

Life Planning Tools
Aging Preparedness Kit
Staying in Charge

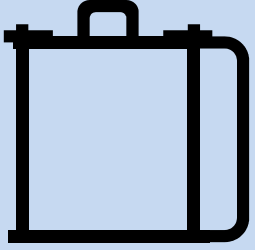
H.E.L.P.
Healthcare & Elder Law Programs
Corporation
1404 Cravens Ave, Torrance, CA
310-533-1996
www.help4srs.org



The Aging Preparedness Kit

Staying in Charge

- The Kit is in addition to having a financial plan (living expenses, leisure, medical, etc.)



The Aging Preparedness Kit

1

- Durable Power of Attorney for Health Care

The Aging Preparedness Kit

- If you become incapacitated
 - Who will speak for you?
 - What should they say?
- You can choose who should speak!
- You can tell them what to say!

Power of Attorney for Health Care

ADVANCE HEALTH CARE DIRECTIVE CALIFORNIA POWER OF ATTORNEY FOR HEALTH CARE (Appointing an Agent to Make Health Care Decisions)

NOTE: COMPLETION OF THIS FORM IS ONLY THE FIRST STEP. YOU SHOULD DISCUSS YOUR WISHES IN DETAIL WITH YOUR DESIGNATED AGENT(S).

My name is: _____

My address is: _____

In this document, I appoint one or more agents to make health care decisions for me. **My agent's authority shall begin immediately, even though I currently have the mental capacity to make my own health care decisions.**

The following persons cannot be selected as your agent or alternate agent:

- Your primary physician.
- The operator of a community care facility or residential care facility where you receive care.
- An employee of the health care institution, community care facility or residential care facility where you receive care (unless you are related to that person, the person is your registered domestic partner, or you and the person are employed by the same facility or institution).

AGENT

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

1ST ALTERNATE AGENT (If Agent is unavailable or unwilling to serve.)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

2ND ALTERNATE AGENT (If Agent and 1ST Alternate Agent are unavailable or unwilling to serve.)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

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- Name who will speak for you – your *Agent*
- *H.E.L.P* at www.help4srs.org; *Forms & Tools*
- California Medical Association form – (800) 882-1262

POA page 1 ADVANCE HEALTH CARE DIRECTIVE
CALIFORNIA POWER OF ATTORNEY FOR HEALTH CARE
(Appointing an Agent to Make Health Care Decisions)

NOTE: COMPLETION OF THIS FORM IS ONLY THE FIRST STEP. YOU SHOULD DISCUSS YOUR WISHES IN DETAIL WITH YOUR DESIGNATED AGENT(S).

My name is: _____

My address is: _____

In this document, I appoint one or more agents to make health care decisions for me. **My agent's authority shall begin immediately, even though I currently have the mental capacity to make my own health care decisions. (If I check here _____, my agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions).**

The following persons cannot be selected as your agent or alternate agent:

- Your primary physician.
- The operator of a community care facility or residential care facility where you receive care.
- An employee of the health care institution, community care facility or residential care facility where you receive care (unless you are related to that person, the person is your registered domestic partner, or you and the person are employed by the same facility or institution).

AGENT

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

1ST ALTERNATE AGENT (If Agent is unavailable or unwilling to serve.)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

2ND ALTERNATE AGENT (If Agent and 1ST Alternate Agent are unavailable or unwilling to serve.)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

*Included in
your file of
attachments

POA page 2

FOIA page 2
Except as limited by this document, my agent will have authority to make health care decisions for me to the extent that I now have authority to make my own health care decisions. This authority includes, but is not limited to, the authority 1) to accept or refuse treatment, nutrition and hydration, 2) to choose a particular physician or health care facility, and 3) to receive, or consent to the release of, medical information and records. **If I have the mental capacity to make my own health care decisions, my agent shall not have the authority to make any health care decision with which I disagree.**

Except as limited by this document, this authority includes the authority to authorize an autopsy, donate all or part of my body, and/or determine the disposition of my remains.

AGENT'S DUTIES

My agent shall make decisions for me in accordance with this power of attorney for health care, any written instructions I have provided to my agent and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

HEALTH CARE INSTRUCTIONS (OPTIONAL)

I make the following instructions to my agent:

[illegible]

(Attach additional pages if necessary. Sign and date any additional pages on the same day you sign this document, and state the number of attached pages here: _____.)

NOMINATION OF CONSERVATOR

If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

AUTHORITY UNDER HIPAA AND CMIA

My agent shall be a personal representative of mine under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As such, my agent has the same rights to inspect and obtain copies of any medical or other health information as I would have. My agent also has the right to authorize disclosure of my patient records and other medical or health information subject to and protected under HIPAA. Pursuant to the California Confidentiality of Medical Information Act (CMIA) and Section 4678 of the California Probate Code, my agent has the same rights to request, receive, examine, copy and consent to the disclosure of my medical or other health care information as I would have.

The above authority applies to any individually identifiable health or medical information, health care information or other medical records governed by HIPAA, CMIA or Section 4678 of the California Probate Code.

PERSONAL CARE DECISIONS

I authorize my agent to make decisions regarding my personal care, including decisions regarding where I will live, hiring household employees, furnishing transportation and meals, handling my mail and arranging recreation and entertainment on my behalf. If I initial here _____, I do not want my agent to have the authority provided by the preceding sentence.

DISAGREEMENT WITH OTHER AGENTS

In case of disagreement between my agent and an agent under any financial or other power of attorney of mine regarding payment for my health and/or personal care or regarding any other matters addressed under this power of attorney for health care, the decision of my agent under this power of attorney for health care shall control. If I initial here _____, I do not want my agent to have the authority provided by the preceding sentence.

REVOCATION OF PREVIOUS DOCUMENTS

I revoke any previously-executed Power of Attorney for Health Care, Individual Health Care Instruction or Natural Death Act Declaration.

EFFECT OF COPY: A copy of this form has the same effect as the original.

SIGNATURE OF PRINCIPAL (PERSON APPOINTING THE AGENT)

Date: _____ Signature: _____
(If principal is not physically able to sign, he or she can instruct another person to sign the principal's name, if signature is done in the principal's presence.)

WITNESSES

This document must either be notarized or signed by two adult witnesses. If the principal (the person appointing the agent) currently resides in a nursing facility, this document also must be witnessed by a patient advocate or ombudsman designated by the California Department of Aging. If the two-witness method is chosen, the patient advocate or ombudsman may serve as one of the two witnesses, or may serve as a third witness. If the notarization method is chosen, the patient advocate or ombudsman serves as a separate witness.

I declare under penalty of perjury under the laws of California

- (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence,
- (2) that the individual signed or acknowledged this advance directive in my presence,
- (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence,
- (4) that I am not a person appointed as agent by this advance directive, and
- (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

First Witness: _____
 Name (printed) Signature

Date: _____ Address: _____

Second Witness: _____
 Name (printed) Signature

Date: _____ Address: _____

ONE OF THE PRECEDING WITNESSES ALSO MUST SIGN THE FOLLOWING DECLARATION:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

Date: _____ Signature: _____

DECLARATION OF PATIENT ADVOCATE OR OMBUDSMAN

(Required if person appointing the agent currently resides in a nursing facility)

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman designated by the California Department of Aging and that I am serving as a witness as required by Section 4675 of the California Probate Code.

Date: _____ Signature: _____

State of California

County of _____)

On _____ before me, _____
 personally appeared _____
 who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
 subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
 his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
 person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
 paragraph is true and correct.

WITNESS my hand and official seal.

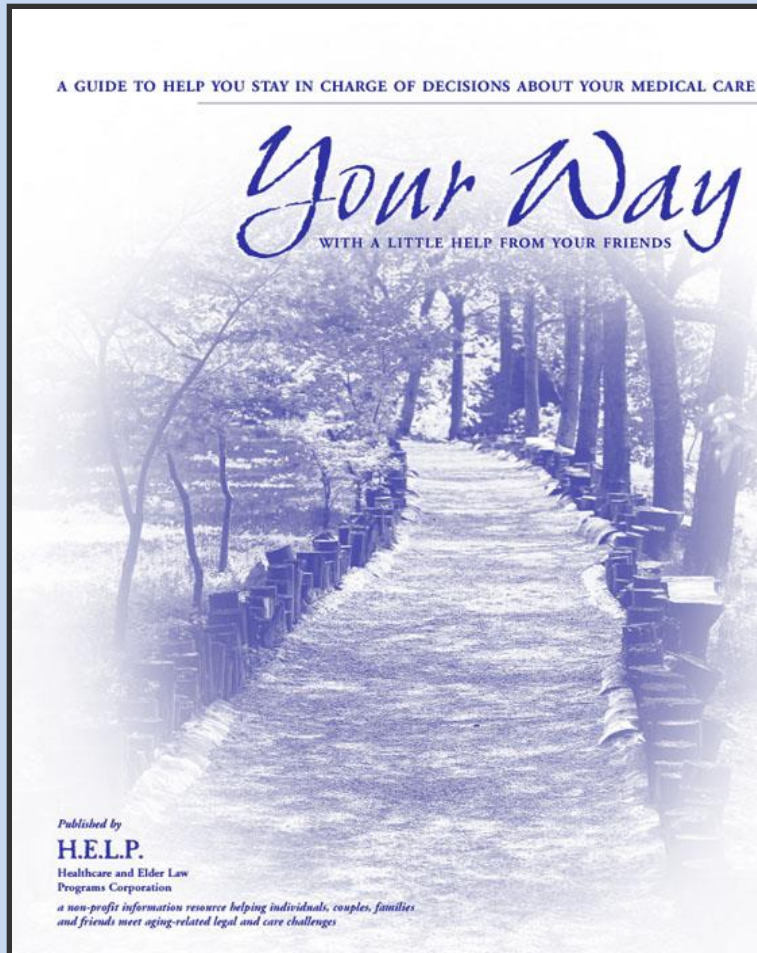


The Aging Preparedness Kit

2

- Communicate about what matters
- So your Agent knows what to say

The Aging Preparedness Kit



- *Your Way*
- Think about what matters to you
- Communicate!!

WHAT MATTERS MOST TO YOU TODAY?



For each subject where you have a view, circle the number that best expresses its importance to you today. By doing so, you're telling your friends what a "good life" means to you.

SUBJECT	IMPORTANCE (LOW - HIGH)		
Being in charge of			
• My money	1	2	3
• My care decisions	1	2	3
• My meal selections	1	2	3
• How I spend my time	1	2	3
• When I do things	1	2	3
• Where I live	1	2	3
• With whom I spend time	1	2	3
Enjoyment			
• Traveling	1	2	3
• Listening to music	1	2	3
• Reading	1	2	3
• Thinking	1	2	3
• Being creative	1	2	3
• Sexual experiences	1	2	3
• Watching television	1	2	3
• Theatre, movies	1	2	3
• Dancing	1	2	3
• Sports	1	2	3
• Singing	1	2	3
• Playing a musical instrument	1	2	3
• Playing games	1	2	3
• Having pets	1	2	3

SUBJECT	IMPORTANCE (LOW - HIGH)		
Religious Beliefs			
• Following my beliefs	1	2	3
• Attending services	1	2	3
• Meeting with my priest, minister, rabbi, advisor	1	2	3
Personal Needs			
• Preparing meals	1	2	3
• Feeding myself	1	2	3
• Controlling my bladder / bowels	1	2	3
• Dressing myself	1	2	3
• Bathing myself	1	2	3
• Moving about without help	1	2	3
Family and Friends			
• Communicating with them	1	2	3
• Recognizing them	1	2	3
• Not being a burden on them	1	2	3
• Being with them when I die	1	2	3
• Not leaving painful memories	1	2	3
• Leaving money to them	1	2	3

Use the following box to list additional matters that are very important to you.

POSSIBLE FUTURE SITUATION: INABILITY TO RECOGNIZE AND COMMUNICATE WITH PEOPLE



Assume you have become permanently unable to recognize and communicate with people. You are conscious (aware of surroundings, able to experience pain and suffering). Your life expectancy is uncertain. If this happened, what approach would you want? Select ONE and/or provide any added comments.

APPROACH	✓
I want to prolong my life, and to receive all medical care available to prolong my life.	<input type="checkbox"/> I Agree
I do not want to receive medical care that only prolongs my life, except that I do want to receive artificial nutrition and hydration (tube feeding).	<input type="checkbox"/> I Agree
I do not want to receive medical care (including artificial nutrition and hydration) that only prolongs my life.	<input type="checkbox"/> I Agree

Comments:



Added Facts: While in the above situation, you contract an additional illness (for example, pneumonia) that could be cured or reversed. The additional illness would cause your death if left untreated. If this happened, what approach would you want? Select ONE and/or provide any added comments.

APPROACH	✓
I want to receive all medical care that could possibly cure the additional illness.	<input type="checkbox"/> I Agree
If it's the only way to keep me comfortable, try to cure the illness.	<input type="checkbox"/> I Agree
Let me go. Do not try to cure the additional illness, even if it will cause me pain.	<input type="checkbox"/> I Agree

Comments:

POSSIBLE FUTURE SITUATION: PERMANENT UNCONSCIOUSNESS



Assume you have become unconscious (no awareness, no pain, no suffering). Medical testing indicates that your unconsciousness is permanent. Your life expectancy is uncertain. If this happened, what approach would you want? Select ONE and/or provide any added comments.

APPROACH	✓
I want to prolong my life, and to receive all medical care available to prolong my life.	<input type="checkbox"/> I Agree
I do not want to receive medical care that only prolongs my life, except that I do want to receive artificial nutrition and hydration (tube feeding).	<input type="checkbox"/> I Agree
I do not want to receive medical care (including artificial nutrition and hydration) that only prolongs my life.	<input type="checkbox"/> I Agree

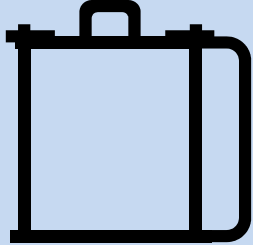
Comments:



Added Facts: While in the above situation, you contract an additional illness (for example, pneumonia) that could be cured or reversed. The additional illness would cause your death if left untreated. If this happened, what approach would you want? Select ONE and/or provide any added comments.

APPROACH	✓
I want to receive all medical care that could possibly cure the additional illness.	<input type="checkbox"/> I Agree
If it's the only way to keep me comfortable, try to cure the illness.	<input type="checkbox"/> I Agree
Let me go. Do not try to cure the additional illness.	<input type="checkbox"/> I Agree

Comments:



The Aging Preparedness Kit

3

- Durable Power of Attorney for Financial Matters
 - Who to name?
 - Are they trustworthy?
 - Use an attorney

Finding a Private Attorney In or Near the South Bay

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Healthcare and Elder Law Programs

H.E.L.P. provides this information as a public service. H.E.L.P. does not and will not refer any person to any private attorney or private law offices. Reference to any organization or person does not imply endorsement of that organization or person, and H.E.L.P. does not in any way warrant the services any organization or person may provide.

Step 1. Choose Specialty Area(s).

Attorneys have become very specialized. First, determine what specialty area(s) you need help with. Specialty areas include:

Banking	Employee Benefits	Malpractice – Medical
Bankruptcy	Environmental	Medi-Cal
Business	Estate Administration	Personal Injury
Business Litigation	Estate Planning	Probate
Conservatorships	Family or Divorce	Real Estate
Corporations	Government Benefits	Social Security
Criminal	Immigration	Taxation
Debtor-Creditor	Labor and Employment	Trust Administration
Domestic Violence	Landlord – Tenant	Wills and Trusts
Elder Law	Malpractice – Legal	Workers' Compensation

Step 2. Select a Referral Source.

Referral Services: Bar associations and other groups operate “referral services” – providing referrals to *participating* attorneys. Note: Not all qualified attorneys participate in referral services. Several referral services are described on the back of this sheet.

Other Referral Sources: Other organizations, friends, family, private attorneys, accountants, financial advisors, etc. can be a source for finding qualified attorneys.

Step 3. Finding a Private Attorney.

Contact the referral service or other referral source, and request the name, telephone number and available background information for an attorney in the specialty area(s). Call the attorney to discuss your needs and the initial consult arrangements. If you are satisfied, schedule an appointment.

Be a Smart Legal Service Consumer.

- Make sure that the attorney is experienced in the area(s) you need help with.
- Check out the attorney's references and reputation.
- Tell the attorney what your problem is, and what you hope to accomplish.
- Bring all background information and documents to the initial consult.
- Avoid Surprises – before proceeding have a clear understanding (in writing) of the work to be done by the attorney, and the fee and other costs. Try to work out a fixed charge arrangement.

***Included in
your file of
attachments**

Financial Powers of Attorney

By doing advance incapacity planning, individuals can choose and give direction to those who will assist them should they suffer from illnesses or injuries that leave them incapacitated.



Overview and Glossary

Financial powers of attorney come with different titles, such as a General Power of Attorney, a Power of Attorney for Asset and Property Management and (the title we'll use in this guide), a **Durable Power of Attorney for Financial Matters (DPAFM)**.

The person who signs a DPAFM is called the **Principal**. A person chosen to act on behalf of the Principal is called the **Agent**.

A DPAFM can be either immediate or springing. An **immediate DPAFM** becomes effective as soon as it is signed, and provides

the Agent with immediate power over the Principal's finances.

A **springing DPAFM** becomes effective on the happening of a specified future event (such as the Principal becoming incapacitated).

Recent changes in health information privacy laws have made it more difficult to obtain incapacity determinations from doctors, so many attorneys write DPAFM incapacity tests that do not depend on a doctor's letter or formal determination.

Durable Powers of Attorney for Financial Matters

A DPAFM is a legal document that allows you - the Principal - to stay in charge of your finances by naming one or more Agents to handle financial matters for you.

For example, the Agent can:

- Manage your real property.
- Take charge of your bank accounts, retirement accounts and insurance policies.
- Pay your bills

Preparing a DPAFM

There are three basic types of DPAFM documents:

- Preprinted and software forms

- Attorney drafted DPAFMs
- A statutory form, based on Section 4128 of the California Probate Code, is effective as soon as it is signed, and provides the Agent with immediate power over the Principal's finances.

Legal Requirements

For a DPAFM to be valid, the Principal must have **signing capacity** when signing occurs. This means that the Principal must be clearheaded enough to understand the nature and impact of the DPAFM.

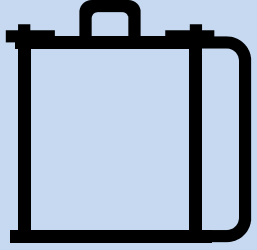
H.E.L.P.®

is dedicated to empowering older adults and their families by providing impartial information, education and counseling on elder care, law, finances and consumer protection so they may lead lives with security and dignity.

This guide gives general information not specific advice on individual matters. We're hitting high points here; treatises are written on these subjects. The information given is based on law in effect in California on January 1, 2020. Persons wanting individualized advice should contact an experienced and capable advisor.

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The Aging Preparedness Kit

4

- Estate Plan
 - Where will your assets go when you die?
 - Wills, trusts, beneficiary naming, etc.

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Fact Sheet: Estate Planning

Transfers to Heirs

Several methods exist for directing who will inherit assets upon an owner's death.

- Joint tenancy ownership supersedes other arrangements, so assets a person holds as joint tenant, if any, will be transferred on death to the surviving joint tenant(s).
- Other assets for which a person has named a beneficiary or made a pay-on-death (or transfer-on-death) arrangement will be transferred to the surviving person(s) the person has named.
- If a person has a Living Trust, the assets owned by the Trust will be transferred according to the terms of the Trust. The main reason for having a Living Trust is to avoid probate with respect to real estate.
- A person's remaining assets will be transferred according to the terms of the person's will.
- If a person dies without a valid will, the person is "intestate." In that case, the person's remaining assets would be transferred according to the California intestacy laws.

Probate

Probate is a court proceeding to pass the **probate estate** of a deceased person to the deceased person's heirs. The probate estate consists of the person's assets that do not have joint tenancy, beneficiary naming, pay-on-death, transfer-on-death, living trust or other probate avoiding arrangements in place.

In some cases probate is not required, even though probate avoiders are not in place for all of the deceased person's assets. Probate is not required when the probate estate is going to a surviving spouse or when the value of the probate estate is \$100,000 or less. In each of these situations, simplified procedures are available for passing assets without probate. In some cases, a simplified court proceeding may be required.

Wills

A Will allows the person to name those who will receive the person's probate estate and to name an executor (the person who will manage and distribute the probate estate).

Assets for which probate avoiding arrangements are in place **are not included in the probate estate**, and thus not impacted by a Will.

***Included in
your file of
attachments**

Revocable Living Trusts (Living Trusts)

The primary reason to create a revocable living trust (Living Trust) is to avoid probate. There are different ways to avoid probate, depending on the nature of the assets under consideration; a Living Trust is particularly useful for real estate.

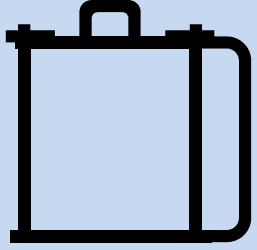
Among other things, a Living Trust allows a person to name those who will receive the person's **trust assets** upon the person's death, and to name the trustee (the person who will manage and distribute the **trust assets** upon the person's death and who will manage the trust assets if the person becomes unable to do so).

More on Trusts

- If possible, the Living Trust should name at least two successor trustees in sequential order.
- The Living Trust should include a trustee succession test that will work in the context of the laws regarding the privacy of health information (the federal Health Insurance Portability and Accountability Act, or "HIPAA," and the California Confidentiality of Medical Information Act).
- For married couples, where each spouse is a co-trustee, the Living Trust should provide that either co-trustee may act alone if the other is unavailable or incapacitated.
- The Living Trust should include a provision addressing the resignation of the initial trustee(s).
- For changes in the law, gifting and other purposes, consider including a provision in the Living Trust allowing the Agent under a durable power of attorney for financial matters the power to amend and revoke the Living Trust.
- For married couples with a Living Trust, after the death of the first spouse the surviving spouse should meet with an attorney regarding administration of the trust and estate.

About Will and Trust Contests

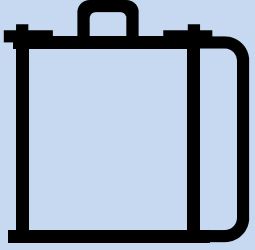
Estate planning arrangements can become the subject of challenges, commonly known as will and trust contests. To succeed, a challenge must show incapacity, undue influence or a failure to follow legal formalities in creating the will or trust. The job of an attorney preparing estate planning documents is to make sure that not only the formalities are followed, but that the plan for distribution of assets in the will and/or trust is the independent, knowing wish of the person.



The Aging Preparedness Kit

5

- Plan for Long-Term Care
 - Where?
 - By whom?
 - How will you pay?



The Aging Preparedness Kit

6

- Plan for your Funeral and Burial

Funeral and Burial Instructions

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Funeral and Burial Instructions of

To Whom It May Concern:

I have completed this document to provide instructions concerning my funeral and burial arrangements and/or requests. I have checked the instructions that apply and have marked those that do not apply with "N/A" or left them blank.

☐ **I have made funeral and/or burial arrangements with:**

Name: _____

Location of my signed agreement: _____

☐ **I have not made funeral and/or burial arrangements**

☐ **I wish to have a funeral, and for the funeral request that:**

☐ The following person(s) make arrangements:

Name: _____

Address: _____ Telephone: _____

☐ The funeral will be held at: _____

Address: _____ Telephone: _____

☐ The following religious observances will be conducted: _____

☐ My remains shall be embalmed

☐ There be an open casket

☐ There be a closed casket

☐ A viewing or wake will be held at: _____

☐ The casket should be placed at: _____

☐ The type of casket will be: _____

☐ My burial clothing will be: _____

☐ The following jewelry should be handled as follows: _____

☐ Flowers for my funeral will be: _____

☐ The pallbearers will be: _____

***Full
document is
included in
your file of
attachments**

Organ and Tissue Donation

Instructions

H.E.L.P.

Healthcare and Elder Law Programs

To Whom It May Concern: I have completed this document to provide instructions concerning organ and tissue donations at my death.

<input type="checkbox"/> Yes	1 I want to donate my body or part(s) of my body to others at my death. If I answer "Yes," I acknowledge that medical treatment may continue after I have been declared dead.	<input type="checkbox"/> No
------------------------------	--	-----------------------------

*If you answered "Yes" to **1**
also answer **2**, **3** and **4***

*If you answered "No" to **1**
stop here or go to **7***

<input type="checkbox"/> Yes	2 I want to donate my body or part(s) of my body to other individuals at my death.	<input type="checkbox"/> No
<input type="checkbox"/> Yes	3 I want to donate my body or parts(s) of my body to medical research at my death.	<input type="checkbox"/> No
<input type="checkbox"/> Yes	4 I want to donate my entire body at my death.	<input type="checkbox"/> No

*If you answered "Yes" to **4**,
stop here or go to **7***

*If you answered "No" to **4**,
also answer **5** or **6** or both*

5 I want to donate the particular organs I have named in this box →	
6 I do not want to donate the particular organs I have named in this box →	

7 My Additional Thoughts:

Today's Date →	
My Name (Printed) →	
My Signature →	

*Included in
your file of
attachments



The Aging Preparedness Kit

- Power of Attorney for Health Care
- Communicate about what matters
- Power of Attorney for Financial Matters
- Estate Plan
- Long-Term Care Plan
- Plan for Funeral / Burial

Get What YOU want

- Stay in charge of your healthcare and financial decisions.
- Decide how to distribute your assets.
- Communicate your wishes for medical care and funeral/burial options.

Our Mission

H.E.L.P. is dedicated to empowering older adults and their families by providing impartial information, education and counseling on elder care, law, finances and consumer protection so they may lead lives with security and dignity.

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Listen, Then Help



H.E.L.P. Community Services Assistant Atsuko
Fukunaga

Telephone guidance and referral assistance is H.E.L.P.'s mainstay operation: Giving prioritized direction on where you might turn. Our purpose is to provide general information on your legal rights and protections, and referrals to appropriate community and government resources. Members of our community services staff will be happy to spend time in identifying your issues, acknowledging your concerns, and locating options for solutions at hand on the telephone.

In 2020 alone, H.E.L.P. was
able to provide personal
unbiased insight and careful
resolutions to over 6,900
seniors, family members and
caregivers.

H.E.L.P.'s Website

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H.E.L.P.

Empowering Seniors,
their families, and caregivers
to make better choices.

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Have a **Problem?**
Need **Assistance?**

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our Community
Resource
Directory



Welcome to H.E.L.P.

H.E.L.P.

Our Mission

H.E.L.P. (Healthcare and Elder Law Programs Corporation) is a 501(c)(3) non-profit organization dedicated to empowering older adults and their families by providing impartial information, education and counseling on elder care, law, finances and consumer protection so they may lead lives with security and dignity.

Who is H.E.L.P.?

H.E.L.P. is the first stop. Our education and counseling programs focus on elder care options, legal and financial planning tools, and consumer protections. With the assistance of highly qualified volunteer professionals, our well trained program staff provides objective, accurate and up-to-date assistance, information and referrals to community, nonprofit and government resources.

H.E.L.P. assists older adults and their families in making proper decisions with powers of attorney for health care and financial matters; probate court avoiders; government entitlement programs; and protections from elder fraud and abuse.

What Can H.E.L.P. Do For You?

H.E.L.P. provides information and referrals through: telephone and walk-in services, educational website updates, free community classes, and short private legal consultations with our volunteer attorneys. Our professionally developed publications include : *H.E.L.P. is Here* a quarterly magazine that contains important articles about current issues that affect seniors and their caregivers; *Your Way* – a guide to help you stay in charge of decisions about your medical care; *Torrance Guide to Services for Older Adults* a comprehensive directory of services in Torrance and other cities throughout the South Bay and beyond that assist older adults in addressing current issues and future planning tools, and *Nuts and Bolts Guides* – simple-to-read 4-page booklets on *Estate Administration*, *Financial Powers of Attorney*, *Healthcare Powers of Attorney*, *Medi-Cal for Nursing Home Care*, *Probate (and Avoiding It) in California*, *The Taxes on Giving: Estate and Gift Taxes, Wills and Revocable Living Trusts*, and *Your Aging Preparedness Kit*.

We Are Here to Help.

In 2014:

H.E.L.P. served more than 6,000 people with counseling and education.

Over 1,600 older adults and their families and friends attended H.E.L.P. classes.

UPCOMING EVENTS AND CLASSES (CLICK ON EVENT FOR MORE INFORMATION)

A Sandwich Generation Forum
November 14 @ 9:00 am - 3:00 pm
Class: Life Planning-Elder Care and Residential Choices
November 17 @ 10:30 am - 12:30 pm
Class: Life Planning-Financial Planning for Long Term Care
December 1 @ 10:30 am - 12:30 pm
Class: Life Planning-Medicare and Medi-Cal for Long Term Care
December 8 @ 10:30 am - 12:30 pm
[View All Events](#)

NEWS & EVENTS

Autumn Sunset 2015, H.E.L.P. Fall Fundraiser
The October H.E.L.P. Fall fundraiser, Autumn Sunset, was a fun opportunity for [...]

H.E.L.P. Celebrate Summer 2015 Gala Raises Funds for Senior Services
H.E.L.P.'s annual Celebrate Summer dinner-dance fundraiser, hosted at the Palos Verdes Golf [...]

H.E.L.P. Supporters enjoy "Autumn Sunset" Fall Fundraiser

www.help4srs.org

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Over 281,900
visited the H.E.L.P.
website in 2020

Classes



H.E.L.P. Instructor Helene Park

H.E.L.P.'s community education program includes classes on staying in charge with powers of attorney for health care and financial matters; wills, probate, trusts and taxes; elder care and residential choices; financial planning for long term care; Medi-Cal coverage for nursing home care; medication management and fall prevention.

This Guide sets forth the basic steps to handle the estate of a close family member or friend who has passed. For H.E.L.P.'s free checklist, *Things to Do When a Person Dies*, call 310-533-1966 or visit better-endings.org.



Glossary and Icons

Decedent: A person who has died.

Estate: The decedent's remaining property (assets) and debts.

Probate: A court proceeding to pass the remaining estate of a decedent to the decedent's heirs.

Probate Avoider: An arrangement (beneficiary naming, joint tenancy, pay-on-death account, etc.) that allows a living person to remove an asset from his or her future probate estate.



This icon means that H.E.L.P. has another useful *Nuts and Bolts Guide*.

Six Steps to Follow

After a person dies, someone needs to make sure that debts are paid and assets are given to the proper people. The decedent's will often names who was chosen to handle the estate. If no one was named and probate is

necessary, a probate court judge will appoint someone. Should probate not be required, a close relative or friend usually steps in to distribute assets and pay off remaining debts.



Step 1: Find Information, Documents and Assets

Find important legal documents and other information by checking the decedent's files, safe deposit boxes and mail. If the decedent had an attorney, accountant or financial planner, check with them.

Information can also be obtained from income tax returns, bills, bank account statements, life insurance policies, property tax bills, and other asset statements. An experienced and capable accountant can likely help you.

H.E.L.P.®

Is dedicated to empower older adults and their families by providing impartial information, education and counseling on elder care, law, finances and consumer protection so they may lead lives of security and dignity.

This guide gives general information not specific advice on individual matters. We're hitting high points here; treatises are written on these subjects. The information given is based on law in effect in California on June 1, 2010. Persons wanting individualized advice should contact an experienced and capable advisor.

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CHARGE OF DECISIONS ABOUT YOUR MEDICAL CARE



The Torrance Guide to Services for Older Adults

Made Possible by the Generosity of the City of Torrance, CA

Prepared and Distributed by H.E.L.P.

A Non-Profit Education and Counseling Center for Older Adults and Families
© 2006 Healthcare and Elder Law Programs Corporation

Publications

- ***H.E.L.P. Is Here*** is our bi-annual magazine sent to over 10,000 families. It has pertinent articles on elder issues.
- ***Your Way*** is our end-of-life communication guide (Advance Directive).
- ***Nuts and Bolts Guides*** on the following topics:
 1. Aging Preparedness Kit
 2. Wills and Living Trusts
 3. Power of Attorney for Health Care
 4. Powers of Attorney for Financial Matters
 5. Taxes on Gift, Estate and Capital Gains Taxes
 6. Medi-Cal for long term care nursing home care
 7. Probate and avoiding it in California
 8. Estate Administration
- ***The Torrance Guide to Services for Older Adults*** - named in appreciation for the funding provided by the City of Torrance, it lists services available to the South Bay, the County of Los Angeles and beyond. It is laid out in a 3 column format listing a problem, what services might be needed and then the list of nonprofit agencies and phone numbers that would provide the needed service. The Torrance Guide is presented in both print and online.

Volunteers Make a Huge Difference



Celebrate Summer



Gala committee members , (from left front), Joyce Kockanowski, Linda Smith, Nancy Scott, (Gala Chair), Yim Hom, Linda Moriwaki, Ardis Shubin, (back row left) Mardy Maehara , Lisa Mckernan, Kim Perkins, Barbara Carlson and Sally Moton

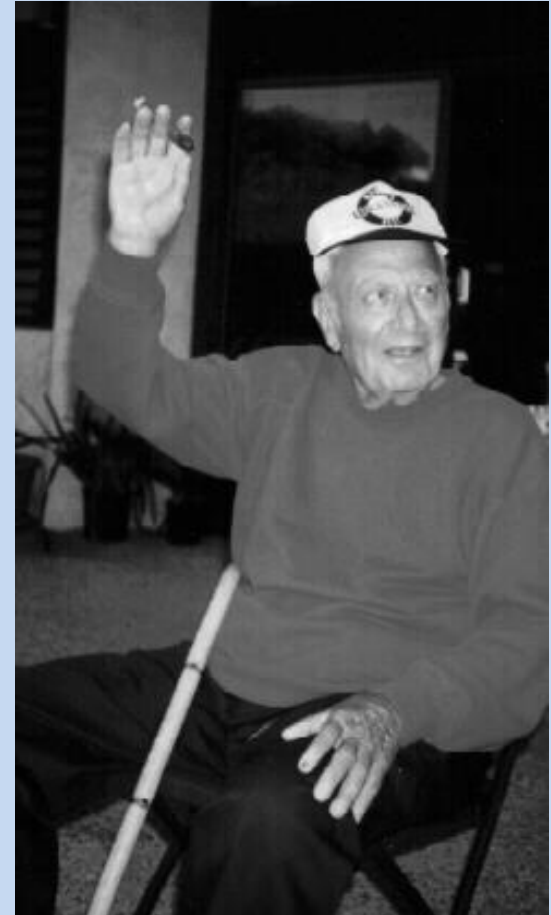


From left; Steve Napolitano (MC), H.E.L.P. Honorees, Dottie & Allen Lay, with Britt Huff, H.E.L.P. Director

Celebrate Summer is the major fundraising event for H.E.L.P. At the last *Celebrate Summer* held, H.E.L.P. celebrated its 23th Anniversary of service to seniors at the “**Journey to Grand Adventures**” gala on May 4, 2019 at the Torrance Marriott Redondo Beach. Over 150 guests attended the event and enjoyed an evening of good food, music, a silent and live auction and concluded with a raffle. The evening was a great success!

H.E.L.P.

- For more:
 - (310) 533-1996
 - help4srs.org
 - Classes
 - Publications
 - Private consultations



H.E.L.P.

**Thanks You for
Your Support**