudden death situations. If you have a Death Pod member with you when you die, it can help you find your spiritual path in those last moments.

Post-death, people will want to make sure your wishes are respected. If you have not specified your spiritual desires, you can impose huge stress on those you leave behind. This is not just about religion. It can be a lot of different things to a lot of different people, but it is always a symbolic closure. It might be about body disposal, or how you would have liked to disperse your doll collection, or your tools. Remember, you can have different goals at different times in your life; it is satisfying to know that others will respect what you want.

Emotionally, your death may make others feel really sad, it might make them feel mad, or both, or confused about how they feel, or confused, mad and sad, and then maybe love will throw itself in there, or worse, hate. When you die, people will feel lots of things. Everyone will feel something about your death. The more you have talked about your wishes with your Death Pod and those you have loved, the easier and more confidently they will be able to help you; the better they will feel. No second chances with sudden death. There will be very little time to plan your life's spiritual closure in a sudden death timeline. You must plan ahead.

TASK 5: DEATH POD AND DEATH WISHES

DEATH IN DAYS AND MONTHS

If you are hospitalized for days, I hope you have medical insurance. If you own anything and don't have medical insurance and end up in the hospital for days or months, you won't own anything after you die or get better. Hospitalization is really expensive. This is an area your Death Pod can't really help you with. If you don't plan at all, there is just not much they can do.

Legally and financially you will have time to sort things out, assuming you still have the mental capacity. If you are about to die, even if there is no brain damage, per se, there will be huge emotional stress and it will not be the best time to make major life and death decisions. Leaving stuff to people is one thing, but leaving your kids to someone in this sort of situation is not only bad manners, it is a major imposition. Plan ahead with your Death Pod.

Even if you have only a few days, you will be able to attend to many of your *spiritual* needs. The spiritual community is very good at helping people find their path at these times. Again, mental capacity and emotional stress may conflict with what you need. Others' lack of understanding, even if well-intentioned, can lead to decisions that you may not really want. Death Pod conversations, over the years, will assure your needs will be met.

Practical logistics must be considered, specifically: time, geography and duration of death process.

For the days and months death-timeline, we are talking about *time* off. Even if your Death Pod is retired, there will still be commitments that will have to be suspended while they help you. These are not small

obstacles. The retired might have to reschedule their golf and some volunteer work, but your kids might be mid-career with family responsibilities and they won't be able to just drop everything because you need help, nor should they be expected to. As you get older, consider exactly what is likely to happen if you keel over and you start on that downward slide. I mean consider it, visualize it, and discuss it with your Death Pod. You will find that they, too, will want to make sure you will be taken care of in a manner that will not make their life more difficult than it has to be (Second Responsibility; Part III). With open cooperation and planning, all deaths can be turned into an opportunity to celebrate life.

Geographical distance means more time and more expense for travel. I was "lucky" in that my folks chose to move only three hours away. While decisions are made for the living, it is still important to consider the needs of old age and death. When they moved away, we talked specifically about the geographical constraints that might occur in a situation like this. My parents were able to afford help and were blessed with many friends in their new locale, so I knew they'd be OK. And in an emergency, I was only three hours away. It is funny how three hours can seem like a lot of time when you are living your life normally. I went from making the trip two or three times a year, to making it every week. I worked a schedule of two nights and a day to spend time with mom, spell dad and check in with neighbors, without abandoning my son and husband.

My mom's diagnosis and downhill slide took six months. The six months flew, but Dad and I were pretty tired and run-down at the end. I could not have kept up that pace indefinitely. However, it was the most meaningful and rich time I ever spent with my parents. It was like living our lives again in a swirling river of memories and

dreams. I'm glad we considered how far to move away. My parents could afford to live anywhere and were close to moving to Oregon, but I'm glad they were close enough that my brother and I could be there every week. Any farther away, or if I'd been working, we would not have had this opportunity to share each other.

As parents become older, it is a good idea to talk with them about geographical constraints for help. If your parents can afford the help for long-term care, then you are off the hook in a big way. All you have to do is visit. This is not the most common scenario, and if social security fails, there will be more older people needing more help from family for "free". As family moves away from each other, there is a loss of help that is hard to replace. Moves are made for reasons by the living, but make sure you discuss the logistics with your Death Pod. You may have to add new Death Pod members in your new location.

TASK 5: DEATH POD AND DEATH WISHES

DEATH IN YEARS

Well, we all take years to die, but this section will define "death in years" as being in a condition that requires some outside care from another person. From there the range of care needed can be anywhere from making sure Granny doesn't go near the stove unassisted, to making sure the semi-comatose bedridden Granny is turned regularly without tangling the catheter and the I.V.. In novels, there are large, rambling families with an endless stream of relatives and granny can be taken care of for years in that upstairs bedroom. Ha. If someone is bedridden, then you have a full-time job. It ain't no subplot in a novel.

May I suggest a diversified plan.

- Save money for help.
- Arrange for family and friends to help.
- Look to your community for help or move to a retirement community.

Saving money for help is part of your Medical Insurance and Savings Task. Besides savings and investments, there is also the value of the home and possessions that you own. Depending on the severity of your condition, family and friends may only be able to help marginally. The more you save, the better your long-term care will be.

Arranging for family and friends to fill in when possible will help in some home care situations. Lots of times an older person just needs a little extra help with driving, cleaning and chores. They aren't really actively dying, but are at a point that their needs for help will become greater and greater. There are lots and lots of opportunities for innovation in this area.

Look to the next generation. Is there someone that might help you? If you have a house, you can offer lodgings and food, maybe college tuition and maybe the house itself, if their help is needed for years. Look on the Internet and overseas for new ideas. As people get older, pooling resources is a great idea, since your income usually becomes more limited. So, sharing limited resources is common sense. There really is no one approach to this problem. Be creative. Network. Housing and long-term care can be shared among several long-term care patients.

Abbeyfield House, in Auckland, New Zealand, is an excellent model from which to organize: Several elders share a house and a housekeeper/cook.

They have independence and supervision all in one. Baby Boomers have a low tolerance for discomfort and confinement. There will be a proliferation of ageing care models in the next two decades that will experiment with the balance of freedom and supervision needed for the elderly. A CCRC (Continuing Care Retirement Community) is an excellent option if you can afford it.

What if the patient is not so able? Can you carry them to the toilet, even if it is a port-a-potty just next to the bed? Could you wipe a butt? Could you deal with dementia? My dad did it all. As his Sun City buddies said, “Ron sure raised the bar.” Indeed he did.

One of the most exciting times I’ve had with my dad was listening to his intelligent and caring play-by-plays in dealing with mom, whether cleaning her up, dealing with the dementia loops, or sharing a beautiful memory of their past. My dad talked often of the discipline he had to maintain in not getting impatient and frustrated. But he was channeling the special energy of love and did what he had to.

I’m not suggesting you do what my dad did. I couldn’t physically manage much dead weight over 50 pounds, and then I’d need an ibuprofen chaser. I could clean up a mess, sure. And psychologically I could handle demented, but not if it were mean (mom wasn’t mean, thank goodness). Know your limitations as a Death Pod member. In fact, my brother was feeling emotionally tender after having lost his wife just months before my mom got sick and asked not to be there at the end, although he was in daily contact by phone. But, he contributed a brilliant memorial photo display and was a huge help with the post-death tasks and just spending time with dad. Everyone can find their way to contribute if they want to contribute.

Community can help. Currently, there are several senior living models: over 55 communities, continuing care retirement communities (CCRCs), as well as the shared care homes already discussed, assisted living and nursing homes. Sun City communities exemplify the over 55 retirement community model. You live independently with access to many physical, mental and creative activities. Sun City is a wonderful place to live and die. Not something you would see on their marketing brochures, but one of the greatest benefits for a over-55 retired community is their age-based community. It was wonderful to see this older, mature culture go to work when my mom passed away. There was so much caring, compassion and insight when we needed it, not to mention wonderful meals. Their familiarity with death, due to their age and experience, was pragmatic and reassuring, even in the extreme of emotion of loss.

My Dad needed help with errands, meals and social support. They knew this and gave it freely, not waiting to be asked. Dad was doing mom's daily feedings and cleanings himself. In addition, he had a housekeeper twice a week, a nurse once a week, a hospice volunteer for an errand day, and the neighbors made sure *he* was OK. I would call the "girls" in Sun City to check on him, and they'd give me the skinny on Daddy. Between all of us we did it! We gave Mama a good death.

Many healthy people put in volunteer hours for the local driving and hospice programs, so they feel good about accepting help from others later. In Half Moon Bay, where I live, there is a general mix in population. Although there are several community programs, they're not as evolved or convenient as a retirement community like Sun City. To live in the mixed populations requires some sort of neighborhood support. Our community is pretty touchy-feely and there is an

active culture that looks to see where help is needed and goes out and helps. However, help may be hit or miss unless you plan specifically for yourself.

Long-term care, as necessitated by a long-term condition, disease, or dementia, must be decided on as soon as possible after diagnosis. My sister-in-law had Huntington's. Everyone knew it, and we knew we had to plan for years of care. Then, suddenly and unexpectedly, she had a pulmonary embolism at the point where she just started to need constant supervision. She missed the years of hospital care she would have had to endure and that would have cost a lot of money. But she and my brother never really got that far in their thinking. They never came to terms with choosing a long-term-care place. By the time Paul got to see it as inevitable, Kathy had lost all reason. It would have been a huge source of emotional stress to everyone if they had to choose for her. She wanted to stay home, but there would have been a point where she would not have been able to. Earlier, her fear stopped her from finding a place that would have allowed her to feel more settled as the disease progressed. Later on, dementia, as a component of Huntington's, made any decision-making process impossible.

At the first sign or mention of dementia, you should drop everything and go on a vacation and talk and think about what you need to do, where you would want to go, while you still can. Write your wishes down, video tape it, as much for yourself, but also as reminder for those who can still remember.

Long-term medical care for physical and mental conditions is a topic that we all have to get used to talking about. Baby boomers are going to be dealing with their parents, their siblings and themselves. With better medical care than ever before, in the history of man, we will

be able to stay alive longer than ever, sometimes in a good way, and sometimes in a bad way.

CCRCs combine independent living facilities with the availability of both assisted living and nursing care when needed. On the surface, this option may seem a bit pricey, but when you consider that a percentage of your “buy-in” and monthly fee is tax deductible (they are considered pre-paid medical insurance), the costs become more manageable. Also, these facilities usually include meal plans and house-keeping as part of your contract.

Both the over 55 communities and the CCRCs come in a wide range of price levels, so you need to do some “homework” to find what fits you best.

TASK 5: DEATH POD AND DEATH WISHES CONTROLLED DEATH

As a culture, except in several states, we have decided that death should not be controlled. I will brush up against the idea of controlled death (assisted-suicide) time and time again in my discussions of death in this book. Please do not be offended by my exploration of a viable variable. The fact that some states find physician-assisted suicide a legal act, means that others are thinking about this possibility. To that end, do not be afraid to run scenarios of controlled death with your Death Pod. No one deserves a long, lingering death, but many believe that life should not be taken by anyone, for any reason. How do you fit your life and death between these two ideas?

My mother and father are extremely devout in the general Christian belief that no one but God can take life. Yet, as my mother lay struggling for every breath, in the last stages of the “active dying” process,

and as she moaned and gargled, “Let me go, let me go!” the obvious alternative was there. Know that this is a question that will be asked more and more by Baby Boomers as they watch their parents die, and while they contemplate their own deaths.

There is a technological pragmatism to this generation, but I think it will be medical costs that will eventually cause people to rethink how long they live with terminal illness and to what degree they need to suffer through an inevitable end.

First Responsibility Exercise

That completes the explanation of the five tasks you need to complete to meet your First Responsibility. The tasks can never speak to how you will be missed, but it addresses the major ways you can avoid negative impacts after you die. Below is a First Responsibility Exercise to help you and your Death Pod apply what you know and think more specifically about the affects of your death. It will help you:

1. Remember all of the people who will be affected by your death.
2. Review *how* each person will be affected by your death. There are columns for you to check off the three question areas in the table below. Use a separate piece of paper to define the details of your interactions which each person.
 - M = Medical: Who will look after you? Who will you affect if you do not have medical insurance?
 - L = Legal: Who will fulfill your Death Planning requests as your medical agent for your DPAHC, your executor for your will, and your successor trustee for your trust, and, if applicable, your guardian for your kids.

- F = Financial: Who do you give money to? (Or who do you give time to; mother, volunteer?) Who do you burden with debt?
- S = Spiritual: I use this as a catch all for all other Death Planning dreams. How and who will execute your plans? You can apply as much detail and importance to this list as is important to you.

3. Look at the big picture of your life and see who might be a good fit for a Death Pod member.

This exercise will change over time and is one of the things you should review on a yearly basis. Changing relationships and events, such as marriage, birth, divorce and death, will change things. This exercise is part of LIVE TO DIE'S BirthDay~DeathDay Annual Planner.

FIRST RESPONSIBILITY EXERCISE					
<ul style="list-style-type: none"> • Who Will Be Affected By Your Death? • How? (Medically? Legally? Financially? Spiritually?) • Possible Death Pod Members? 					
<i>1. Highlight or circle those your death will affect.</i>			<i>2. Write in specific names:</i> <i>3. Highlight Current Death Pod Members</i> <i>4. Circle Potential Death Pod Members</i> <i>5. Affect: Med, Financial, Legal, Spiritual?</i>		
Family Members	Name(s)	M	L	F	S
Mother					
Father					
Brother(s)					
Sister(s)					
Grandparent(s)					
Great-Grandparent(s)					
Aunt(s)					
Uncle(s)					
Cousin(s)					
Niece(s)					
Nephew(s)					
Step-Parents(s)					
Step-Siblings(s)					
Step-Grandparents(s)					
Current Spouse/Partner					
Son(s)					
Daughter(s)					

<p>FIRST RESPONSIBILITY EXERCISE (pg2)</p> <ul style="list-style-type: none"> • Who Will Be Affected By Your Death? • How? (Medically? Legally? Financially? Spiritually?) • Possible Death Pod Members? 					
<p>1. <i>Highlight or circle those your death will affect.</i></p>		<p>2. <i>Write in specific names:</i> 3. <i>Highlight Current Death Pod Members</i> 4. <i>Circle Potential Death Pod Members</i> 5. <i>Affect: Med, Financial, Legal, Spiritual?</i></p>			
Family Members	Name(s)	M	L	F	S
In-Laws (Mother/Father)					
In-Laws (Brother/Sister)					
Ex-Spouse/Partner(s)					
Friends					
Work					
School/College					
Church					
Community					
Volunteer Group(s)					
Clubs					
Sports/Play					
Sports/Spectator					
Hobby					
Playgroup					
Neighbor					
Other?					

PART III

SECOND RESPONSIBILITY

PART III

SECOND RESPONSIBILITY

HELP OTHERS PLAN THEIR DEATHS

1. Limit of Second Responsibility

2. Who will look after them as they die? Filial Duty and the Death Pod

3. What will happen to them, you, and others, if they don't plan their death?

Consider Five Death Timelines

- Sudden Death
- Death in Days
- Death in Months
- Death in Years
- Controlled Death

Explore Four Questions

- Medical
- Legal
- Financial
- Spiritual

Complete Five Tasks

- Medical Insurance
- Durable Power of Attorney for Healthcare
- Will / Trust
- Post-Death Financial Assurance (Life Insurance)
- Death Pod and Death Wishes

SECOND RESPONSIBILITY: Limit of Second Responsibility

The First Responsibility is primarily to yourself, and secondarily, to others. And, it culminates in a single, one-time experience. The fulfillment of the First Responsibility is ultimately up to yourself.

The Second Responsibility is primarily to others, and secondarily, to yourself. But, it is an experience you may have many times in your life. The fulfillment of the Second Responsibility is not up to you, it is up to someone else.

I must stress that while I suggest you have a responsibility to mentor others, understand that they are, and have the right to be, in complete control of their own life and death; they may cooperate, and they may not.

While the Second Responsibility also suggests self-interest as motivation to help others, you must be careful that you do not get to thinking that they have to plan because they will cause you an inconvenience. Your role is to educate and inform, and to offer help them; to mentor. If the answer is “no”, and if you feel you are in any danger due to a close friend or family member’s lack of action in the death planning area, then just retract yourself from your connection, politely, but firmly.

A tough example for me was with my brother and his wife when they asked me to be the guardian for their son, Matthew, upon their death. At first, I was happy and honored to be backup for them. As time went on, and I had a son, I started to worry about what would happen if Paul died, as Kathy carried the Huntington’s gene, and would eventually need a lot of help. If Paul were dead, she would not be

able to support Matthew, or herself, and they would become a terrific burden on my own family. We got life insurance for exactly that reason after we had our son, and we were not nearly as critically at risk as they were.

After putting two and two together, I asked my brother to get life insurance to protect my family from what would be a logistical and financial disaster. It would just take a car accident, and with Paul gone, the burden of death would become a horror for the living. They would have to move, just for starters. Who would take care of Kathy? We would have to find the money and have to change our lifestyle to help her. That was simply an unfair imposition.

With planning, there was a simple solution to this catastrophic outcome: life insurance. But my brother would not do it, even though we'd talk about it, and he'd placatingly say, "Yeah, I need to take care of that." Then he would just procrastinate in an absent-minded way. I had to get very pointed in my argumentation to get him to act.

Finally, one day, after about a year of periodic reminding, I had to say, formally, that my then husband, and I could no longer accept the responsibility for guardianship of Matthew, if they did not get life insurance. There was no philosophic disagreement. Paul and Kathy both agreed they needed to do this, but procrastination is strong in some of the most intelligent people out there, including loved brothers. Put in those terms, Paul got life insurance soon after, and we ended up making reciprocal wills and trusts to make sure everyone would be looked after, but it was a procrastination battle to start. It turned out OK. I am glad I persevered and Paul is, too. His life insurance continues to protect his son, as a young adult, still going to school.

No matter what causes those around you to choose not to plan, know that you can only ask. You must decide how hard you want to push. It made me very uncomfortable to push, but it scared me more about what might happen, so I kept pushing. You really have to know you are right—not just for yourself, *but for the ones you are trying to help*. It's hard to argue how I could have been wrong, either at the time, or later. Yet in our culture it is not OK to bully people into doing what you want them to do, even if you are right. You also have the right to remove yourself from that circle of responsibility. Balance your responsibility to help with their right to be free to screw up their life and death.

Make sure that when “help to plan” is denied, you do not allow yourself to become a victim of someone else’s poor planning. Don’t be guilty when the shit hits the fan, thinking you should have done more. Even if you just mentioned death planning once, and you got shut down, you did more than most; you did your duty. Be satisfied that you tried.

And, don’t be pugnacious and “I told you so”, either. Help as much as you can in the aftermath, and continue to offer death planning help to others. Keep it positive at all times, as we live a lot more than we die, and it’s good to make life pleasant.

SECOND RESPONSIBILITY: Help Others Plan Their Deaths

1. WHO WILL LOOK AFTER THEM, AS THEY DIE?
~ FILIAL DUTY AND THE DEATH POD ~

There are a limited number of choices for care while someone dies: family, friends, private institutions, or public institutions. You, or someone, will have to look after them, or the state will. If they don’t plan,

they won't have medical insurance, savings, assets, or a Death Pod to help them as they die.

The challenge for the Second Responsibility is to get others to talk about death and to get them to plan. The easiest way to get them involved is to use the First Responsibility. As you address your own death, you can invite others to help you, and so open doors for others to follow your death planning example. Leading by example is a simple and effective way to approach this problem.

Another way to engage others in this process, is to leave this book with them formally or informally. Let the book do the talking. You could add post-it notes and margin notes to engage your audience.

I will discuss more ways to get others involved in death planning, in Part IV: Death Pod Strategies. Our culture is not committed to planning death, but LIVE TO DIE lays out clear reasoning and a concrete plan to address death planning, which will make it an easier topic to explain, when you want to talk about it.

Usually, what happens is that someone gets sick and people juggle from there. Pre-emptive death planning is more effective and efficient. Everything that applies to the First Responsibility Questions, applies to the Second Responsibility; the main goal is to complete the Five Tasks, and review them annually:

1. Medical Insurance
2. Durable Power of Attorney for Healthcare
3. Will / Trust
4. Post-Death Financial Assurance (Life Insurance)
5. Death Pod and Death Wishes

The LIVE TO DIE process makes it clear what needs to be done, and provides the tools to get a plan in place. No one should die alone.

The inevitability of death demands that your death will affect others, *and the death of others will affect you*. Death planning will help you and those around you be more comfortable with facing one of the most difficult events in life, and will help you to avoid an unnecessarily unfortunate series of events.

When working with others, the reciprocating ecosystems of Multi-Generational Reciprocation, Filial Duty and the Death Pod will become the main tools for communication and motivation. The exercise at the end of Part II's "First Responsibility" asked you to list all of the people that would be affected by your death. Well, think of the reverse: each one of those people will affect you when *they* die. See the following exercise which has been adapted for the Second Responsibility. Apply this exercise to each person for whom you feel a Second Responsibility.

SECOND RESPONSIBILITY EXERCISE FOR: _____					
<ul style="list-style-type: none"> • Who Will Be Affected By Their Death? • How? (Medically? Legally? Financially? Spiritually?) • Possible Death Pod Members? 					
1. <i>Highlight or circle those their death will affect.</i>		2. <i>Write in specific names, including yours</i>			
		3. <i>Highlight Current Death Pod Members</i>			
		4. <i>Circle Potential Death Pod Members</i>			
		5. <i>Affect: Med, Financial, Legal, Spiritual?</i>			
Family Members	Name(s)	M	L	F	S
Mother					
Father					
Brother(s)					
Sister(s)					
Grandparent(s)					
Great-Grandparent(s)					
Aunt(s)					
Uncle(s)					
Cousin(s)					
Niece(s)					
Nephew(s)					
Step-Parents(s)					
Step-Siblings(s)					
Step-Grandparents(s)					
Current Spouse/Partner					
Son(s)					
Daughter(s)					

SECOND RESPONSIBILITY EXERCISE (pg2) FOR: _____					
<ul style="list-style-type: none"> • Who Will Be Affected By Their Death? • How? (Medically? Legally? Financially? Spiritually?) • Possible Death Pod Members? 					
1. <i>Highlight or circle those their death will affect.</i>			2. <i>Write in specific names, including yours</i>		
3. <i>Highlight Current Death Pod Members</i>					
4. <i>Circle Potential Death Pod Members</i>					
5. <i>Affect: Med, Financial, Legal, Spiritual?</i>					
Family Members	Name(s)	M	L	F	S
In-Laws (Mother/Father)					
In-Laws (Brother/Sister)					
Ex-Spouse/Partner(s)					
Friends					
Work					
School/College					
Church					
Community					
Volunteer Group(s)					
Clubs					
Sports/Play					
Sports/Spectator					
Hobby					
Playgroup					
Neighbor					
Other?					

It is a slight twist to consider who will affect you if *they* die. It is an important exercise to complete, as it is part of the Death Pod process to see how interconnected we are.

Look at both the First and Second Responsibility Exercises once they are completed. Study them and think about each person on the list with a specific reference to death, both yours and theirs. Show your exercises to them to see what they think. They should see that with so much interconnection there is plenty of help to go around.

The illness and death of parents will cause much confusion for the living. Whether the parents are young or old, the kids will be affected deeply on an emotional level, and often critically, on a practical level. Many parents, like mine, will take care of their death planning, well in advance, with good communication.

However, many are too afraid to take care of their death business. There are two reasons to offer your help, prioritized in this order:

1. To help them
2. To help yourself

It may take many conversations for you to understand your parents' needs, or the needs of anyone else, and for them to understand your needs. They may not want your help. They may not want to help you. **The second responsibility extends itself only to the *offer* of your help.** Once a year is a reasonable timeline to start with, unless there is a clearly seen, impending problem. If their actions (or lack of actions) will cause you or your family hardship, let them know, perhaps in a letter, as well as in conversations.

Know that some people cannot be reasoned with. Their fear is just too great. You must have compassion for their fear; especially with older

people. The synaptical entrenchment of the fear-response to death will be decades old. There is a reason why they say you can't teach old dogs new tricks. People can become more comfortable with their fear, than with the change that could alleviate the source of their fear. As an educator, I'd like to think that I can teach any dog to do a new trick, but I do not fool myself that I can easily motivate any dog (old or young) *to want to learn* the new trick. Motivation is the holy grail of education, communication, and all self-help programs. Persuading people to be motivated to participate in death planning will be your first hurdle. That is why this book was written.

The thing with fear is that it must be faced in order to beat it. My very first words in this book quote a fear mantra that says exactly that.

I must not fear.
Fear is the mind-killer.
Fear is the little death that brings total obliteration.
I will face my fear.
I will permit it to pass over me and through me.
And when it has gone past I will turn the inner eye to see its path.
Where the fear has gone there will be nothing.
Only I will remain.
Fear mantra of the Bene Gesserit from Frank Herbert's Dune.

Encourage the people you are mentoring to face their fear. Try and remember these rules as well:

Stay Calm while you persuade.

Be Persistent even if it takes years. Plug away by setting an example, and by getting others around you to participate. Try direct conversation, only if there is permission. Try no more than once a year if there is resistance and no emergency. Never lecture or bully.

Be Specific as to what the dangers are if they don't plan.

Be Kind, always, no matter how much inconvenience their lack of planning will cause you. Don't get frustrated. Just put out what you can and let it go. You can do things to reduce your liability, if it comes to that.

You do not have to assume complete financial responsibility for any parent (or anyone). Parents are adults and have lived long enough so that they should be able to contribute financially to their elderly lives and deaths. Parents should try not to become a burden to their family. Filial duty is a reciprocal relationship, not just a death bailout for parents. Parents must appreciate and court help from the future generation, and not take it for granted, just as kids should not take for granted their parents' help in their early years. Parents must show a responsibility to the future generation throughout their lives by saving and preparing for their old age. They must also continue to build an adult relationship with their kids.

Many Americans see their financial obligation to their kids being done by age 18. Even if it is, they still need to evolve into a respectful adult friendship with their kids. It does not take many years for a child's life to match their parent's lives in terms of responsibility. At that point, parents and progeny are equals, for all intents and purposes, and should practice a life of mutual cooperation to reap the benefits down the line when death is near.

Death Planning may be hard for adult kids, as the idea of death is so far down the road for them. However, each person, as they grow into adulthood, will experience death from the observer's seat. If death is treated with directness, respect and responsibility, as the child grows, they will see how to be part of a Death Pod that will, one day, come

to their own aid. Death is the great common denominator. Use life to teach the communal cooperation of the generations, then, hopefully, the specter of death will be less scary.

Consider, too, that life does not always cooperate. As much as one can plan, sometimes life makes victims, and you just have to help. If you help, always do so with a happy heart. If you start to feel resentful, then you are helping for the wrong reasons, and are probably more of an emotional burden to the person you are helping, than a help. Get more help, withdraw gracefully, or “stiff-upper-lip” it.

Once someone is willing to talk about death planning, mentor and guide them through the Five Tasks. There may be stumbling blocks as you proceed, but continue finding ways to keep talking until everything is figured out. If you get stuck, move on to another task or question.

Sometimes stubborn fear will entrench someone and yet, there lies ahead an enormous burden for the people around this person if they do not plan for their death. Each person must wrestle with how much they are willing to take, as a result of another’s inaction. I am hoping the logic of this book will prevail as a good argument for death planning.

If the book does not help and you can’t convince them to plan, then you may have to choose to walk away. You will have to decide how much you are willing to give up to help someone else who didn’t or couldn’t help themselves, or the people they would leave behind. There is a point at which people are responsible for their fate, and there is no need to feel guilty if they do not decide to join you in death planning. But then again, the people left behind are victims of circumstance, too. It will be a tough decision.

Once the death process starts for someone who has not planned, always offer your compassion and what time, money or advice you have to spare, but do not feel the need to burden yourself to the point of damaging your own life. Do not make yourself a victim to someone else; offer only what you can safely. Do not drive yourself to physical, emotional or financial exhaustion trying to make up for someone else's mistakes. You can't fix everything. I'm not asking anyone to be Superman, but simply to make sure you tried to offer help in death planning. You do not have to pick up the pieces if they refused to plan. Learn to compartmentalize the sad stuff you can't help, and live on.

SECOND RESPONSIBILITY: Help Others Plan Their Deaths

2. WHAT WILL HAPPEN TO THEM, YOU, AND OTHERS, IF THEY DON'T PLAN THEIR DEATH?

Everything that will happen to you, per the First Responsibility, will happen to those around you, as they die. The Second Responsibility builds on the First Responsibility foundation. We will now explore the Tasks that need to be completed, by timeline, as we consider what happens to the living, after *someone else* dies without planning their death. I will reiterate the Questions, the Death Timelines and the Summary of each, as I did in the First Responsibility sections, changed now for the third person. Following each summary, there will be additional details on how each Death Timeline affects each task for the Second Responsibility role.

TASK #1:

Medical Insurance (and Savings)



Questions: Answers Medical, Financial and Spiritual issues.

Death Timelines: Sudden Death is the least expensive timeline if they have no medical insurance. However, for longer and more complicated deaths, medical expenses will mount quickly without medical insurance. Even with medical insurance, they should still be encouraged to save for old age and long-term care.

Summary: Getting Medical Insurance answers their medical needs, and respects their spiritual wishes and rescues them from financial ruin (or the ruin of those who are left in the wake of their death). Sudden Death is the least expensive, medically, but all other deaths will usually cost more than most people have saved, unless they have medical insurance. Ideally, you don't want to have to sell their home to cover medical expenses; they may end up living with you.

TASK 1: MEDICAL INSURANCE (AND SAVINGS)

SUDDEN DEATH

Although Sudden Death maybe the least expensive, it is not cost-neutral. Payment for the ambulance that takes them on their last trip to the hospital will have to be paid for. Life-saving procedures will be billed even if they die.

TASK 1: MEDICAL INSURANCE (AND SAVINGS)
DEATH IN DAYS, MONTHS AND YEARS DEATHS

If someone without medical insurance ends up in a private hospital, once they are stabilized, they will be transferred to the nearest county hospital. There they will continue to be treated for “free”, at taxpayer’s expense, and by the increased costs charged to insured patients. They will have far less choice of care at a county hospital. The people around them will have to spend a lot of time and effort maneuvering around the government medical system. With the Affordable Care Act, this scenario should be rare.

The tragedy of sickness, or injury, in the young can be financially crippling for their future. It can lead to years of debt. Statistically, the young are less likely to die from things, but the reality is great enough that everyone should budget aggressively for their own medical insurance, starting at age 18.

Many young adults can stay on their parents’ insurance until they are 26. This doesn’t mean the young adult is being insured for “free” by their parents, but that their parents will pay less for the one dependent, as part of a family plan, than the dependent would pay by themselves. Often when medical insurance is through a work benefit program, the costs are less obvious, as the employee tends to pay a percentage of the insurance premium, via payroll deductions.

The high-deductible approach may also work for a young adult, or someone who is financially challenged. This type of policy will reduce the premium, and increase the deductible, which might work for a young person with less income and less medical risk. Inquire on the Internet, and with medical insurance brokers, for the plan that’s best for the person you are trying to help. Send them a link, or download copies to go over with them.

Elderly people definitely need medical insurance and the Medicare/Medicaid system actively encourages this. However, medical costs are rising as we are able to treat more and more things, for longer lives. Currently, there are a lot of elderly people driving a thriving gerontological medical market with the number one goal: to live as long and as well as possible. People are willing to pay whatever to stay healthy, and even more to stay alive. At some point, the cost of all that intervention will catch up with us. Someone has to pay for all the cancer treatments, joint replacements, heart surgeries, dementia care, not to mention, long-term care for plain, old age. It costs a lot to keep a human alive as they age. As the government medical models are stressed, more and more people must make sure they plan to provide quality medical insurance and care for themselves.

Kaiser, an HMO, is especially well-built to deal with the cost-benefits of aging, with excellent continuity of care. That continuity allows the doctors to know how hard to push and when to let go. It takes a lot of courage for a doctor to explain to a family why it is time to stop intervening. There is language that has been developed to allow doctors to be able to talk to patients and families in a more concrete way about death. We cannot throw procedure after procedure at dying people, or keep them warehoused as pharmaceutical experiments. HMO's work a cradle to grave approach, including wellness programs, which help to inform and direct people towards healthy habits, in order to avoid unnecessary medical costs, and early death.

Many elderly are already managing old age medical costs with secondary insurance and savings, so they have more coverage and better choice. Individuals will continue to develop ways to enhance the Medicare system, as it is not the best that can be done, and when people are ill or dying, they want the best that can be done.

Rather than argue about what the government will or will not provide, I assume nothing from them and have and will plan accordingly. Help the people around you plan. Help them find medical insurance estimates for different policies. Young people can usually get away with a less expensive, “catastrophic” or high-deductible policy. Once they get married, have kids, or hit 40, they should be more fully insured. Medical bills can kill, even if the illness doesn’t.

Older people are often fragile. Medical insurance will allow them to live and die with dignity. It should be the absolute minimum a modern human asks of themselves.

TASK 2:

Durable Power Of Attorney for Healthcare (DPAHC)

 **Questions:** Answers Medical, Legal and Spiritual issues. This document allows them to define a “healthcare agent”, DNR parameters, and control their autopsy, organ donation (the greatest gift), and disposal of remains.

Death Timelines: Having a healthcare agent assigned in their DPAHC will give them control over their life, during all timelines. Specifically, their DNR parameters are important for all deaths. This document empowers them, and their Death Pod, after their death, by defining autopsy, organ donation, remains disposal and death ceremonies.

Summary: The **Durable Power of Attorney for Healthcare** (DPAHC, for short; also known as a “Healthcare Directive”) gives them, and/or a healthcare agent, the “authority to consent, to refuse to consent, or to withdraw consent to any medical care”. The DPAHC is a legally

enforced document that helps control medical decisions when they are unable to do so for themselves. Their spiritual life will have an effect on how they fill out this form especially as to when they want to let go of life. Their decisions may also change with age. Help them form a Death Pod, so they can may talk with others about death, over time.

Encourage them to meet with their local trust attorney to make sure they understand all the implications of this document, per current law.

DPAHC also covers autopsy, “anatomical gifts” (organ donation), and disposal of remains.

TASK 2: DURABLE POWER OF ATTORNEY FOR HEALTHCARE SUDDEN DEATH

You find yourself at the hospital with your very elderly uncle who has broken his hip, and on top of it, he has several pre-existing medical conditions, medications and the beginning of Alzheimer’s. He may have medical insurance, he may not. What do you do if he goes into cardiac arrest during the surgery? If you were familiar with his DPAHC, you would know. If he has a medical-alert bracelet, if he left his DPAHC on file with the hospital, or his doctor, then you would know. In the crush of an emergency, it is best to know these things ahead of time.

A person with a significant medical history should carry a “medical bag” with their DPAHC, proof of medical insurance and list of medications and prescriptions. Also, include contact information for their doctor(s), Death Pod members, personal contacts, and spiritual advisor. Encourage them to carry this bag, especially when traveling. Think of this preparation as a passport to effective and correct medical intervention.

TASK 2: DURABLE POWER OF ATTORNEY FOR HEALTHCARE DEATH IN DAYS, MONTHS AND YEARS

If they have not lost mental capacity, then you have time to get the DPAHC done the first lucid moment after the emergency. However, after an emergency, it might be a while before there is lucidity and perspective. If someone is not previously identified as the healthcare-agent in the DPAHC, then someone will be appointed, per the laws of their state. The appointed can be a relative, close friend, doctor, or court-appointed attorney. All decisions are out of the patient's control, if they have lost mental capacity. Do you know, for sure, what they want?

My mom's death was not sudden. However, she was diagnosed with cancer and dementia at the same time, so there was an element of "sudden mental death" to her situation. Although she made sense most of the time, there was definitely a contraction in mental reasoning and memory. Within four months, there were times where I could not understand my mother's gargling responses. It would have been hard to know whether she wanted more oatmeal or if she wanted to be cremated...but we'd planned, and we were confident that we were doing what she wanted. "Mama would have liked that," was a common refrain, which still echoes comfortingly today.

Her DPAHC clearly stated that she did not want to be saved if she did not have her mind. As we reached the point of "palliative" care, my dad, as her spouse and her DPAHC agent, had a difficult decision to make. Palliative care is a stage that is in-between oncology diagnosis/treatment and hospice. It is the stage where there is nothing they can do to save your life, but they can extend your life a little longer with surgery or chemotherapy. We realized it would not have been her wish to be kept alive without her mind intact. It was an especially hard realization for my dad.

The realization was more difficult and poignant because my mom was good at maintaining an appearance of normalcy, for short periods of time. The doctors were recommending palliative treatment. Palliative treatments won't save you from death, but will buy you time. When the doctors realized the extent of my mom's dementia, they actually said they could not do the palliative chemotherapy as she did not have enough mental capacity to respond, even remember, the treatments. My dad's inclination was to fight, but he had to let his love go based on the wishes she'd set out in her DPAHC. It was hard, even though it was the right thing to do. How hard it would have been if we'd had no guidance from her. There is an emotional instinct in us that wants to fight to keep the ones we love alive; we have to be careful that the medical therapies we put our loved ones through are in *their* best interest. We were all very clear about how long to hold on to her, even with so much emotional pressure.

Please see the "First Responsibility ~ DPAHC" section for the summaries on Organ Donation, Autopsy and Disposal of Remains. In particular, organ donation should be seriously discussed in the Death Pod. It is one of the greatest wastes in medicine that the public does not donate more organs to people who could be saved.

Task 3:

Wills and Trusts



Questions: Answers Legal, Financial and Spiritual issues.

Death Timelines: While someone dies, they will want someone else who can become their "successor trustee". This person will protect and manage their finances, while they can't. Sudden death and sudden mental incapacity can make having no will or trust very difficult

for the living. If their mind is intact, and they have a few days, months or years, they can accomplish this task. If their mind is not intact, then people will have to allow themselves to be declared incompetent, in order to allow someone else to assume Power of Attorney over their finances. This is not an easy process, especially under the specter of death. The living will be very stressed by this course of action.

After death, with no will, probate will occur, where the state freezes everything until they figure things out...that means for six months, to a year you may have no access to the finances that could keep a house running and paid for. Either way, they, or you, will very likely have to pay a lawyer to complete the process. With a will, they will, at least, have a more clearly directed probate. However, with a trust, they avoid having to be declared incompetent and avoid probate entirely. The surviving spouse and family will avoid unnecessary legal maneuverings, dodge financial lock-out and minimize inheritance taxes.

Guardianship of children will also be a scramble without pre-planning.

Summary: Most people know that a **Will** and a **Trust** are legal enforcements of post-death financial and guardianship wishes designed to protect the people they were responsible for when they were living. Note also, that if they become mentally incapacitated (a sort of legal, living death), their trust will also allow their previously chosen successor trustee immediate access to their finances. That previously planned access means that the trustee will be able to act as they would to meet their financial responsibilities (if they have the money—not having money is another issue...). Spiritual details and other post-death wishes can be addressed in these documents and can be legally enforced. Discussions with their Death Pod pals, the “hands-on executors” of their post-death wishes, also should continue, over

time. They will feel more spiritually at peace as they die if they know they have met their responsibilities.

TASK 3: WILLS AND TRUSTS

SUDDEN DEATH, DEATH IN DAYS, MONTHS AND YEARS

There is really no motivation for a person to fill out a will or a trust. The deceased have no interest in life—they are dead. However, while living, people often feel a sense of responsibility, or desire, to do a good deed in their name.

Responsibly, there are two groups that will live on and they should be considered for protection under the Second Responsibility. These two groups should be defended with clear logic, verbally and/or in writing, but always with respect and compassion toward the person you are educating. Survivors need a will and trust in place, before death or mental incapacity takes place, in order to make life easier.

1. The first group to be defended is the people who do have rights to the deceased assets: spouse, surviving minor(s), creditors and business partners.
2. The second group to be defended is the minor children who will need guardianship defined.

The first group has a legal and moral right to the money, to *their* money. A will and trust will make their lives smoother after dealing with death itself. They will get their money without a will or trust, although not as easily as if it were planned ahead of time. The deceased should make sure these people are protected, and anyone external to the situation should be given the thumbs up to encourage this protection.

In particular, this means every parent should have a will and a trust to protect surviving minors. Many don't. Do a poll of parents you know with minor children and see what I mean.

Defining guardianship is so important. Loyalty, responsibility and love make this part of the task more urgent but people still do procrastinate. Greater than the fear of their own death, a parent will fear that if they leave their child behind, their job will come undone, and their child will be unprotected and vulnerable. But the idea of asking someone else to do this very personal job is hard.

This is something for which a Death Pod is especially useful. Parents can often be introverted in their perspective and having trusted feedback will help them decide where the kids should go. This is a topic that should be addressed every year as kids and guardians get older and life changes.

After you have explained the need for a will and a trust, even adding the imperative of helping those they are responsible for in life, and if the response is a big, "no", then, you have to let it go. The knowledge is transferred, and it is up to them to use it, not you. Even at the level of importance of a family's financial survival and guardianship, there is a point where you have to let go, for the living. You can destroy relationships by pushing too hard. In my earlier story about encouraging my brother to get life insurance, I had to curb my frustration and impatience. People need time to think and process. Consistent example, on your part, is showing without telling, teaching without lecturing; these are powerful ways to sell death planning. Always mentor with respect and love.

Another reason to define where their assets will go after death, is to make sure none of their hard-earned money gets wasted. I would

never leave any leftover money unaccounted for. I will “spend” every last cent on something useful, before and after I die. I will decide which people and organizations can best benefit from anything I might have left. I won’t let the money become someone’s lottery winnings, and I don’t want the government to get any more than legally mandated.

Others are free to leave it to probate. Some of the best movies are the ones that start with the ordinary guy or gal inheriting a fortune from a long, lost relative; the Lottery Will.

Regardless, one cannot force, pressure, or bully anyone to fill out either a will, or a trust (more provocative pressure may be applied to the guardianship issue, perhaps, but be careful).

In general, the following have “rights” to a deceased’s assets:

- Spouse
- Minor Children
- Creditors
- Business Partners

These people will be paid as a result of probate; justice will generally be served, although it will take six months to a year.

The Second Responsibility does not direct you to demand someone do something useful with their assets after they die. IT IS NOT YOUR MONEY.

You are only to offer the suggestion of a will and a trust as options, outlining the benefits. Sometimes people want to avoid playing favorites and they just prefer to let their assets go to probate, so someone else decides. That is OK. It is not your money; it is not for you to decide.

Survivors often have a lottery mentality that is morally wrong. No one, but a spouse, a minor child, a creditor, or a business partner can claim title to someone else's money, ever. Even if you did the person lots and lots of favors, you cannot claim them as a death debt; they were favors given freely to them when they were living. If you expected to get paid for whatever you did, you should have signed a contract with them when they were living, not go behind their back when they are dead. Goodwill and favors never entitle you to someone else's money after they die.

I know there are people who really do "owe" the people around them, and that they didn't pay up before they died. That is a more difficult situation. If the amount they are after is worth the lawyers, the time and the emotional stress, then go for it. But be careful of collateral damage. People live complicated lives and if they didn't plan for their death, then their death is likely to be complicated, too. Sometimes it is easier to let go and just move on. Of course, there can be serious money on the table, life-changing money; but if it takes years of turmoil to get, is it worth it?

That is why a Death Pod is useful. Interacting with other people who know the person, and who know the milieu of their life, their family and friends, are likely to give them good feedback on choices. It helps people to see the big picture before they die, so that they can attend to things while living.

Everyone should be encouraged to pay any debts defined by contract. If they can't be paid with money while alive, provisions should be made to pay off debts after death, when assets have been sold and settled.

Everyone should also be encouraged to reward good deeds done for them, deeds above and beyond the call of duty. It does not have to

be a lot of money or stuff, sometimes people just need a symbolic acknowledgement, something that shows they were appreciated for what they did. Sometimes, balance between the inheritors must be achieved in a way that respects all parties. Again, a Death Pod would help with weighing these things.

A deed that might be rewarded only after death is caregiving. Sometimes the house that is lived in can't be sold until the person has passed away; they need a place to live. Good caregiving is a priceless task. There are wondrous people out there, paid caregivers, and unpaid family and friends, who contribute to the well being of the sick and aged, and they deserve a nod. Our culture should respect the circle of filial duty and multi-generational reciprocation and feed this ecosystem with thanks and appropriate rewards, when possible, and when appropriate.

Then again, sometimes people just need to do a good deed, with no thanks at all.

Besides the giving away of things, there is still value in making sure a "trustee successor" is identified. This will be the person who has financial access to your money if you lose mental capacity or die. Even in sudden death, the house payment will still need to be made during probate or as the trust is settled.

Task 4:

Post-Death Financial Assurance (Life Insurance and Savings)



Questions: Answers Financial and Spiritual issues.

Death Timelines: This affects all death timelines in the same manner, as it is a completely post-death goal; it doesn't matter whether they die suddenly or not, the beneficiary gets the life insurance payout. If the person you are mentoring has financial dependents (family and/or business), they should have life insurance or enough savings to assure their heirs a reasonably smooth financial transition upon death. Life insurance is also probate-resistant (if left to an individual, not an estate); and it can be tax-resistant, too. Encourage them to check the latest in legal maneuverings, on-line, and with their trust attorney.

Summary: The goal of life insurance is often to financially protect dependents after death. It can also pay for death taxes, funeral costs, and legal fees. It can shift wealth to the next generation. Business partners and co-shareholders can use life insurance to fund buy-sell agreements. It can also be a way to leave a significant amount to a charitable institution. The spiritual consideration is the piece of mind someone will have knowing that those they have left behind won't suffer financial loss, on top of losing them. Some may also get comfort knowing there will be enough money to lay them to rest in the manner of their dreams.

There are many policies (term, premium or whole-life, variable/whole-life) to choose from. It is not my goal to suggest what type of policy will work for them; that is for a life insurance expert. It is my goal to encourage you, to encourage others to investigate whether or not they need to

create a way to fund their post-death financial responsibilities.

Post-death financial assurance can also be done with savings.

TASK 4: POST-DEATH FINANCIAL ASSURANCE

SUDDEN DEATH, DEATH IN DAYS, MONTHS AND YEARS

If I die, my son is the beneficiary of my life insurance policy. With that money, managed by a trust, his appointed guardian will have money to help raise him. It will give him money for private school, if he needs it; college, if he wants it; even seed money for a business or home. This money is to be time-released at certain ages, the bulk as late as 35. Money gives you an advantage in life. A child lacking money and parents will live a more difficult life. Life insurance is just not that expensive for a healthy person and makes a big difference to a survivor.

If they cannot qualify for life insurance, you should try to encourage them to self-insure: Put a little away as savings, or make sure the home they live in can be sold for a profit. Every little bit will help the child's, or children's, new guardians.

In the First Responsibility section for Wills and Trusts, I tell a story of how I had to ask my brother to get life insurance so that I would be able to look after his son and wife properly if he were to die. A named guardian has the right, and the person for whom they will act upon death, has the responsibility, to make sure the guardian can do their job with as little sacrifice as possible. If the named guardian has kids, they must take steps to protect them; one or more cousins may end up living with them! If they have enough money, things might be more hectic, but they will be able to afford help. Everything the

new guardians do for their new wards, will affect their existing family. Everything. They can decide to absorb the potential cost, no matter what, or, they can decide that they can't or don't want to take on that responsibility, and can gracefully resign from their guardianship position.

It shouldn't cost anything to sit down with a life insurance representative. If there is someone who you think should have life insurance, set up a date for the insurance guy to come over and do his interview, give a quote, and explain the package. Then have your friend stay for dinner. Or make it an event for several people, like a life insurance Tupperware party.

You can also sit at the computer together and go on-line to find tools at various life insurance websites that can give quotes, if you prefer. Doing tasks with someone is a good way to break through procrastination. It also allows the mentor to pass on knowledge so the other person does not have to reinvent the wheel.

Besides guardianship, if you know that the person you are working with wants a big funeral, memorial and/or burial, then they need to have the savings or life insurance policy that will pay the post-death costs. Often the surviving family is burdened with these costs.

Business owners need to make sure there is cash to float operations while various legal and financial issues are being sorted out, post-death. Business owners have a responsibility to their families (if they have one), business partners, creditors, employees and their families. Being a business owner is a big responsibility and their role affects many people. For minor costs, a business owner can create a parachute for those who survive by getting life insurance.

Look out for fraud around you and others. Life insurance beneficiaries can be manipulated. It can be a way to fund caregiving, but make sure there are several people in the family who are in agreement, especially when dealing with a senior who may not completely grasp the nuances of the situation. Caregivers have an enormous influence. This is where a Death Pod offers checks and balances and makes sure the left hand knows what the right hand is doing. There can be a charismatic, charming person, a family member, friend, or employee, who might wiggled into favor as a beneficiary; a Death Pod would be able to confirm the choice as being a good one.

Life insurance policies, being probate immune, also provide money quickly after death. Survivors can have money within a couple of weeks, rather than after probate is settled six months or more later. Life insurance can get the money to the people who need it quickly. Have them, with an attorney, make sure they have filled out the life insurance beneficiary section correctly to avoid probate.

There are a lot of ways to complete this task and the solution will change over time. As you mentor them, help them weigh their options, and encourage them to develop a Death Pod relationship so they can continue to process their needs, over time.

Task 5:

Death Pod and Death Wishes



Questions: Answers Medical, Legal, Financial and Spiritual issues.

Death Timelines: This task affects all types of deaths. Creating and maintaining a Death Pod will give someone more control over their death, whatever the timeline. They should have at least one person, if not three, who will advocate for them as they die and after they die.

Summary: As a practical matter, having a Death Pod in place will help someone with executing all of their Tasks and Death Wishes (medical, legal, financial and spiritual) before and after their death. You may be in their Death Pod or not.

This task often starts with direct reciprocation. You need help—they need help. However, you and they need multi-generational reciprocation, too.

Direct reciprocation is useful for the planning and preparation of death, but as one dies, the other person will now need help. Direct reciprocation usually involves people of the same age, like husband and wife, siblings, cousins, friends. Being the same age means you have the same needs and generational motivations in common, and you and they will be able to talk comfortably, and with connected understanding. Younger members will be valuable in the planning and preparation stages as they will know the latest approaches and technologies, but their main value may be in the actual physical help needed for the sick and aged during the death process. A peer group will be stricken with all the same ailments of age at the same time;

Death Pods need to have a least one person below the age of 65, and in good health.

Part IV, “Death Pod Strategies” will take you from the beginning to the end of the Death Pod Process; from the creation of the Death Pod and the planning process to putting the plan into action.

PART IV

DEATH POD STRATEGIES

PART IV

DEATH POD STRATEGIES

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THE REAL THING: ACTING ON A DEATH PLAN WITH YOUR DEATH POD

Planned Death, Planned Process

Emergency Death Planning and Processing

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The BirthDay~DeathDay Annual Review Process

HOW TO START A DEATH POD

The Goal for a Death Pod

There are several goals in starting a Death Pod.

The Death Pod is created in order to encourage people to:

1. Complete the Five Tasks (read the book and discuss with others)
2. Create or join a Death Pod (not necessarily yours)
3. Review Yearly with their Death Pod
4. To Help and Protect Each Other during the Death Process
5. To Help and Protect Survivors *after* the Death Process

How to Approach Starting a Death Pod

The goal of the Approach is to initiate a conversation about future death planning. Specifically, the goal is to agree to commit to completing the Five Tasks, in the near future, in order to protect yourselves and the ones around you from the aftermath of death. Plan to set a time to meet, and/or, plan to continue with email communication.

Winging It. You can start a Death Pod from the moment you understand the general idea, without having finished this book, without really knowing how to go about it. There is some charm in reading LIVE TO DIE with another person, and evolving along the learning curve together. It depends on how comfortable you are with each other; it is a personal call. Most people know what makes another person tick, although, we don't usually accommodate another's idiosyncrasies with much care. Good friends tend to be more careful with each other. When talking about death, you must always be very

careful with the person you are speaking with. The preparation for death will touch on just about every tendril in your life, some tendrils will be more entangled than others. You need someone you can trust to be able to approach things this casually and organically.

I explored all these ideas with my brother in this non-linear fashion as there was no book on how to go about it. ;-) I was just figuring things out as we went. Even though we had some rough spots, I'm really clear that I must be calm with my brother, as he is super mellow. Conversely, he has to give me some room for my passion about things. Over the years, we have both worked to accommodate each other; that is the only way we can work together. We are able to do this pretty easily at this stage in our life; we were not so easy with each other when we were younger.

- How well do you know the person you are approaching?
- Are you cozily “comfortable” with them?
- Are the two of you able to talk about difficult and complex topics without arguing or feeling offense?
- Do you have a productive history?

If you feel like you are confident in yourself and the person you want to approach, then go ahead and begin the learn-as-you-go adventure as you plan your deaths.

The Prepared Approach. If you are not that confident things will go smoothly and easily with the person you are approaching, then you need to prepare more. If you are approaching a parent, they may not treat you with much respect if you don't have a firm grasp on the topic, and you just ramble.

If you are approaching a peer, they may take offense to be approached and be immediately defensive. Our culture does not like to fix a problem unless it is biting us hard in the butt. Death always seems so far off...and here you come along wanting to talk death, stirring up scary thoughts and feelings, even foreboding and panic.

If you need to prepare, read this book carefully, and think about things for a while (say a month—but don't procrastinate, either). Use high-lighters and post-it notes, and when you are ready, you can loan out your book. The margin notes are a non-intrusive way to start a conversation with the person with whom you are looking to create a Death Pod. You can also make an attempt at the first four Tasks (medical insurance, DPAHC, Will and Trust, Life Assurance) before you approach anyone. This will show experience and commitment to death planning.

Third-Party Help. You can also approach your religious leader to help put on a LIVE TO DIE seminar for a small group or a sermon for your larger community. This allows a third party expert to help moderate the personal and private feelings about death. They will have had many experiences with death with which to illustrate why death planning is so important. You can bring a friend to such an event. Since the information is not coming directly from you, it takes the pressure off you.

I have spoken to religious leaders, trust attorneys and gerontological consultants. They see the aftermath of death more often and more vividly than most of us do. They would like nothing better than to encourage people to talk about death before it happens, in order to prepare, rather than ending up with a confusion of angry people after death. They would be very willing to help you put on a death planning sermon, lecture or seminar.

Writing a Letter (or Email). If you are a quiet person and face-to-face seems too bold, even confrontational, then try the written approach. Write a letter and enclose a highlighted book. Have your conversation by hypertext. Conversely, if you are a garrulous and outgoing person, you still need to consider the other person. The person you are trying to approach may be a private and internalized person. Therefore, you may want to start with a letter when approaching people who might find one-on-one too intense, especially if you are a bit intense, yourself.

The letter could go something like:

“Dear Jim,

I’m not one to interfere with other people, nor do I like to be interfered with myself, but I read this book recently and felt that it does need to be shared. I have highlighted some good bits, and added a couple of post-it notes. I’d be curious to know if you would like to meet for lunch or come to dinner to talk further about this book...

Hope all is well,

Sincerely, love, fondly, ciao, cheers....”

If you don’t get an answer back, feel free to follow up with a phone call in a week or so. You could write again, or you can let it go for another year.

You can write your letter by email and just link the book as a reference. I wouldn’t communicate to my dad that way. He would appreciate getting the actual book and not have to deal with the new technology.

Technologically savvy people may have no problem with email, but consider that email is not as intimate as a letter. Mailing the book with a hand-written letter is hard to ignore. Your email can get lost in spam.

Consider your audience.

Group Approach or One-on-One. This is another personal choice and judgment-call based on how well you know yourself and the people around you. You could mention death planning very conversationally in the lunchroom and no one is likely to get too upset, and you might get the odd person following up. You can plant seeds.

Groups can be less confrontational because the directness of one-on-one is diluted. People often feel more anonymous speaking, or just listening, in a group.

You can drop more seeds by asking your religious leader to preach about death planning for a sermon, or organizing a death planning training program through the church.

Likewise, an employer may see the value in making sure that his employees and their families are protected from post death trauma. The secondary effects of death on an employee can be devastating for the employee and for the business.

While speaking to a large group is fine for the initial approach, you will only need a group of three to five people for your Death Pod. Groups larger than that are not the best for long and complicated discussions. Build a small group where everyone feels like talking. While you can sit and listen to a large group introduction to death planning and not get too involved, to complete all five Tasks you will have to interact with others intimately.

Rules of Communication for the Death Pod

Know Your Audience. What is their level of fear regarding death? What are their ages, cultures, genders, and any other things about their personalities or histories that you should consider. Old to young, and young to old, men to women, women to men, cultural differences, educational disparity, previous experience and history...there are a lot of things that make us different. Do not ignore the differences. Do your best to account and accommodate for them as you engage others about death.

Know Yourself. Do not ignore who you are. What is your comfort with death? Are you coming from a fearful place yourself? Are you resigned to death in a pragmatic way (I'm going to die, better get prepared)? Are you resigned to death in a procrastinating way (I'm going to die, oh well)? We must all learn to talk about death, so we can plan for it. Work to be aware of the different feelings that people might have for death by being in tune with your own feelings. Talking about death planning can be a minefield of emotional reactions. However, if discussed with Patience, Kindness and Respect, you will be able to make your point.

Estimate Need for Patience (*yours and theirs*). Do you think you are patient? More to the point, do others perceive you as patient? If you are not generally patient, you need to figure out how to be patient about death before you approach anyone on this topic. Take time to read this book more than once and run scenes and scenarios in your head. Explore how the person you are approaching will react to death and to you. Know that different people process things at different speeds. As a mentor, practice Patience, Kindness and Respect to balance the heavy subject matter and the persistence needed to motivate

people to action. Do not show frustration, even if you feel it. Think: no loud voices, no swearing, no insults, no sarcasm. Follow the rules and no one will get hurt!

You Control Your Death; They Control Theirs. If it is *your* death, you have the last say. Figure out what you want and stand up for what you want with Patience, Kindness and Respect. Don't be afraid to ask people to stop if you need space to think.

If it is *their* death, they have the last say. Listen. Respect their wishes. Do urge them to think and explore areas of fear, but very patiently, kindly and respectfully. If people ask you to stop, then stop. Sometimes people just need some space to think.

You are Not Responsible for Everyone. You don't have to approach anyone you don't feel comfortable speaking to. If you feel that there is a person who does need to be spoken to, or written to, for their own well being, as well as for the well-being of those around them, and if you don't think it would be well-received from you, then ask someone else, who gets along with them, to approach them. If they are just so irascible that the potential for success is very small for anyone, then you can choose to give it a shot (you never know?!), or let it alone. Don't put yourself in physical or emotional harm over approaching people. In most cases, you can remove yourself from any danger caused by another's refusal to plan.

Encourage, don't Bully. Whether friends or family, never push too hard. Always back off when asked. Always, and immediately, without frustration, and *with* apology for imposing, expressing only a desire to help. Then, say nothing else. No addendum, no nothing, unless asked. Leave the scene with love and kindness, and a hug and kiss,

if appropriate. If there is an impending illness, then you need to try again, but know when to quit. Some people cannot be reached, and they have the right to their choices.

Select a Setting for the Approach to Start a Death Pod

There are two ways the topic of death planning will come up.

1. You can bring it up on purpose
2. It can come up randomly, as part of any day.

Once you are prepared, you need to think about a setting. *When, where and in what context* do you want to bring up death planning? You have the choice between planning a specific meeting, or taking advantage of natural settings and circumstances, such as family gatherings or work or play. You can talk one-on-one or in a small group.

How you choose to approach someone is very personal. Some people are great in groups and others are better at one-on-one. Some people are great at impromptu; some people need a script. Know yourself and those around you.

When. Timing is everything. While it is important to consider the time of day, it is also important to consider contextual timing. Some contexts are less likely to succeed than others. When things don't feel right for you or for your audience, feel free to pause and wait for another opportunity to approach them about death planning.

- *Time of day?* Make sure no one is rushed. An open-ended and casual timing is the best. This initial conversation may take fifteen minutes or lead to hours of talk. The goal of the

Approach, this initiating conversation, is really just to agree to commit to completing the Five Tasks in the future, to set a time to meet next, or to continue communication by email, but it may take a while, so be sharp.

- *Email?* You can use email to Approach, that way the timing of the “conversation” can be controlled by the audience. They can receive the email, but read it in private at their convenience. You can use email to pass on information and links to sites that help explain death related preparations. Some people work well with this method, as there is little personal contact to start. The planning will feel more intellectual, less personal and emotional. It is when the death process begins for a Death Pod Member, that you will be taxed intellectually, emotionally and physically. Ideally, the first contact and conversation about death planning should be in person, so you can read body language, see how they feel, and they can see how you feel, too. But if that is not possible, email is viable.
- *Fatigue level?* If, when you finally meet and you see your audience is tired, you may need to cancel the initial conversation for another time. Physical fatigue may be OK, or it may be just enough to cause a bad reception. If they look tired or mention physical fatigue or illness, you can offer to talk seriously another time. Mental or emotional fatigue is always bad when you want to have a serious conversation. Again, offer to talk another time. Be sensitive to your audience and yourself as you proceed.
- *Drinking?* A glass of wine over dinner is OK, but much more and you should try again another time. If there are cocktails, wine and liqueurs for dinner, discussion becomes more

difficult as cognitive reasoning, emotional triggers, and memory are all challenged. Don't combine this conversation with a bunch of partying.

- *Good mood?* If either person is stressed, determine if the cause was the traffic on the way to the meeting or they just caught their spouse cheating. Depending on the source of stress, pause the Approach and wait for another day.
- *Difficult period of life for either?* Again, if you know there is stress in your life or your audience's life, you must tread carefully. Job loss, divorce, death and other events can cause stress. Sometimes, these stresses can cause inaction. Sometimes, even if you and/or your audience are stressed, you just have to get it together and move forward anyway. This will take lots of patience and compassion, but this process will solve a lot of problems for the future, so it is worth the investment of time and effort. Weigh the trauma of the stress versus the need to complete the tasks and try to move forward, even if it is in small steps. Keep moving forward.
- *Serious Illness?* You have to move forward when illness is involved. Again, compassion and patience, patience and compassion. This book is designed to give people tools to quickly take action. Serious illness is a potential death emergency.
- *Family Gatherings?* You can do your Approach at most Family Gatherings, but not gatherings such as Christmas, Thanksgiving, Birthdays, or Weddings, unless one of two criteria are met:
 1. If the event is a multi-day event and there is time to break away and have a conversation.

2. If you don't see the person or persons very often. Example:
If someone lives far away.

Some gatherings like Christmas need to be enjoyed without the feeling of other serious agendas pressing in on people. Logistics may demand that this is the only opportunity for personal interaction. If this is so, try to account for the joy of the season, or the event, so you don't spoil it. Having said that, weddings should trigger a death plan review, which should be completed, before the event, especially if kids are involved.

Where. A Natural Setting is one that you find yourself in habitually. Any natural setting conversations that occur are part of everyday chit-chat, part of everyday life. Work is often a human social group where you know each other so well that you talk about everything because you are simply with each other so much. Sports is another stream of human relationship where there is a lot of time spent together, and so there are lots of opportunities to bring up a subject like death planning. Your home, with mom's kitchen and dad's garage, is another accessible, natural setting.

A Selected Setting is one where you constructively plan a setting based on what would work best for you and your audience. There are lots of places, both physical and contextual, from which you can select to talk. Where you talk can make you and your audience more comfortable. Try and find a place that will work for both of you. Some places allow more time and privacy to talk. This could be a fifteen-minute conversation or an hour. It depends. This is just the initial talk about death planning where you are asking someone to commit to death planning.

- *Your House* – Suggest it if they are comfortable there, too, and it is not too far away.
- *Their House* – They will probably feel more comfortable in their own home, and you can make it even more convenient for them by driving to them...and bring some take out.
- *Restaurant* – Sharing a meal at a restaurant is great as long as you can talk and hear each other easily, and have some sense of privacy, so you both feel free to speak openly.
- *Play* – Walk, Hike, Run, Bike, Kayak, Surf, Sail, Drive, Fishing...talk while you play. This is a very casual way to communicate. It is not face-to-face, and that works for a lot of people. Participating in an activity that takes a few hours allows for breaks in the conversation where you can catch up to all the thoughts and ideas buzzing around, and you still have the time to be able to continue talking as thoughts evolve. On your Approach, make sure you have things clear in your head, as you will be talking from your head, rather than directly from the book. Talking while participating in an activity may work well as conversations can occur over many fun meetings as you continue to plan.
- *Family Gatherings* – What with schedules and travel costs, you may find the only time you can see some family and some friends is on holidays or special occasions. You can take someone off to the side to talk, if it is socially appropriate. Sometimes the gatherings will occur over a long weekend and you will have multiple opportunities to arrange a more private conversation. Sometimes, if someone in the family has died or is seriously ill, that situation can act as the impetus to start and continue the death planning conversation. But, be careful. You

will have a lot of people around and the variables can be complicated. Just as you must know the individual, you need to know the group. You can write to long-distance folks, too.

- *Weekend Away or Vacation* – This is a very low-pressure way to Approach. You will have time to explain LIVE TO DIE'S concepts, including Death Pods. This is like the activities settings above, except over a longer period of time. Again this gives everyone some time to ponder and comment. Group discussion, and/or one-on-one could occur with this setting.
- *Amusement Parks* – There is a lot of waiting in line when you go to an amusement park. This could allow plenty of opportunity to chip away at death planning ideas.
- *The Beach* – A whole day to hang out and talk. Watch the drinking.
- *Long-Distance* – Long-distance Death Pods may be good for the discussion phase of building a death plan, but pragmatically, for the death process itself, long-distance people are not likely to have the time or money to travel and stay away from their homes, jobs, families, friends and personal responsibilities for very long. But if you feel comfortable communicating long-distance by letter, email and/or phone, please do. Each of you can build Death Pods where you live from the research you do together.
- *Shopping* – Great for the ladies. Not so great for the pocket book. Many women leave their death planning to the men in their lives; this is not a good idea. Take ownership of your death and go shopping and to lunch, and talk, talk, talk about it.

Figure the setting that will work for you and your audience and set it up.

Who Do You Approach When You Start a Death Pod?

Think about your life and think about who might benefit and/or appreciate some help in death planning. Family may be your first choice for your Death Pod, but non-family relationships may often be closer to you geographically and emotionally. You may approach people about death planning, even if it is not for your own Death Pod.

- Family and Extended Family (if applicable)
- Work
- School (Teachers and Parents)
- College Friends
- Church
- Community
- Volunteer Group
- Club (Lions, Rotary)
- Sports (play)
- Sports (spectator)
- Activity/Hobby Groups (Book Club, Knitting, Gardening)
- Playgroups
- Neighbors

This list is based on the First and Second Responsibility exercises. You may be looking for someone for your own Death Pod, or you may be helping someone start their own Death Pod. No matter who it is, follow the Conversation Rules closely.

You can have secondary Death Pod members who will make themselves available for help and support when the time comes. They may, or may not, be a part of the planning process. Other siblings, cousins, or friends are great secondary Death Pod members.

Death Pod Expectations

The goals of the Death Pod are to complete and review annually the Five Tasks, and to be there for each other during the death process. The death planning process is pretty straightforward, but the death process is about as open-ended and full of unexpected twists and turns as any adventure would be.

Know that here are some things you should expect to do, and some things you should not be expected to do.

You Should Expect to:

- Treat your Death Pod membership formally, over time. Perhaps you do not sign a contract in blood, or any contract at all, but there should be an understanding of who is in each Death Pod and what commitments are to be expected of each member when the death process begins.
- Act as the medical trustee for the DPAHC. Each member of the Death Pod should be somewhat interchangeable in the sense that you each know what the other wants. This helps in the moment of crisis when the medical trustee has to enforce a DNR. The psychological ramification for this responsibility needs to be intellectually defended and emotionally supported by the others in the Death Pod.

- Enforce the legal, financial and spiritual requests in the will and trust. There is usually only one executor, but, again, there needs to be concurrence from the other Death Pod members that things are being done per the wishes of the dying or deceased. Most executors are amateurs, family relatives who don't necessarily have the skill sets, the personality, the time, or the desire to do the job. With pre-planning and a team of cooperative people, like the Death Pod, the job will be much easier.
- Help with daily care, either on the front line or as a manager of the physical logistics required to care for the very ill and/or dying. Feeding, bathing, toilet, and keeping them company are important routines to maintain. These tasks can be shared by many people.
- Help with driving to appointments, the store and all other necessary destinations during the death process.
- Speak to them about anything they want to speak about. I spoke more to my mom in six months about more important things, than I did in my entire life. I still see this time as the greatest gift we had together, and all because we planned.

You Should Not Be Expected to:

- You should not be expected to do all the heavy lifting, literally and figuratively. This is what death planning is for. There should be a plan in place so that one person does not have to do everything. It is not physically or mentally possible anyway. If the planning was done properly and early enough, there should be long-term savings, or insurance, and/or a team of family/friends/professionals who can help. If there is no

money and not enough people, you may have to release your Death Pod Member to the government medical system. You would be expected to visit and help as much as possible to make the situation better.

- You should not be expected to pull the plug for someone. It is a variable that will be spoken to more and more as Baby Boomers age. Being impatient and pragmatic as a culture and not as tied to religion, suicide will be considered. Physician-Assisted suicide is currently legal in several states. Do not take the law into your own hands. Follow the law in order to avoid prison.

Death Pod Formations

- Ideally, a Death Pod should have a minimum of three people in it. You can have as many as you want, as long as everyone is working productively together.
- One member should be below the age of 65 and in good health.
- You may participate in more than one Death Pod (one for yourself and one for someone else). Be careful of conflicts.
- Death Pods can change over time. As people move through your life, (your ex-spouse may not want to be in a Death Pod with you any more, friends may move away or die), you will need to find new Death Pod members periodically.

Parent-Child Death Pod Formations. You may belong to a Death Pod to help a parent with either the other parent and/or another sibling. This assumes the “children’s” generation is under 65 and in good enough health to lead or manage daily care.

Parent ~ Parent ~ Child
(both parents and a child)

Parent ~ Child ~ Child
(one parent deceased, or divorced, and two siblings)

Parent ~ Child ~ Friend/Other Relative
(the friend or other relative can be either older or younger.)

Childless Death Pod Formations. If you are childless, either through choice or tragedy, you will have to find someone of the younger generation to help you in your old age. You can still find a friend, someone your age, to sign on as one of your Death Pod, but your third member should be someone younger. It may be a young person you have mentored over the years, or a loyal friend or relative.

Young Death Pod Formations. When you are under 60, death is less expected. It would be normal to have a completely peer group Death Pod at this age. However, you do need to build for the future. As I mentioned earlier, when my nephew was only 19, I had already mentioned the Death Pod idea to him. He is still part of my Death Pod, and I am part of his. He, too, may carry the Huntington's gene, as his mother did, and I am fully prepared to help him as much as I can. It is rare to reciprocate with such a young person, but look out for those young people who need special help.

Public Death Pod Formation. There may be situations where you end up on your own with no Death Pod around you. Hopefully, you will have some money to help pay for care. While you are still young and able, you could volunteer at a hospice. Hospice programs are designed to help all people, including those with few resources. If you

don't have money to contribute, make time to volunteer at a hospice near you. The hospice world is largely privately funded. People often leave a significant part of their estate to the hospice that helped them die with dignity. This is an important part of our culture's death system. It is a public Death Pod, and you need to invest in it before you expect it to invest in you. Another kind of Public Death Pod is the CCRC model. If you have moved to a CCRC (continuing care retirement community), long-term care is part of the contract and you will be cared for to the end.

Limitations of the Death Pod Process

Heavy Lifting. This may need to be done when someone goes through the death process. However, not every healthy adult can do the heavy lifting of another adult. Smaller people simply cannot lift bigger people. There are techniques that can be learned from professionals on how to move people around efficiently, such as from bed to wheelchair or wheelchair to car and back. There are also ways to bathe a patient with little strength, but it is still a hard physical task.

Routine Medical Tasks. There are medical tasks that Death Pod members are not qualified to do. You could train yourselves to do basic IV and catheter jobs, and other nursing activities, but in general, the dispensation of medicine and medical interventions requires professional training. Having said that, anyone can get trained! Training for these things is not too difficult and it does give everyone much more flexibility. When you plan, consider how basic needs will be delivered to each Death Pod member. What you don't do, you will have to pay for.

Personal Limitations. These may also limit your interaction during the death process. Know your limitations as you plan. Over time, you will

be able to do less and less. So Death Pod plans will have to change, too.

My dad should have planned for more help. He nearly killed himself helping my mom. One day after months of bugging him to get help for around the house, a flyer was slipped under the front doormat. It was the same day that my dad had to decide to decline palliative care and we knew we were in for the next, last, toughest push. On the flyer was the smiling face of a Thai woman offering to help those who needed long-term care. Since my parents met and fell in love in Thailand, Suma Lee appeared like a gentle angel to help my dad. At first she did not help with Mom because of Mom's dementia; it would have been confusing. But Dad was now free to concentrate on Mom. Suma Lee gave him comfort, made homemade Thai food for him as she could see he was wasting away. We got lucky with Suma Lee who stayed with him after Mom passed away.

You cannot always count on angels coming to your rescue, but look out for them.

Ask Personal Limitation Questions. How well can you physically manage each member in your Death Pod? If you find you are in doubt then you better plan an alternative.

- Can you drive? (any distance? at night?)
- Do you still have dexterity? (arthritis? Parkinsons?)
- Have you had any medical decline in the last year? (accidents or illness?)
- Vision Issues? (reading prescriptions?)
- Cognitive Issues? (able to interpret doctor's directions and execute?)
- Job Change (more or less pressure?)

Resistance

The difficult part is that “they” may not be all that thrilled to talk about death preparation. This book will help to break the ice. You can give it to them formally, or leave it in the bathroom, or by the TV, and just let it be there. Add post-it notes and margin notes and hope for their call.

The Second Responsibility is the more common experience with death—experiencing death through others. The First Responsibility is primarily to yourself, and secondarily, to others. It is a single experience. The Second Responsibility is a completely external experience: responsibility to others. And there can be a lot of “others”: parents, grandparents, uncles, aunts, brothers, sisters, friends... a lot of experiences, a lot of responsibility.

While you have control over planning your own death, helping others will be a different challenge. **It is not in our modern culture to prepare so specifically for death, let alone to encourage others. It used to be a pragmatic necessity.** We used to be more responsible for death. It was more personal; you usually died in your own bed with family and friends nearby. People used to plan and support each other as part of an ecosystem of extended family and friends, that had a natural multi-generational foundation.

Today, it is harder to dialogue about death as we have the illusion of Social Security and Medicare as our old age safety nets; many feel they are covered; they don't need to rely on family. Besides the quality of care issues, I do not feel protected by these government programs. I don't expect those services to be available for me when I come of age, therefore, I have always planned for self-responsibility.

We are further insulated from death, as a day-to-day occurrence in the modern world, as it happens less to the young. With vaccinations

and antibiotics, there are fewer childhood deaths. My parents and their friends all had friends, sometimes siblings, who died when they were kids. I did not have one friend die when I was a child, and it is rare for this generation of kids, too.

Even old age is usually managed in a manner that allows us to live longer and longer. The other day, I saw two grey-haired people sitting on a park bench, a mother and her son. One was 60ish, the other 80ish, both healthy for their age. Our kids may sit with three generations of grey-headed people! There is a satisfaction for people who live into their 70s; a feeling that they lived long enough, that they had a good life, got to see their kids grow, that they completed the circle of life.

Then, when we do die, it tends to be behind closed doors, or hidden behind the backs of emergency response personal. We rarely witness it “up close and personal.”

Therefore, death may be unfamiliar and scary to modern man, maybe more scary than for our forefathers, as we have prepared less for it.

So how do we make preparing for death part of our modern culture?

It is simple. Use LIVE TO DIE as an ice-breaker. If you believe that preparing for death is a good thing to do, then make it part of your personal culture and encourage others to do so, too. Work the program yourself and help others when they let you.

Even after an initial conversation, it may take months of gentle prodding to sit down and talk in more detail. Move on to other people who live in your sphere and start talking with them. The more people you talk to, the more energy for death planning is created within your group of family and friends.

If someone asks you to stop, then you must. Trying again will be up to you. If your approaches are perceived with good will by your audience, then you can probably try again. If the approaches are perceived as another assault, then I would not try again.

Another person can try. Another reason for multiple people in a Death Pod is that everyone is a little different and sometimes one person can talk to a person more easily than another. Don't feel you have to be the only one to talk to anyone.

In particular, parents can be difficult for kids to approach. Usually there is one sibling that is able to talk to mom or dad more easily than the others. If there are a lot of you, going as a group could be intimidating. One or two approaching might be clearer, rather than a lot of jumbled talk from a lot of different people. Don't let your ego get in the way thinking that you have to be "The One" doing the talking. Work together as a team. The goal is to help your parents.

Whether you are an only child or from a large family, you can also ask for help from aunts and uncles, cousins or intimate friends of your parents. They might know just the right way to approach your folks.

Know your audience. Remember, it is ultimately their life and their death.

DEATH PLANNING WITH YOUR DEATH POD

The Next Step after the Approach

At the end of your initial approach and contact, you should try and set up a "next step", including the date and time of the next meeting and what you will try and cover. Subsequent conversations can be by

email, letter, phone call and/or in person. My brother lives just far enough away that we did all of these things as we worked to complete tasks.

Sometimes, there is little time to set up something specific or people don't have their calendars. In those situations, just say, "I'll call you to set a date for our next meeting." And do so within the next 48 hours. Be professionally persistent.

Completing the Five Tasks. The goal, now, is to complete all five tasks. At your first meeting or as part of your email communication, you should set a task completion and meeting schedule. A lot can be done without meeting in person, by using email. You could plan one task per month. My hairdresser gave herself a year. She felt, with work and family, that she didn't want to set a schedule that was too intimidating. Balance your schedule with the need to keep up the momentum. Some tasks may already be completed, so it may not take as long as you think.

Make sure no one is asked to do something they might not be able to do, or they might not be good at. Trust successors, health agents, and executors are roles that require some confidence and purpose. My brother, when he was younger, was less able to manage finances and death decisions. After his experience with death, I think either of us would be good executors for my dad. Be aware that things change over time. It's all about making sure dad is protected.

Another factor can be personality. Occasionally, there will be a bossy person that you will have to deal with. They might be slightly power hungry, even greedy, maybe just bossy. Make sure you know. This type of personality is hard to trust if their ego is more important to them than the person they are trying to help. The person assigned to these legal tasks must be there to protect the dying person.

Follow the Rules of Communication as you sift through these touchy situations.

Try and work together. If you find some of your Death Pod members lagging, help encourage them along. By completing your own tasks to protect yourself, you set an example and provide intellectual property for your group. You can now show and explain how you got it done.

Medical Insurance and Savings. Do you all have medical insurance? How do you all intend to fund old age medical needs and long-term care? Don't leave your family with unnecessary financial burdens and heart-wrenching medical decisions. As you all age, make sure you have enough insurance for your needs.

Durable Power of Attorney for Healthcare (DPAHC). Discuss the terms of the DPAHC. Complete the form, confirm terms and clarify with a trust attorney as an extra measure (usually as part of your will and trust process). Make sure every Death Pod Member has a copy of everyone's DPAHC. Make sure everyone knows who will act as their "agent". Consider Medic-Alert bracelets indicating DNR status and a contact numbers. This way the emergency room can call the DPAHC agent and the Death Pod partners for support.

Will/Trust. Make sure everyone in the Death Pod has read and understands each member's will and trust. Make sure all know who the "successor trustee" is for each member. Make sure everyone has a copy.

Life Insurance. Make sure everyone is insured, or assured with savings. Do an imaginary budget to get an idea of what it costs for long-term care so you know how much insurance and savings you need. Dependents and business partners, if they are not part of the Death Pod, should also have copies.

Death Pod. If you have already completed your DPAHC and your will and trust, then you have a medical agent and a trustee successor. If this is one person, then you have two thirds of your Death Pod completed. Find one more person to act as backup and you are good to go. You can also offer reciprocal Death Pod assistance to the person(s) who are helping you.

Other Tasks to Discuss:

- Bank Accounts, Investments and Bills (trust's successor trustee)
- Organ Donation (DPAHC agent)
- Cremation/Burial and Memorials/Funerals (DPAHC agent)
- Charitable Contributions (trust's successor trustee)
- Pet Adoption (trust's successor trustee)
- Spiritual Wishes (Death Pod)
- Dispersal of personal effects not specified in the will (Death Pod)
- Help dependents after death; short and long-term plans (Death Pod)

A good Death Pod will travel together through life and will know each other well. Over time, they will feel more and more comfortable being able to think and talk about the Tasks and all the other things that might be important to them when they die.

Death Plan Binder. Make sure all of your death planning documents are organized in one single file, like a binder or an accordion file. Make sure your Death Pod has copies and/or knows where you keep your files. If you have additional notes, letters or video, add them to this file so everything is all in one place. Make sure to include these items:

- Medical Insurance Policy
- DPAHC

- Trust and Will
- Life Insurance Policy
- Death Pod Contact List
- Spiritual Leader and Spiritual Wishes
- Burial/Cremation, Memorial Plans and Guest List
- Letters and/or Videos
- Contact information for attorney, accountant, trust management, doctors, spiritual leader, family, friends, Death Pod members
- Bank contact(s) and all account numbers
- Investment broker(s) and all account numbers

Medical Records Bag. If someone has a lot of ongoing medical issues, they should carry a Medical Records Bag that includes their:

- DPAHC (defining their DNR status)
- Contact Information for:
 - Doctors
 - Family
 - Friends
 - Death Pod members
 - Spiritual leader
 - Other:
- Summary of Medical Conditions
- List of Current Prescriptions

Doctors can work more quickly if they have ready access to the patient's history. DNR status will affect how they treat the patient and they need to know this as quickly as possible. A medical-alert bracelet

is a good backup, as the records bag can become separated in an accident. Here is a scenario: An Alzheimer's patient is in a car accident and has massive internal injuries and their heart stops. Do they want to be resuscitated? I would want to take the accident as my exit to save me (and those around me) from a long, living, mental death. That bracelet may be the only thing that can communicate for us at this time.

Minimal Human Contact Plan. If you just can't bring yourself to talk to anyone about death, or, if you just don't have the time to talk with anyone, then complete the first four Tasks by yourself and use an attorney or professional party to assume the role of medical agent and trustee successor.

If you get more comfortable with talking to others about death, or if you find the time, you should try to form a Death Pod. It is still a good idea to inform someone, other than your attorney, as to your wishes, and to give them copies of your DPAHC, will and trust, medical and life insurance policies, and any other pertinent information.

Pre-Death Wishes. Except for Sudden Death, all death timelines allow for your Death Pod to complete Pre-Death Wishes. This is where Live to Die meets. People often live with greater passion when they know death is imminent. We should live with purpose while we are healthy, too.

Before you know you are going to die, set up a to-do list, and get to work on your life. For long-term conditions, like Huntington's, the specter of early death constantly shadows life. I could feel the opportunity to experience life slipping away from my sister-in-law. When my sister-in-law started showing signs of Huntington's, I urged Paul to travel, sooner rather than later. They had several really fun family trips that she thoroughly enjoyed, even though she was in a wheelchair.

Ordinary people, for whom the only specter of death is old age, can allow their lives to meander and slip away from them without doing the things they wished to do. Going through a death planning process can fan flames on the things you want to do before you die. Get to work and do them. *Live to die!*

If the death process begins, and you have not done the things you wished you'd done, you may still want to. Maybe you want to see the Grand Canyon, or the ocean, or go back to the family home. Maybe you want to see someone you have been estranged from, or someone you want to thank, or be near. Some people just want to see out their life with all their family and friends around them. Whatever it is, there is a good chance that if you plan for it, as part of your death planning process, you will have the money and the people to help make your dream happen.

Sometimes people like to write letters or make videos for the people they will leave behind.

Another way to approach leaving a message behind to connect with the living, is to have a Pre-Death Party, a Living Wake, or a Live Memorial. It's your party and you can do anything you want. Your Death Pod will help you throw your party because you will have already planned it. This is a time to bring people together and appreciate your life, while you are alive. For many, it gives a sense of closure and completion.

Plan now to fulfill your living wishes.

Post-Death Wishes. Post-Death Scenarios and Specifications can be defined as part of your death planning process. Some people will want to be very detailed and others won't care as much. Remember, these

death ceremonies are largely for the living. They expect and need closure. If you have not given closure to them with a Pre-Death Party, then try and do it here.

Memorial, Funerals, Wakes, Death Parties. Post-Death ceremonies are often planned as meticulously, and with as much care, as weddings. Unlike a wedding, a memorial is usually planned without the help of the guest of honor. Survivors would find this post-death task a lot easier if the deceased made plans ahead of time. If they can pick location, music, flowers, guest list, photos, video, and even leave a written message, it makes the survivors feel like they are really fulfilling the last wishes of their loved one. Besides making the decision-making easier, planning ahead gives enormous comfort and closure to the living, while they live on with your memory.

Safety. Be careful of advertizing death ceremonies in the newspaper. Thieves have figured out that if you are at the funeral or memorial, the odds are your house is empty. Advertizing memorials and funerals in the newspaper is an important way to notify people of your death, but make sure you plan to have someone stay with the house during the ceremony.

Burial or Cremation. A wife believes in cremation. Her husband believes in burial. Does one have the right to tell the other what to do? No. Individual freedom is the most important thing we must respect in this process. Feel free to explore the topic, but unless it is immoral or illegal, the wishes of the one-to-die should be accepted. To make sure they are, get a lawyer to put it in writing and choose an executor that will enforce what you want. There won't be any need to "enforce" a choice if people can accept the general rule: the individual has the right to choose.

Now, compromise is an art that should not be underrated. Give it a try. Allow others to brainstorm different conclusion for you. You don't have to do them. Just listen and think. Your death plan will change over time as you go through different stages in your life. As you age, things you discussed years before may come back with resonance. Be open.

As in the example above, the ashes could be buried near the body, or spread nearby, or part spread nearby....you see? Just keep playing with the variables. Just talking about it is part of the process. If you can't make a decision, you leave it to fate. That is a decision, too.

Another example: My father is extremely devout. I am not. How can I support a memorial for my mother in their church? Easily. Who cares what god, when it is about the love of my mother who has passed, and the love of the people who loved her? Concentrate on the love. Love is transcendent. We will all have different thoughts on how a memorial will go. Whether you are singing a hymn, or hiking a hill in the Sierras to spread ashes, or attending a wake, it all should be about the love.

Organ Donation. This is a program that is shamefully ignored by many. Make sure you discuss this topic and have a very good reason to *not* fill out the card. It saves lives!

Obituaries. I always wonder if the deceased would approve of what is written for their obituary. If you care what will go out to the world, in print for the rest of time, write your own obit. Only you know what were the most important things in your life. What picture would you want to paint of yourself?

This is a fun task for your Death Pod to play with, as it makes you look at your life and define it in words, your life's resume. Have your

Death Pod partners write an obit for you, too, and then compare and contrast perspectives. This is not necessarily something you need to do when you are young, although, as you hit your 40's and 50's it is usually fun to look back on your life. Reflection can be inspiring, too. Think of how many dreams you have fulfilled and how many more you have to fill. Planning your death will help you plan your life: Live your life while you are alive.

The New Era

It took a month or so to organize and invite people to my mom's memorial. We were all staying at dad's house after the memorial. The next morning when he got up, he showered and shaved as he does every morning. He came out of the bedroom looking fresh and clean, and crying. He sat down heavily in mom's chair, not his, and announced that he and we had to move into the "New Era". He loved Mom so much. They were such companions. But he is also a survivor. He wanted to live. He was so brave after she died.

He spoke of cleaning the house, going out to dinner and to the theatre with friends. He knew intellectually what he needed to do to jump start his life, and he forced himself to put one foot in front of the other and do it. Three years later, he figured out that he still needed a companion with history of his past. He called up an old family friend whose spouse had passed away some years earlier. They are now giddily married. The kids (who I grew up with), my brother and I, are all thrilled to see our parents living such passionate and inspired lives, while in their 70's and 80's.

Everyone is different. My dad could easily have given up. Although he talked to both Paul and me a lot during this period, he did most

of the thinking himself. It was helpful that he let us in on his thinking as he evolved. It gave him clarity and allowed us to follow along his learning curve at the same time. We were used to the idea of him getting married because of those conversations, so we weren't hit with a really big surprise. And then he picked someone who was a favorite mom to me when I was growing up. Someone who always cared when she asked how you were. It was just so easy.

It may not always be that easy to enter the New Era. Some survivors may have physical or mental issues that will make dealing with new situations in their new life very difficult. It may be personality. In particular, women are more vulnerable as the husband is often in charge of their administrative life, financially and legally. They will need to learn new skills, which may be difficult for them.

This is where the Death Pod must continue its work. If someone cannot jump start themselves, like my dad did, then the Death Pod will need to help them do it. Perhaps the survivor is not interested in remarriage, but all older people, indeed, all people, need to develop a network of social companions to help them stay engaged in life. Socializing will give people a reason to get up in the morning, something to do. Maybe they will try a new hobby or interest. Depression is a hard reality of aging and death, but it can be fought with the help of those around you.

If they are not able to engage with life again, then you have a long-term care situation to deal with. Death Pod planning, over time, will help people transition after death more easily because there will be a plan in place after someone dies, a plan that was developed when everyone was alive and less emotionally charged. Perceptions may change after death with abject sadness, but if you have all taken care

of the Tasks, and there has been continual conversation about death over the years, you will be able to talk intellectually and purposefully to develop a new life in the New Era.

Another problem in the New Era is that some people feel a protective possession over their parents. Think very carefully about your motivation for protection. Possession is not a good way to approach any human relationship. Protect without possessing. Every human has the right to the autonomy of their own life. Is the protection really just to control? Or is it based on a personality, need, avarice, or a combination? Make sure you know. Death Pods act as a good check and a balance in these situations.

Sometimes there are good reasons to be worried. When an older spouse passes, the survivor loses their partner in life, who helped buffer them against the world. Imagine the loneliness and vulnerability of losing the comfort of the other person who has been part of their daily habits and thinking for so long. The survivor can be vulnerable to predators. If the survivor's judgment is depressed and desperate, they may be hard to talk to, but at the same time, they may be craving companionship.

If the survivor chooses a new partner that you suspect does not have their best interest at heart, as in something illegal, then stay close and keep an eye out. As Sun-Tzu, the great Chinese emperor and war lord taught: "Keep you friends close; keep your enemies closer." If you find the new companion is not acting in your parent's or Death Pod member's best interest, then commit to spending more time with them. Make sure your presence is not threatening. Be fun and light, even generous (you may be wrong in your suspicions). Look out for fiscal or legal malfeasance. If you find it, be very sure it is real. If you have

evidence that can be held up in court, then you have a moral responsibility to correct the matter. But, you had better be sure. Even if you are right, you will be interfering with someone else's life, and they won't like it. If you suspect financial fraud, then it is about the survivor's money. Remember, it is the survivor's money. Yes, they need to be protected, but if the new partner is making the survivor happy, and they have enough money, you may have to accept it.

Let me blunt: if anyone thinks the new person will inherit the money they thought they were going to inherit, they may. Shame on anyone for even beginning to think a parent, or anyone, should leave them anything (unless you are a minor, or have a financial agreement with that person to pay you upon death). The new spouse or partner, is your parent's new partner in life. They will be there to help each other when you can't. Widows and widowers have been team players all their lives, and they need companionship and support. Let them have it, if they find it.

There are a lot of edgy stories of older men marrying really younger women, and even having children, as well as wealthy widows being taken for a ride. If you have developed a good Death Pod relationship, you will have talked about such scenarios over the years, and you will all have an idea of what to look out for. As a survivor, listen carefully to those around you. If your Death Pod is telling you there is danger in your relationship, then you should listen and consider the possibility and act defensively.

Here's the thing, loneliness can be a very dark, empty feeling. Some people feel loneliness more than others, and, like a drug, they need companionship to feel whole. Unless you want to live with the survivor (and they want you to live with them-not usually!), they will find a

way to provide companionship for themselves. Remember when you wanted your parents to disappear when you were a teenager? Many older folks may feel that way about their kids. Older people may be more delicate physically and/or mentally, but they are humans with complex histories and experiences. They have an expectation of independence and self-reliance, coming from decades of practice. Respect it, as you will want to be respected for who you are and were, when you are older. We will all lose mental and physical ability as we age. We all feel strong and invincible when we are young. Young people can feel annoyed and impatient in the face of their parents' relative feebleness, but that doesn't mean they get to be disrespectful or condescending about their parents' life choices. Follow the Rules of Communication. It is their life.

Even with a Death Pod, you may have a survivor that gives up. Your intervention may ameliorate on how much they give up. If they are eating and watching TV all day, alone, it is not the best, but that is the routine for many elderly. It seems a slow life when you are younger and have more energy, but you lose energy when you age, and sometimes this is what works for the individual: a sedentary, low-stress schedule. If their health declines, you can offer intervention, but if they are done with moving forward, allow them the grace of peace.

THE REAL THING: ACTING ON A DEATH PLAN WITH YOUR DEATH POD

Planned Death, Planned Process

The death planning has been done. If you have kept up your annual reviews and the changing needs of your Death Pod, then implementing the death plan is almost effortless. There will be few questions

and almost no legal footwork. You will be able to concentrate on the physical and emotional care of your loved ones.

It was this way with my mother. I can't imagine where we would have fit in lawyer visits, or how we would have dealt with DPAHC decisions, with out pre-planning.

Emergency Death Planning and Processing

If you pick up this book, as a solution, while the death process is going on in your life, try and form a Death Pod right away so that you have immediate assistance. If it is you that needs help, delegate everything to two people, asap. If it is a third party that you are trying to help, find a second person to help you.

There are two general jobs at this point, in these situations.

1. Completing the Five Tasks. All five Tasks will be impossible to complete. For Task 1, Medical Insurance, and for Task 4, Life Insurance or Assurance, it is too late; you either have them, or you don't. You can, however, complete Tasks 2 (DPAHC), 3 (will and trust) and 5 (Death Pod)

The dying person must decide on as many of the legal and financial questions, as possible:

- Task 2: DPAHC: Durable power of Healthcare: Medical Trustee (to be your medical advocate),
- Task 2: DNR parameters (to decide how long you want to live)
- Task 3: Will: Executor
- Task 3: Will: Trust: Executor and Trustee Successor (to make financial decisions and actions on your behalf)

- Task 5: Death Pod: As soon as you can, create an emergency Death Pod to help you or the patient complete the Tasks and make your or their death as good as possible.

2. Manage Patient Care. Try and find someone or someones to manage the patient's care. This does not mean you have to do all the work, but you may have to work at finding a team of people that spend time with the patient, driving them to doctors, feeding them, exercising them, and being there for company and moral support.

Death is usually unexpected, which is why it is better to plan ahead, starting from your early years. Emergency planning and death processing is highly stressful. At least with LIVE TO DIE, you have a plan, and a clear set of tasks which will allow delegation; many hands make light work.

The Future of Death

Controlled Death, Physician-Assisted Suicide, Euthanasia, and the Good Death, are all ways to take total control of your death. Women schedule their births, why not death? This may be too big a leap for some, but I think these questions will be asked, and the answers will revolutionize our attitude towards death. There has been a really big elephant sitting on the family room table for decades: How long do we keep the sick and aged alive?

There are medical cost-benefits that will temper the Hippocratic Oath as we add to our arsenal of medical interventions. These interventions all cost money. We cannot, even with insurance, substantiate an infinite number of medical interventions, per person, forever. There is a quality of life factor that most doctors use to restrain unrestrained

medical procedures, but they also get paid by the insurance companies for the procedures they do. The money is there, why not do the procedure? There is a lot of conflict of interest.

This is part of the Death Pod conversation that will evolve dramatically over the generational death of the Baby Boomers. Their impatience, comfort with technology, and increasing distance from religious rules, make control of death more acceptable. Like contraception, people will override culture to find what works for them, on a very basic level.

As a culture, Baby Boomers have high expectations for healthy living. They will not tolerate the monotony of endless and hopeless pharmaceutical recipes and surgical advice. With the Internet, they will be more medically informed than any generation in history. They will talk to doctors differently, less subserviently, from a position of knowledge. They won't just take a doctor's word for it. They will know what they want.

The lingering death, illness with no hope of a cure, immobility, mental incapacity, will be seen as avoidable.

There are now several states that offer physician-assisted suicide. In Europe, Switzerland, rejected a referendum in 2011 which was designed to place tighter controls on physician-assisted suicide. In part, they wanted to control suicide tourism and limit physician-assisted suicide to Zurich residents only. It is a fact that people are seeking out this sort of help all over the developed world. This will change our attitude towards death fundamentally.

Side-Benefits of the Death Pod

The Death Pod also could be called the Life Pod. As much as the Death Pod is about planning death, you are planning for your life and for the lives of others, too. Here are some specific side-benefits you will get if you invest in creating and maintaining a Death Pod:

- You will get life-long support for your *life*, not just death.
- You will experience self-discovery in yourself and see it in others.
- You will explore and practice ways to control your fear of death and life.
- You will come to understand and have deep compassion for others.
- You will experience a tight bond with your Death Pod as you plan and process death.
- It will make your family stronger and friendships more meaningful.

The BirthDay~DeathDay Annual Planning Process

Part V, “The BirthDay~DeathDay Annual Planning Process”, will explain the review process that everyone should complete each year. Whether you choose your birthday, or a different day, once a year you should sit down with your Death Pod and review all the changes your life has gone through in the last year. This is an excellent way to look at your life, and death, in a meaningful way, with people who care about you. You will be provided with and a LIVE TO DIE Annual Planner to help guide you through the review process.

PART V

THE BIRTHDAY~ DEATHDAY
ANNUAL PLANNING
PROCESS

PART V

THE BIRTHDAY~DEATHDAY ANNUAL PLANNING PROCESS

ANNUAL PLANNING PROCESS

Change

Annual Planning Rules

- Once per Year
- Review with your whole Death Pod
 - Balance with Fun
 - Develop Tradition
- Review 1st and 2nd Responsibility Exercises
 - Review Yearly Trigger Table
 - Managing Change
 - Review Death Plan Binder
 - Review Medical Records Bag

Trigger Table Details

- In a Partnership?
- In a Business?
- Engagement, Marriage, Divorce, Re-Marriage?
 - Buying a Home?
- Kids at Home, in College, on Own?
 - Military/Long-Distance Job?
 - Moving?
 - Job Change?
 - Physical Change?
 - Driving?
 - Financial Ability/ Stability/ Change?
- Status: Healthcare Agent, Executor, Successor Trustee, Guardian?
 - Status: Death Pod?
 - Medical Training?
- Post Death Review (General and Death Pod specific)?

THE BIRTHDAY-DEATHDAY ANNUAL PLANNING PROCESS

Change

Change can lead to a break in solid decision-making and clear communication. LIVE TO DIE offers an Annual Planning process that leads you through a series of questions to help you determine what Tasks need to be adjusted in order to maintain an effective death plan. This is something that can be done alone, but, ideally, it is better to make a little tradition of getting together with your Death Pod to go over your death plan papers in order to make sure any change has been accommodated.

Some years will require no adjustment for you at all. But, if you have three to five members in your Death Pod, the odds are, someone will have some change to manage each year. This is how your Death Pod will learn. By sharing experiences, you'll become better prepared for changes in your own life.

Sometimes, it takes the eyes of the others in the Death Pod to see that change has occurred. For instance, my mom lost a lot of weight in the two years before she was diagnosed with cancer. Both my brother and I and all their neighbors asked about the weight loss to both her and my dad, individually. Everyone was brushed off. If there had been a Death Pod in place, with long-term experience in talking about death, they would have made the collective observation that my mom should go see a doctor. As in drug interventions, group cohesion can often make individuals see what they couldn't before. Yes, friends, there is an elephant on the family room table.

Old couples can be insular, as they have lived through so much together. My parents had lived through the labyrinth of life for 50 fabulously rich and loving years. In that time they made a lot of decisions by themselves. I was disappointed that my parents didn't take the time to listen to me, or to anyone, but that was their right. As it turns out, this story is about how important it is to maintain an individual's autonomy. Had I interfered, even with good intentions, with more than my observation, I would have assumed the fate of my mom's life and death, and that is something I had no right to do.

If she had gone to the hospital when people first started asking about her weight, she might have been saved from the cancer. But, my mom also had an undefined dementia, too. Would they have found that, too? Her cancer was the blessing that saved her from a life she would have been tortured by. If the dementia was missed, then, they would have treated the cancer. She might have lived a long time in a way that she would have hated. Maybe my dad knew this.

One day, my brother and ex-husband experienced what we refer to as the "Turkey Incident". Working with Paul and Robert, my mom buttered a turkey, preparing it for Thanksgiving dinner. She completed the buttering, washed her hands, then asked Robert to lift the turkey so she could butter it. Robert looked at Paul. Paul looked at Robert. If they could see the mental lapse, dad must have, also. Dementia doesn't usually occur overnight. This occurred nine months before she died, and four months before she was diagnosed with cancer.

Taking it further, what if she hadn't had dementia? Was there a point that my parents' old age and thinking was "wrong"? If I were to say, "yes", then I would have to look at the whole of their lives and see that this is how they dealt with all of their decisions: alone, privately and

together, never with an outside discussion of their feelings or motivations. They lived and died by this approach. While this approach is not for me, and it is clear, with this book, that I “disapprove” of decisions made in voids, I must remember it is their life. Again, it is their life, either way.

The strength of the Death Pod is as a check and balance of perspectives. A Death Pod would probably be able to notice the dementia and be able to externalize it into conversation. In general, as soon as dementia is suspected, the person should go in for testing. Dementia is not usually reversible and the clock will be ticking away. Things should be planned for what might be a long, living death. If you had both dementia and cancer, what would you do? What would you want people to do for you? Your Death Pod can help you process these types of change.

The Annual Planning Process

Once per year. The BirthDay~DeathDay metaphor is there to get you to think on a yearly basis. The review for most of your life, will take 30 minutes a year to read through your Planning binder and check in with your Death Pod. Changes could be as little as a phone call. As you and your Death Pod age, you will need to spend more time researching the death process and responding to change. Once a year, this review is all you need to do to protect yourself, and others, from the aftermath of death.

Review with your whole Death Pod. Your Death Pod is your anchor and your mirror during your life and death. Pick people you trust to be in your Death Pod. Some years you may feel like you can get away with just emailing, but unless you see your Death Pod members on at

least a weekly to monthly basis, you will have no idea how they are doing. You each need to know how each is doing. This is as much a “Life Pod” as it is a Death Pod. It is not a place for therapy, but it is a good place to ask people if and how you should proceed during a difficult situation. You could ask them about moving, job changes, getting married, having children, buying a house, etc.. Some of the answers will affect your death plan.

Balance with Fun. Pick a time and place that allows for some fun. You can turn it into a business meeting, if that fits your style better, but follow up at some point, with a fun activity, a BBQ, beach trip, day out; something that will bond you together in life, not just death. It will give everyone a chance to see how everyone is doing. Even with a relationship like a Death Pod, it can be easy to get into a rut of work, and kids, and chores, and all of a sudden another year has gone by. A lot of things can add up during in a year. Try to keep up with your Death Pod throughout the year so that you can manage change fluidly.

Develop Tradition. By choosing a fun location, or fun time, you can remind yourself, and others, that you are planning death so carefully, because life is so good. Family vacations are a perfect time and place to slip in a review session. Within a family, there can be a lot of overlapping Death Pods, and they all can meet to share problems and solutions.

Review First and Second Responsibility Exercises. The Annual Planner starts with a review of the First and Second Responsibility Exercises. For kicks, don’t look at the previous year’s exercise, and just look at it from scratch. If you just got divorced, or remarried, or someone close died, then the exercise will change. As you plan over the years, you will know all the pertinent changes to look for, who will be affected, and know how to respond.

Review Yearly Trigger Table. The Trigger Table is a short cut to reviewing your life. Trigger Questions identify change and define Task adjustments.

Review the Death Plan Binder. Once your Death Plan Binder has been put together, it is easy to review. But make sure that you actually take it off the bookshelf, open it, and check you have everything there:

- Medical Insurance Policy
- DPAHC
- Trust and Will
- Life Insurance Policy/Savings
- Death Pod Contact List
- Spiritual Leader and Spiritual Wishes
- Burial/Cremation plan/contract
- Memorial Plans and Guest List
- Letters or Videos
- Contact information for attorney, accountant, trust management, doctors, spiritual leader, family, friends, Death Pod members
- Bank contact(s) and all account numbers
- Investment brokers and all account numbers

Medical Records Bag. Both a Medical Records Bag and a medic alert bracelet can be kept to make sure medical requests, such as the DNR, are respected. They have to know it exists before they can respect it. The bag and bracelet will explain things if the patient can't. Here are some things to include:

- DPAHC, defining their DNR status
- Copy of Medical Insurance

- Contact Information for:
 - Doctors
 - Family
 - Friends
 - Death Pod members
 - Spiritual leader
 - Other
- Summary of Medical Conditions
- List of Current Prescriptions

Trigger Table Details

The following Trigger Table will allow you to look quickly at your life, in order to find triggers for death plan changes. I indicate how each trigger affects the Medical, Legal, Financial and Spiritual Questions, and consequently, the Five Tasks. Highlight each trigger question that pertains to you this year and see what Questions and Tasks are affected.

You can use this table for yourself, or for others.

Below is the Trigger Table key: Note, as you do the exercise that there is always an overlap between medical and legal, financial and spiritual.

M=Medical. If you checked medical, it means this trigger might affect your medical insurance coverage. Review your medical insurance situation. Explore premium versus deductible ratios. Don't go uncovered.

L=Legal. If you check triggers that affect your legal situation, you should review your DPAHC, will and trust. Each of these documents will maintain your wishes as you die and after.

F=Financial. If you checked a trigger that has financial consequences, make sure you understand what you need to do to protect yourself for life, and in death. The “downs” in someone’s financial life can cause all sorts of problems. Can you still afford your current medical insurance and life insurance? Do you have to move? Did you lose your house? Is there marital stress, or divorce? The last two will require adjustments to your will and/or trust. The “ups” are important to be aware of, as wills and trusts are more important when you have more assets to protect. If things are looking good, this is a time to save a little extra money for old age care, and for any other goals that you would like to achieve.

S=Spiritual. If you checked a trigger that affects your spiritual wishes, you have an opportunity to review very important personal feelings and attitudes towards death. Your attitude will change over time, as you age and your responsibilities and energies ebb and flow. Your spiritual wishes are reflected in your DPAHC: medical agent, DNR, burial and cremation, organ donation. Your will or trust may include text on how you would want your memorial to proceed, and you may have indicated your wishes with your Death Pod. If you checked a trigger that affects your Spiritual death wishes, make sure to make the changes you need to make to protect yourself and help others.

TRIGGER TABLE EXERCISE	M	L	F	S
In Partnership (non-married couples; review <i>every</i> year)?		x	x	x
In Business (review every year)?	x	x	x	
Getting/ Got Married?		x	x	x
Buying/ Bought a House?		x	x	
Having/ Had Kids, new Adoption, new Guardianship?	x	x	x	
Kids in College?	x	x	x	
Kids Leave Home (getting married)?	x	x	x	
Getting/ Got Divorce?	x	x	x	x
Getting/ Got Re-Married?	x	x	x	x
Military Absence from Family (or work separation)?		x		x
Moving?/ Moved?		x	x	
Changing Jobs? And Moving? More or less pressure?		x	x	
Lost Job? And Moving?		x	x	
Lost Medical Insurance?	x		x	
Physical Change? Health? Injury? Prognosis?	x	x	x	x
Driving? Reduced Ability?	x	x	x	x
Financial Ability/Stability/Change (good or bad)?		x	x	
Healthcare Agent (DPAHC) OK? Who:	x	x		
Executor (will) OK? Who:		x	x	x
Guardianship (if applicable)? Who:		x	x	
Successor Trustee (Trust) OK? Who:		x	x	x
Death Pod OK? Who:	x	x	x	x
Medical Training? (cpr, aed, first aid, catheter, iv, etc.)	x	x	x	x
Post-Death Review: Any death affecting you (active/after)?	?	?	?	?
Post-Death Review: Death Pod Death (active/after)?	x	x	x	x

Here are the detailed applications of each item in the Trigger Table:

In a Partnership (non-married couples)? If you are in a partnership, you should *review your goals as a partnership every year*, no matter what. Partnerships need additional legal protection, as they do not have the same natural legal protections as applied to the legal partnership of marriage or civil unions. In other words, unless you have legal documentation, like powers of attorney, healthcare agents and trustee successors, etc., you will not be able access your partner's money, nor make legal decisions for them. Their parents, or blood family, may have legal precedent over wishes that you and your partner might have had. They can make decisions that will affect your life after your partner dies.

When you are not married, you may want to protect your partner. They may want to protect you, too. Talk with each other. Often one person in a partnership will take a less aggressive financial role in the relationship in order to take care of the home, work on a "family" project, go to school, or take care of children. That person should be protected for the long-term, as they would be protected in a long-term partnership. People plan for the long view, whether they are married or not. Just because one person in the partnership dies, it should not mean that the plan has to come to an end. Plan for your partner to live on successfully.

Ask your trust attorney for the best ways to do this. You may choose to operate with separate bank accounts and contracts for rent and bills. Or, you can create a business model, with an intermediary bank account, buffering your earning streams. Partnership protection can be tricky as the government does not give equal legal protection to partners. Common law status (usually granted after seven years) is awarded in separation suits where legal marital status is granted on

the basis of “time served” in the partnership. Partnerships need to be consciously protected.

In Business? As in personal partnership relationships, business partnerships also must be protected. Trusts should be held by both partners, defining what will happen if each partner dies. Not only the families of the partners, but the employees of the business, are counting on the business to continue smoothly.

Keep in mind that often one partner may have more knowledge and access to financial information than the other, due to the way skill sets have been divided to run the business. Make sure that both partners know enough so that they can act in the other’s stead, if needed. Make sure access to all accounts is possible by either partner at all times. Without access to checking and saving accounts, a business will shrivel quickly. Pressure on the survivors will be unnecessarily terrible.

Getting married? Got married? Joining lives legally with another person can affect everything.

If you intend to get married, you need to be able to talk about death preparation as well as life planning. Start while you are engaged. As much as romance is important to a marriage, so is good life planning.

Check your DPAHC; your spouse should be your “medical agent” unless there are extenuating circumstances. For instance, my sister-in-law was unable to be my brother’s healthcare agent when she became sick with Huntington’s. More than anyone, a spouse should understand the parameters for your DNR. Whether or not you had individual wills and trusts before, you will need to create a new will and trust, as well. Your Death Pod membership may need to be adjusted, or at least reconfirmed. Consider cremation and burial, organ donation, and pre-death and post-death wishes.

Buying or Bought a House? You now own property that can be protected by a will and/or trust, during long illness, or after death. Life insurance is the least expensive way to protect your assets when you are young and starting out. As you get older, if you plan, the value of the house and your savings will assure your financial security. If you have an existing trust and you buy and sell property, you must update your trust to include new properties. All properties outside of your trust will have to go through probate.

Having Kids/Adoption/Becoming a Guardian? This is a big life change, but simple to prepare for, in terms of death planning. Add them to you medical insurance. Consider them in your will and trust, in terms of guardianship and inheritance. Provide for them with life insurance or savings, after you die.

Kids in College? Kids in college are generally supported by their parents. In this in-between stage of life, make sure the student has medical insurance. If the college is beyond what the student can pay, then parents should make sure their life insurance or savings will allow the student to complete their studies. Kids in college are adults and they have talents to contribute. Therefore, they should be included in all adult planning for death.

Kids Leave Home? Leaving home does not necessarily mean the young adult will be completely independent from their parents. Medical insurance can often be maintained through the parents until age 26. Some kids are able to move out and support themselves after college, but many can't find a job, or they find a job that does not use their college training. Some kids live in areas where they have to move to be able to afford rent. Some parents may help their kids financially, so they can stay in the area. Some parents have their kids later in life and so their kids will be relatively young when their

parents' death process may start. There are a million ways to evolve as an independent young adult, but make sure to stay connected to your family's Death Pods.

Getting/ Got Divorce? If you checked this trigger, you will need to review everything. Divorce is more complicated than marriage. You will need to get your own medical insurance. You will need to adjust your DPAHC's medical agent, unless your spouse is still acceptable to continue as your agent. Your will and/or trust, life insurance and Death Pod, should be adjusted, as needed.

Consider the secondary changes that may occur, such as selling your home, moving, job change and guardianship.

Getting/ Got Re-Married? Re-Marriage can be complicated, as there is a previous marriage to consider. There could be alimony and child support to consider, in terms of the will, trust and life insurance streams. Does the re-marriage include buying or selling a home, moving, job change and/or guardianship?

Military Absence from Family (or work separation)? Whether a military, corporate, scientific, or athletic venture, when one spouse or partner leaves the family, for a long period of time, (more than a month), and especially, if this is habitual to the profession, then the Five Tasks must be addressed even more carefully.

Moving?/ Moved? Moving is often a by-product of other changes in someone's life, whether divorce, job change, or death. If you own your house, your will and trust should be adjusted. Anything outside your trust will be subject to probate. Your Death Pod may need to change, depending on things like distance moved, age, health, etc.. Sometimes, families will move one at a time to a new place, where it might be

cheaper to live, have better jobs, and/or better weather. During the process of a move, if there is anyone who is in poor mental or physical health, make sure there is a contingency plan so they are taken care of if their health worsens. Plan for new doctors and long-term care.

Sometimes parents decide they want to move away for their retirement dream. If parents move, have a specific conversation about what will happen if they need you and they are far away. Be specific as to what you would be able/willing to do and not do. Make sure they understand the responsibilities in your life and that you must maintain them. It does no good to serve your parents, if your wife and kids or job are abandoned. Moving parents may find cheaper housing, but they need to account for the assistance they will need for old age. If they move away, they need to find viable assistance in their new place.

Kids have the right to move to fulfill their dream, too. If kids move, they should talk about contingencies with their folks. There are usually other family and friends that can help. Things always change over time: the kids could move back or the parents could decide to move to the kids. Keep on top of all options as you review every year.

Changing Jobs? And Moving? More or Less Pressure? Changing Jobs usually means you have to change medical insurance. You may have to move, sell your house, and buy a new one. Protect your property and your assets from probate by updating your will and trust. If life insurance is offered through work, make sure you take over the policy, or get a new policy. Will this job demand so much of you that you can no longer be a viable partner in your Death Pod? There are points in an education, or career, where helping with a death process would hurt or destroy educational or career goals. Med School, law school, military deployment, corporate transfer, can all mean a

complete immersion in work for several years. No one should plan for someone else's death at the expense of personal or professional goals. Such change should be discussed annually with your Death Pod and your family, so that you make sure there are contingencies in place while you are unavailable to help with an active Death Process.

Lost Job? And Moving? This is a very difficult trigger to respond to as it affects all parts of your life. Your financial life, including your house, your medical insurance, your life insurance, and your ability to sustain savings for your old age, will all be affected. Death Planning encourages "life planning". By asking the Questions and completing the Tasks you generally will be more conscious and active about controlling the variables of life. With such planning, you should be more prepared to handle the downturns in life, including death.

Lost Medical Insurance? This can happen if you lose your job, change your job, get divorced, or forget to pay your premium. After budgeting for food, housing and clothing, medical insurance should come next. Before Starbucks, dinner out, fancy clothes, jewelry, vacations, etc., get medical insurance. The cost of one broken leg, appendix surgery, or heart attack is more than the average person can pay. This will result in a debt that will linger for years, shadowing all financial dreams for the future, possibly causing you to lose your house, if you have one. The Affordable Care Act will assist you if your workplace doesn't offer medical insurance.

Physical Change? Health? Injury? Prognosis? Have you had a major accident, or medical intervention in the last year? Are you expecting a medical intervention (joint replacement, heart surgery)? Has your health become incrementally more delicate? Think about changes in the last year regarding :

- *Mobility, Flexibility, and Strength?* Are you able to manage the physical needs of your Death Pod members (maybe one, but not the other(s).) Keep an eye on degenerative diseases like arthritis and Parkinsons, which can cause incremental decline. Be aware of these so you don't commit to something you are really unable to do. Ask specific questions like: can you get them from a wheelchair to a bed; from a car to a wheelchair; can you help with bathing and physiotherapy?
- *Dexterity?* Do you have the dexterity to open prescription bottles, and manage other medical interventions? Remember, you can always request easy-open prescription bottles.
- *Vision issues?* Can you read prescriptions easily and accurately? 1.3 million people sustain injury from medication errors every year (FDA). You need to be able to make sure that the patient you're working with is given what they are supposed to be taking. Doctors and pharmacies make errors. You need to be able to check and double-check these things. You also need to get the dosage and the timing right.
- *Cognitive issues?* Are you able to interpret doctor's directions and execute? Following the vision issue, cognitive issues must be in good form in order to help your Death Pod properly. As with the reading of prescriptions, you need to understand the interactions and side-effects of all the drugs being taken, you may need to go on-line and find out more, and double-check with the doctor if you don't understand or if you think they got it wrong. These tasks can take a certain amount of intellectual fortitude in order to stay on top of things.

If you find you are in doubt about your physical abilities, then you better plan an alternative. If someone starts going through a death process, you need to do whatever you have committed to: driving, visits, shopping, etc.. There may be someone else in the Death Pod that will do this work, if not, your Death Pod will have to work on budgeting for help, or recruiting new, possibly younger and healthier blood into your Death Pod.

Driving? Can you drive? Has there been any reduced ability in your driving over the last year? Can you drive any distance without major physical discomfort, and with mental acuity? Can you drive at night, comfortably? Can you drive in completely new places or do you get confused?

One thing that did come out of the “Turkey Incident” was the realization that mom should not be driving. I related the turkey story to dad, and ask that he stop her from driving. He resisted, as she was apparently able to make it to the store and back without losing her way. She had taken an AARP elderly driver course years earlier and had, proudly, never had a ticket until she was in her 70s. To drive without a memory is not OK. A moment of confusion could cloud the judgment of a turn and kill someone. I don’t think she drove much after I spoke to dad. They went on a cruise shortly after the conversation, and then she was diagnosed, and then she never drove again.

Think about these facts. Fatality rates for drivers begin to climb after age 65, according to a study by Carnegie Mellon University in Pittsburgh and the AAA Foundation for Traffic Safety, based on data from 1999-2004. From ages 75 to 84, the rate of death is equal to that of teenage drivers. For drivers 85 and older, the fatality rate skyrockets to nearly *four times higher than that for teens*.

The numbers are particularly daunting at a time when the U.S. Census Bureau projects there will be 9.6 million people 85 and older by 2030, up 73% from today. Road safety analysts predict that by 2030, when all Baby Boomers are at least 65, they will be responsible for 25% of all fatal crashes. In 2005, 11% of fatal crashes involved drivers that old.

There are a smattering of state controls, but the state analysis of who should drive and who should be stopped, is not well defined. Unless you are a “loner”, it does not have to be the state’s job. Family and friends should know when to ask their loved one to stop driving. The Death Pod’s cohesion and understanding of responsible death will know, and will be strong enough to ask each other to stop driving, and come up with a plan to keep them getting out and where they need to go.

Planned communities like Sun City and CCRCs, are fabulous for elderly freedom. They usually have good public transit access, and wide sidewalks for walking, wheelchairs, or the electric wheelchairs. Many younger elderly, who can still drive, understand what is in store, and they work together on “Wheels” programs to get their peers to where they need to go. When they are older, the younger elderly will drive them around. It is a wonderful ecosystem.

My elderly neighbor, Shirley B., had to give up driving at 92. She has a very helpful family who would come over once a week to go shopping. However, I heard, through the grapevine, that she really wanted to go out more. At the same time, I happened to notice my elderly neighbor, Henry, across the street, getting picked up frequently by a little county bus. One day, I ran over to the bus driver and asked how it worked. He gave me an information card. Now, the bus picks up Henry and

Shirley B. from their houses, by appointment, and takes them to all the places they need to go, for just a couple bucks. So, keep your ears and eyes open, there are public and private programs to help housebound elderly.

In truth, the reason why the elderly do not have the same insurance rates as teen-agers, is they often responsibly regulate themselves. They may stop driving at night or driving in unfamiliar areas. They often stop altogether.

Some do not. Driving while demented is as bad as driving while drunk. In the absence of comprehensive law and procedure, the Death Pod and families must make their members more honest about their driving abilities. As you age, ask the driving question every year. Make it a rule that if one Death Pod Member questions the driving ability of another member, then that member should either complete an elderly driving class or take the in-person driving test at the DMV, to see if they really are safe on the road. Drive your kids around. If they say you are doing OK, that is a good sign. My father drives with more extreme reactions as time goes on (heavy on brake and gas), but so far he seems in control. I would like to see him take the in-person driving test once each year from now on. His new wife, Agnes, is a bit younger and more able, so he will have someone to drive him for a while longer.

If the Death Pod is actively planning for the future, giving up driving won't be as traumatic as it might be. Every Death Pod should encourage each other to be honest about their driving ability. If the people who are closest to you think you should not drive, you should stop and find another way to get around. If death planning becomes a tradition for your family, there will be a plan instead of this feeling of lost freedom.

Financial Ability/Stability/Change (good or bad)? My parents could afford their decisions, both monetarily and pragmatically. Even if my brother and I had not been there to help, I know Dad would have managed with Kaiser, his friends, and paid help. To achieve this position in life took planning, hard work, and some luck. Not all parents will have achieved such financial ability. Most parents will need some help financially to achieve a good standard of living while they are growing old and dying.

You and your parent(s) should start planning as soon as it looks like they are not going to be able to afford medical insurance or long-term care. If you are part of each other's Death Pod, this won't be a surprise, as you will be reviewing things incrementally every year.

Financial instability and change can happen to anyone, young or old. Some people are more responsible with money than others. Sometimes there are good intentions and bad luck. Sometimes the economy is the surprise. Bad luck is one thing, but no one should burden the rest of their Death Pod with financial apathy or ignorance.

There may be a point where your parents are making decisions that are really going to affect you, if you have to take care of them as they die. If you talk about it ahead of time, you may be able to ameliorate the situation, so their death process can respect their needs as much as possible, and not damage your life in the process.

Death Pods will help with bad luck situations. You will not be completely on your own.

Healthcare Agent (DPAHC) OK? Who? Confirm the status of your assigned Healthcare Agent for the coming year. They may be part of your Death Pod, or you may have chosen another family member, or friend, or a paid assignee such as a doctor or medical consultant. Read

the document again with your agent and ask a few questions of each other. Particularly if the agent is a non-medical professional, you need to know that they can execute the DNR when the time comes. Some people may not be able to do this, philosophically or emotionally. Do you want to be kept alive no matter what? Is the agent able to balance dementia and the DNR? What are your plans for long-term care, if that is on the horizon? Once read, make sure there are no changes triggered, and if there are, that they are made, copied and distributed to your Death Pod.

Executor (Will) OK? Who? Confirm the status of your assigned Executor for the coming year. They may be part of your Death Pod, or you may have chosen another family member, friend or a paid executor, such as an attorney. Read the document together to make sure there are no changes triggered, and if there are, that they are made, copied and distributed to your Death Pod.

Guardianship (Will/Trust~if applicable) OK? Who? Confirm the status of the Guardian, or Guardians, you have chosen for your children. Make sure they are good for another year. They may be part of your Death Pod, or you may have chosen another family member or friend. If the Guardian is a grandparent, be careful to make sure that they are able physically and mentally able to look after minors who can require a lot of energy. Read the document together to make sure there are no changes triggered, and if there are, that they are made, copied and distributed to your Death Pod.

Successor Trustee (Trust) OK? Who? Confirm the status of your assigned Successor Trustee for the coming year. They may be part of your Death Pod, or you may have chosen another family member, friend, or a paid successor trustee, such as an attorney. Read the document together to

make sure there are no changes triggered, and if there are, that they are made, copied and distributed to your Death Pod.

Death Pod OK? Who? Confirm the status of those in your Death Pod to make sure they are committed for another year. There may be overlaps with the membership of your Death Pod and the above roles. Make sure you read your death plan document with each Death Pod member. Make sure there are no changes triggered, and if there are, that they are made, copied and distributed to your Death Pod.

Not all Pre-Death and Post-Death wishes are defined in the legal Death Planning documents. You should cover organ donation and body remains in your DPAHC, but you may have other dreams that you would also like to be fulfilled. In writing, detail these for your last goals, last days, your memorial and post-death wishes. Add or change details as time goes on. If it is in writing, there will be no confusion.

Assign tasks, specifically, in your notes so everyone in the Death Pod (and outside) knows what each is to do. Make sure to ask them, before you assume their participation.

Medical Training? (cpr, aed, first aid, catheter, iv, etc.) Medical Training will make the death process more personal. The training is not difficult, but it will take time and forethought. Training will allow the patient and the family more flexibility and control. Time at home, during the Death Process, will be more possible. Long-term care costs may be reduced. This is a large undertaking. Not everyone will be able to do it, physically and/or emotionally. If there is someone who contributes in this manner, they should be rewarded through the estate, if there is an estate. Sometimes there is no estate, but there is a huge reward knowing you have helped ease pain, and given comfort to someone in their last days.

Post-Death Review: Any death affecting you (active/after)? The comet of death will always whiz by, like a free-radical, and randomly take out the people you love. When it is all over, you need to find ways to remove yourself from the pain, treat the wound, wait for a scar and then carry on.

Change can be difficult to manage without a Death Pod framework in place, especially after a death. Without a framework, it is less easy to approach someone and ask if they have readjusted their death plans. A Death Pod provides continuity, an expectation for lifelong involvement, which makes post-death aftermath an easier thing to deal with.

When my Mom died, it changed the death or illness scenario for my Dad. He is a private man, and it was difficult broaching the subject of death planning, especially the second and third time. However, I still see it as my responsibility to make sure he is taken care of as he gets older, and my brother feels the same.

As it turns out, he remarried, and made the necessary adjustments in a timely manner.

If he hadn't remarried, Paul and I would have had to keep asking if there was something we could do to help him plan and communicate. We want to avoid a worst-case scenario where we would have to scramble to figure things out all of a sudden. If his death process went like Mom's (a sudden collapse leading to a six month bed-ridden illness and death) he would have ended up in a long-term care facility three hours away from me and two hours from my brother. We would have both been worried by the fact we would not have been able to visit him daily. Mom had Dad there all the time by her side. Dad would have his friends, but they, too, are failing in health and strength, so the likelihood of being alone was greater.

At the time, maybe he didn't care if he died alone. He was fighting to live after Mom died, but psychologically it must have been hard to keep going and thinking of the future. I am careful not to transfer my emotional expectations for death to him. I would definitely like to see as much of my family and friends as I can as I die. However, I can accept that others are more independent, and even may be afraid to be seen dying, and would rather be alone. My father has always been private and independent and I'm pretty sure he has enough money to have others take care of him, if that is how he would prefer to die.

The official organization of the Death Pod creates a forum for review when things seem most delicate and tenuous.

Death Pod Death (active or aftermath)? When a Death Pod member dies, a new member must be found. If it is two siblings who don't get along well, and it was the last parent who passed away, they could dissolve the Death Pod and find new ones to join within the larger family network. Sometimes families are not healthy and people should be free to look outside the family to friends. We moved around a lot when I was young and we did not have conventional family relations at hand. But we had a corporate family. My parents had best friends who were my godparents. It was always clear to my godsister and me that we would be "sisters" if our parents died. We were not related by blood, but my parents remained friends with this family their whole lives. If you have a functional relationship with people outside of your family, it is OK to include them in your Death Pod.

Once you have worked the Trigger Table, by yourself or with your Death Pod, you are ready to complete or update the Five Tasks. Review by using LIVE TO DIE'S BirthDay~DeathDay Annual Planner in the next section, Part VI.

PART VI

LIVE TO DIE'S
BIRTHDAY-DEATHDAY
ANNUAL PLANNER

PART VI

LIVE TO DIE'S
BIRTHDAY-DEATHDAY
ANNUAL PLANNER

ANNUAL PLANNER

SUMMARY

FIRST RESPONSIBILITY EXERCISE

SECOND RESPONSIBILITY EXERCISE

TRIGGER TABLE EXERCISE

DEATH PLAN BINDER CHECKLIST

MEDICAL RECORDS BAG CHECKLIST

PRE-DEATH AND POST-DEATH WISHES EXERCISE

LIVE TO DIE'S BIRTHDAY-DEATHDAY ANNUAL PLANNER

Summary

The Annual Planner is a series of exercises and checklists that can be used to initiate or review a death plan. The use of each exercise is detailed in the following parts:

- 1st Responsibility Exercise (Part II)
- 2nd Responsibility Exercise (Part III)
- Trigger Table Exercise (Part V)
- Death Plan Binder Checklist (Part IV and V)
- Medical Records Bag Checklist (Part IV and V)
- Pre-Death and Post-Death Wishes Exercise (Part IV)

Make copies, highlight and fill in the blanks as they apply to you. Do it with your Death Pod, or review your work with them. Follow through and complete the tasks that pertain to a change that has been triggered in the last year, and think about what might be coming up in the next year.

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First Responsibility Exercise

Below is a First Responsibility Exercise to help you and your Death Pod to apply what you know and think more specifically about the affects of your death. It will help you:

1. Remember of all the people who will be affected by your death.
2. Review *how* each person will be affected by your death. There are columns for you to check off the four question areas in the table below. Use a separate piece of paper to define the details of your interactions which each person.
 - M = Medical: Who will look after you? Who will you affect if you do not have medical insurance?
 - L = Legal: Who will fulfill your Death Planning requests as your medical agent for your DPAHC, your executor for your will, and your successor trustee for your trust, and, if applicable, your guardian for your kids?
 - F = Financial: Who do you give money to? Or who do you give time to (mother, volunteer)? Who do you burden with debt?
 - S = Spiritual: I use this as a catch all for all other Death Planning dreams. How and who will execute your plans? You can apply as much detail and importance to this list as is important to you.
3. Look at the big picture of your life and see who might be a good fit for a Death Pod member.

This exercise will change over time and is one of the things you should review on a yearly basis. Changing relationships and events, such as marriage, birth, divorce and death, will change things. This exercise is part of the LIVE TO DIE'S BirthDay~DeathDay Annual Planner.

FIRST RESPONSIBILITY EXERCISE					
<ul style="list-style-type: none"> • Who Will Be Affected By Your Death? • How? (Medically? Legally? Financially? Spiritually?) • Possible Death Pod Members? 					
1. Highlight or circle those your death will affect.			2. Write in specific names:		
			3. Highlight Current Death Pod Members		
			4. Circle Potential Death Pod Members		
			5. Affect: Med, Financial, Legal, Spiritual?		
Family Members	Name(s)	M	L	F	S
Mother					
Father					
Brother(s)					
Sister(s)					
Grandparent(s)					
Great Grandparent(s)					
Aunt(s)					
Uncle(s)					
Cousin(s)					
Niece(s)					
Nephew(s)					
Step-Parents(s)					
Step-Siblings(s)					
Step-Grandparents(s)					
Current Spouse/Partner					
Son(s)					
Daughter(s)					

FIRST RESPONSIBILITY EXERCISE (pg2)					
<ul style="list-style-type: none"> • Who Will Be Affected By Your Death? • How? (Medically? Legally? Financially? Spiritually?) • Possible Death Pod Members? 					
<p><i>1. Highlight or circle those your death will affect.</i></p>		<p><i>2. Write in specific names:</i></p> <p><i>3. Highlight Current Death Pod Members</i></p> <p><i>4. Circle Potential Death Pod Members</i></p> <p><i>5. Affect: Med, Financial, Legal, Spiritual?</i></p>			
Family Members	Name(s)	M	L	F	S
In-Laws (Mother/Father)					
In-Laws (Brother/Sister)					
Ex-Spouse/Partner(s)					
Friends					
Work					
School/College					
Church					
Community					
Volunteer Group(s)					
Clubs					
Sports/Play					
Sports/Spectator					
Hobby					
Playgroup					
Neighbor					
Other?					

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Second Responsibility Exercise

This exercise is almost identical to the First Responsibility Exercise, except this exercise asks you to list all of the people **that will affect your life**, if they die. Any questions, review Part III: Second Responsibility.

SECOND RESPONSIBILITY EXERCISE FOR: _____					
<ul style="list-style-type: none"> • Who Will Be Affected By Their Death? • How? (Medically? Legally? Financially? Spiritually?) • Possible Death Pod Members? 					
<i>1. Highlight or circle those their death will affect.</i>		<i>2. Write in specific names, including yours</i>			
		<i>3. Highlight Current Death Pod Members</i>			
		<i>4. Circle Potential Death Pod Members</i>			
		<i>5. Affect: Med, Financial, Legal, Spiritual?</i>			
Family Members	Name(s)	M	L	F	S
Mother					
Father					
Brother(s)					
Sister(s)					
Grandparent(s)					
Great Grandparent(s)					
Aunt(s)					
Uncle(s)					
Cousin(s)					
Niece(s)					
Nephew(s)					
Step-Parents(s)					
Step-Siblings(s)					
Step-Grandparents(s)					
Current Spouse/Partner					
Son(s)					
Daughter(s)					

SECOND RESPONSIBILITY EXERCISE (pg2) FOR: _____					
<ul style="list-style-type: none"> • Who Will Be Affected By Their Death? • How? (Medically? Legally? Financially? Spiritually?) • Possible Death Pod Members? 					
<i>1. Highlight or circle those their death will affect.</i>		<i>2. Write in specific names, including yours</i>			
		<i>3. Highlight Current Death Pod Members</i>			
		<i>4. Circle Potential Death Pod Members</i>			
		<i>5. Affect: Med, Financial, Legal, Spiritual?</i>			
Family Members	Name(s)	M	L	F	S
In-Laws (Mother/Father)					
In-Laws (Brother/Sister)					
Ex-Spouse/ Partner(s)					
Friends					
Work					
School/College					
Church					
Community					
Volunteer Group(s)					
Clubs					
Sports/Play					
Sports/Spectator					
Hobby					
Playgroup					
Neighbor					
Other?					

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Trigger Table Exercise

The following Trigger Table will allow you to look quickly at your life in order to find triggers for death plan changes. I indicate how each trigger affects the medical, legal, financial and spiritual Questions, and consequently, the Five Tasks. Highlight each trigger question that pertains to you this year and see what Questions and Tasks are affected.

You can use this table on yourself, or on others.

This is the Trigger Table key: Note that there is always an overlap among Medical, Legal, Financial and Spiritual issues.

M=Medical: If you checked medical, it means this trigger might affect your medical insurance coverage. Review your medical insurance situation. Explore premium and deductible ratios. Don't go uncovered.

L=Legal. If you check triggers that affect your legal situation, you should review your DPAHC, will and trust. Each of these documents will maintain your wishes as you die and after.

F=Financial. If you checked a trigger that has financial consequences, make sure you understand what you need to do to protect yourself for life and in death. The "downs" in someone's financial life can cause all sorts of problems. Can you still afford medical insurance and life insurance? Do you have to move? Did you lose your house? Is there marital stress or divorce? The last two will require adjustments to your will and/or trust. The "ups" are also important to be aware of, as wills and trusts are more important when you have more assets to protect. If things are looking good, this is a time to save a little extra

money for old age care, and any other goals that you would like to achieve.

S=Spiritual. If you checked a trigger that affects your spiritual wishes, you have an opportunity to review very important personal feelings and attitudes towards death. Your attitude may change over time, as you age and your responsibilities and energies flow and ebb. Your spiritual wishes can be reflected in your DPAHC, DNR, burial/cremation, organ donation and by your medical agent. Your will or trust may include text on how you would want your memorial to proceed, or you may have indicated your wishes with your Death Pod. If you checked a trigger that affects your Spiritual death wishes, make sure to make the changes you need to make to protect yourself and help others.

TRIGGER TABLE EXERCISE	M	L	F	S
In Partnership (non-married couples; review <i>every</i> year)?		x	x	x
In Business (review every year)?	x	x	x	
Getting/ Got Married?		x	x	x
Buying/ Bought a House?		x	x	
Having/ Had Kids, new Adoption, new Guardianship?	x	x	x	
Kids in College?	x	x	x	
Kids Leave Home (getting married)?	x	x	x	
Getting/ Got Divorce?	x	x	x	x
Getting/ Got Re-Married?	x	x	x	x
Military Absence from Family (or work separation)?		x		x
Moving?/ Moved?		x	x	
Changing Jobs? And Moving? More or less pressure?		x	x	
Lost Job? And Moving?		x	x	
Lost Medical Insurance?	x		x	
Physical Change? Health? Injury? Prognosis?	x	x	x	x
Driving? Reduced Ability?	x	x	x	x
Financial Ability/Stability/Change (good or bad)?		x	x	
Healthcare Agent (DPAHC) OK? Who:	x	x		
Executor (will) OK? Who:		x	x	x
Guardianship (if applicable)? Who:		x	x	
Successor Trustee (Trust) OK? Who:		x	x	x
Death Pod OK? Who:	x	x	x	x
Medical Training? (cpr, aed, first aid, catheter, iv, etc.)	x	x	x	x
Post-Death Review: Any death affecting you (active/after)?	?	?	?	?
Post-Death Review: Death Pod Death (active/after)?	x	x	x	x

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Death Plan Binder Checklist

Once your Death Plan Binder has been put together, it is easy to review. But make sure that you actually take it off the bookshelf, open it and check you have everything there:

- Medical Insurance Policy
- DPAHC
- Trust and Will
- Life Insurance Policy/Savings
- Death Pod Contact List
- Spiritual Leader and Spiritual Wishes
- Burial/Cremation plan/contract
- Memorial Plans and Guest List
- Letters or Videos
- Contact information for attorney, accountant, trust management, doctors, spiritual leader, family, friends, Death Pod members
- Bank contact(s) and all account numbers
- Investment broker(s) and all account numbers

LIVE TO DIE'S BIRTHDAY-DEATHDAY ANNUAL PLANNER

Medical Records Bag Checklist

Both a Medical Records Bag and a medic alert bracelet can be kept to make sure medical requests, such as the DNR, are respected. They have to know it exists before they can respect it. The bag and bracelet will explain things, if the patient can't. Here are some things to include:

- DPAHC, defining their DNR status
- Copy of Medical Insurance
- Contact Information for:
 - Doctors
 - Family
 - Friends
 - Death Pod members
 - Spiritual leader
 - Other:
- Summary of Medical Conditions
- List of Current Prescriptions

LIVE TO DIE'S BIRTHDAY-DEATHDAY ANNUAL PLANNER

Pre-Death and Post-Death Wishes Exercises

This exercise will be original to each user. There are a multitude of ways to fulfill dreams of your death. The best way is to live well and plan for a death that will honor the life behind it.

Consider the questions and respond, in writing, if it matters to you. Some people will not feel a need to do anything, especially when they are younger. That is OK. The Pre-Death wishes are for you. The Post-Death wishes are for others. Not planning will cause some inconvenience, but it is not as critical as any of the Five Tasks. As you get older, and experience the aging and death of others, you may develop an opinion as to what you would like and would not like. Indicate your evolving interest as you plan annually. It may be fun to look back 10 years later and see how your goals have changed over time.

Pre-Death Wishes Exercise

This is really a Life-Wish List. What do you want to do while you are living? What do you want to do before you die? The first suggests that you should quest, with every breath, to live life to its fullest. The second suggests you will fulfill this wish list once you have been given a death warning.

Life can be day-in-day-out. You can lose site of your goals. One of the side benefits of death planning is that you are encouraged to think about life goals, as you think about death goals. People often live with greater passion when they know death is imminent. We should live

with purpose while we are healthy, too.

Here is a list of areas that you may want to choose as goals or wishes, before you die. None of these will be met with Sudden Death or Death in Days, or weeks. The first two require Life planning. I use “wishes” in a very goal-oriented way: as in *you* can *make* your wishes come true, but you’d have to set goals to achieve your wishes.

- **Career.** This is a life goal that won’t happen after you have been warned of your imminent demise. Death Planning, annually, can serve to place a little heat in your heart about a goal you have put off for one reason or another. But, if you wanted to be an astronaut when you were a kid, and you didn’t make it, you can still explore your interest. Perhaps you don’t have the “right stuff”, but there may be fun ways to experience tastes of space, such as doing a NASA camp, or visiting a museum, or a space telescope observatory.
- **Financial.** Plan early for this one. You may have dreams of lots of money so you can buy a big house, a special car, go on vacations, pay for college, and have an early retirement. However, it won’t happen unless you make it happen.
- **Education.** This could be a career goal or it can be a personal fulfillment goal: like learning a language and then going to visit that country; studying philosophy or music, or art, etc. Save money and make time for this.
- **Travel.** Visit a place you always want to go to, or to a place you want to return to. Travel to visit an old friend. Save money so you can do this.
- **Have someone visit you.** If you are unable to travel, due to money or health, perhaps the person you would like to see

most would be able to come to you.

- **Causes.** You can be involved in a cause all your life, or you can do something for a cause you have always held near and dear. If you are in the middle of the death process, you may not have time, but you may have money and specific ideas that you would like to fund.
- **Family.** If you have a goal for a family member, such as helping with college, or finishing the building of the old Chevy in the barn out back, or helping Joey make the baseball team, you may need to get someone to help you finish what you started. If you have time, you can do as much as you can before time is gone.
- **Fix a personal wrong.** If there is something you regret, you can attend to it before you die.
- **Have a Pre-Death Party, a Living Wake, or a Live Memorial.** Another way to approach leaving a message behind, to connect with the living, is to have a Pre-Death Party, a Living Wake, or a Live Memorial. It's your party and you can do what you want! Your Death Pod can help you throw your party because you will already have planned it. This is a time to bring people together and appreciate your life, while you are alive. For many, it gives a sense of closure and completion.
- **Thank or reward someone.** This can be done before or after you die. Some people like to remain anonymous, but do leave good instructions with your money so it is used as you intended.
- **Invest in someone or something.** Is there a person, cause, or business that could use your money, or time?

- **Communicate.** Videos and letters can be created to communicate before or after you die.

Post-Death Wishes Exercise

Some people will want to be very detailed, and others won't care as much. Post-Death wishes can be an important extension of your life. What is important must be planned while living and communicated clearly to your Death Pod, so your wishes can be honored. Communication in writing is important, as your plans will change, over time, and your Death Pod won't remember specifics after you're gone.

- **Memorial, Funerals, Wakes, Death Parties.** Survivors would find this post-death task a lot easier if the deceased made plans ahead of time. If they can pick location, music, flowers, guest list, photos, video, and even leave a written message, it makes the survivors feel like they are really fulfilling the last wishes of their loved one. Besides making the decision-making easier, planning ahead gives enormous comfort and closure to the living, while they live on with your memory.
- **Burial or Cremation.** Be clear on which process you want applied. Indicate where you want to be buried, and whether you want a green burial or a casket burial. If cremation, where do you want your ashes kept or scattered?
- **Organ Donation.** Make sure you discuss this topic and have a very good reason to *not* fill out the card. It saves lives!
- **Obituaries.** If you care what will go out to the world, in print, for the rest of time, write your own obit.

- **Family.** If you had a goal for a family member and you would like to see it completed, find someone to help you finish what you started.
- **Fix a personal wrong.** You can always write an apology note and have it delivered after your death.
- **Thank or reward someone.** This can be done after you die. Some people like to remain anonymous, but do leave good instructions with your money, so it is used as you intended.
- **Invest in someone or something.** Is there a person, cause, or business that could use your money or time?
- **Communicate.** Videos and letters can be created to communicate before or after you die.

GLOSSARY

GLOSSARY

The Glossary is split into two parts. The first part addresses terms and phrases that are unique to LIVE TO DIE. The second part covers General Technical Terms.

LIVE TO DIE TERMS

BIRTHDAY~DEATHDAY PROCESS (and the Birth-Day~DeathDay Annual Planner)

Once a year, say, on your birthday (but any yearly trigger is good), you, and your Death Pod, should review your death plans.

The Annual Planner will guide you each year with:

- First and Second Responsibility Exercises
- Trigger Table Exercise
- Death Plan Binder Checklist
- Medical Records Binder Checklist
- Pre-Death and Post-Death Wish Exercise

CONTROLLED DEATH (or Physician-Assisted Suicide)

When a person decides they have suffered enough, and they want to die, they may utilize the physician-assisted suicide process that is available in several states. More and more states are considering this process. Watch “How to Die in Oregon” to understand the process better.

DEATH PLAN BINDER CHECKLIST

See the BirthDay~DeathDay Annual Planner. It includes:

- Medical Insurance Policy
- Durable Power of Attorney for Healthcare (DPAHC)
- Trust and Will
- Life Insurance Policy
- Death Pod Contact List
- Spiritual Leader and Spiritual Wishes
- Memorial Plans and Guest List
- Letters or Videos

- Contact information for attorney, accountant, trust management, doctors, spiritual leader, family, friends, Death Pod members
- Bank contact(s) and all account numbers
- Investment broker(s) and all account numbers

DEATH POD

Creating and maintaining a Death Pod will give you more control over your death, whatever the timeline. You should have at least one person, if not three, who will advocate for you as you die, and after you die. Having a Death Pod in place will help execute all of your Tasks and Death Wishes (medical, legal, financial and spiritual), before and after your death. As part of your Second Responsibility, you can help the people around you to form Death Pods.

DEATH TIMELINES

There are five kinds of timelines that should be considered when planning your death:

- Sudden Death
- Death in Days
- Death in Months
- Death in Years
- Controlled Death

Consider, each of the Four Questions, in relation to the Five Tasks, within each Timeline.

FILIAL DUTY (and Multi-Generational Reciprocation)

Filial Duty is an archaic term used to describe the responsibility that a child has for one's parents. Multi-Generational Reciprocation extrapolates the idea of filial duty to apply to multiple generations (since we live so long now), and emphasizes the reciprocal nature of the relationships.

FIRST RESPONSIBILITY (and First Responsibility Exercise)

Take responsibility and plan your own death by completing the Five Tasks. The exercise helps you to determine all the people you are making an effort for, besides yourself.

FIVE TASKS

Complete the Five Tasks to meet your First and Second Responsibilities, in order to plan the best deaths you can dream.

- Medical Insurance
- Durable Power of Attorney for Healthcare (DPAHC)
- Will / Trust
- Post-Death Financial Assurance
- Death Pod and Death Wishes

FOUR QUESTIONS

There are four areas to question and explore comprehensively:

- Medical
- Legal
- Financial
- Spiritual

MEDICAL RECORDS BAG CHECKLIST

See BirthDay~DeathDay Annual Planner.

Includes:

- DPAHC, defining DNR status
- Copy of Medical Insurance
- Contact Information for:
 - Doctors
 - Family
 - Friends
 - Death Pod members
 - Spiritual leader
 - Other:
- Summary of Medical Conditions
- List of Current Prescriptions

PRE-DEATH AND POST-DEATH WISHES EXERCISE

See BirthDay~DeathDay Annual Planner. This exercise will be original to each user. There are a multitude of ways to fulfill dreams of your death. The best way is to live well and plan for a death that will honor the life behind it, thinking of yourself and others.

POST-DEATH FINANCIAL ASSURANCE (Life Insurance)

Acquire Life Insurance or create an investment buffer of financial self-assurance. (Self-assurance means you have enough money to pay for your responsibilities after you die: your spouse, kids, business, etc.).

SECOND RESPONSIBILITY (and Second Responsibility Exercise)

Take responsibility and help those around you plan their own deaths, by completing the Five Tasks. The Second Responsibility exercise helps them to determine all the people they might want to protect in the death planning process.

TRIGGER TABLE CHECKLIST

The Trigger Table will allow you to look quickly at your life, in order to find triggers for death plan changes. Triggers may affect the medical, legal, financial and spiritual Questions, and consequently, the Five Tasks.

GENERAL TECHNICAL TERMS

Note: Many of the following acronyms are government programs whose emphasis can change all of a sudden. Always make sure to confirm and update technical information and make decisions with the help of your Death Pod, attorneys, and other professionals.

CCRC (Continuing Care Retirement Community).

A retirement facility that provides independent living, as well as, assisted living and nursing care when needed. The contract with the resident provides the continuing care along with meal plans and housekeeping.

DPAHC (Durable Power of Attorney for Healthcare, and “Healthcare Agent”)

This document allows you to define a “healthcare agent” and DNR (do not resuscitate) parameters, and control your autopsy, organ donation (the greatest gift), and disposal of remains. DPAHC, for short, also known as a “Healthcare Directive”, gives you, and/or a healthcare

agent, the “authority to consent, to refuse to consent, or to withdraw consent to any medical care”. The DPAHC is a legally enforced document that helps control medical decisions when you are unable to do so for yourself.

DNR (Do Not Resuscitate)

Have this on file within your DPAHC to make sure you are not resuscitated if you, or someone you are helping, doesn't want to be.

HMO (Health Maintenance Organization)

HMO is a form of medical insurance. Shop around to make sure you have the most suitable medical insurance for your needs.

PPO (Preferred Provider Organization)

PPO is a form of medical insurance. Shop around to make sure you have the most suitable medical insurance for your needs.

PROBATE

Where the state freezes all assets, until they figure out who gets what...that means for six months, to a year, you will have no access to bank accounts to pay existing bills of the deceased. It can be difficult. Use a will, or better, a trust to ameliorate such interference.

TRUST (and “Successor Trustee”)

A Trust is a legal enforcement of post-death financial and guardianship wishes created to protect the people you were responsible for when you were living. Note also, that if you become mentally incapacitated, a sort of legal, living death, your trust will also allow your previously chosen “successor trustee” immediate access to your finances. That previously planned access means that someone will be able to pay your bills while you can't, and, indeed, act as you would to meet your financial responsibilities (if you have the money—not having money is another issue...). Spiritual details and other post-death wishes can be addressed in these documents and can be legally enforced. A trust will help you avoid probate.

WILL (and “Executor”)

A Will is a legal enforcement of post-death financial and guardianship wishes, created in order to protect the people you were responsible for when you were living. An executor is the person you choose to enforce the will.

