

INDIANA
LIFE DOCUMENTS
PLANNING PACKAGE

Control Number: IN-P001-PKG



U.S. Legal Forms™ thanks you for your purchase of a Personal Planning Package. This package is an important tool to help you organize your legal affairs as you begin to think about entering a later stage of life. It contains key legal documents that are vital for you to maintain on file and safeguard in event of an emergency or unforeseen life event.

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I. FORM LIST

With your Life Documents Planning package, you will find the state specific forms that will help you prepare for and protect yourself and your loved ones from events that may affect your health, your finances and your affairs after your death.

Included in your package are the following forms:

- 1. A Last Will and Testament that suits your specific needs
(Control number varies)
- 2. A General Durable Power of Attorney for Property and
Finances Effective Immediately **(IN-P003A)**
- 3. Durable Power of Attorney for Health Care **(IN-P015)**
- 4. Out of Hospital **(IN-P022)**
- 5. Statutory Living Will **(IN-P023)**
- 6. Life Prolonging Procedures Declaration **(IN-P024)**
- 7. Declaration of Mental Health Care Treatment **(IN-P021)**
- 8. An Estate Planning Questionnaire and Worksheet **(IN-WIL-
801)**
- 9. Personal Planning Information and Document Inventory
Worksheets **(US-00PPF)**

II. DESCRIPTIONS OF FORMS

Brief descriptions of the forms contained in your U.S. Legal Forms™ Personal Planning Package are found below.

Last Will and Testament – Complete this form to detail in writing your wishes regarding who is to receive your property at death and who will administer your estate. It also enables you to appoint trustees or guardians, if applicable. **(control number varies)**

General Durable Power of Attorney – This General Durable Power of Attorney is a general, durable power of attorney which is effective IMMEDIATELY. This form allows you to appoint an attorney-in-fact (agent) to make decisions regarding property, financial, business, banking, management and other matters for you. The powers granted to an Agent in this Power of Attorney are very broad, but do NOT provide for health care services. This form complies with all applicable state statutory laws. **(IN-P003A)**

Durable Power of Attorney for Health Care - The purpose of this Power of Attorney is to give the person you designate (your agent) broad powers to make health care decisions for you, including the power to require, consent to, or withdraw any type of personal care or medical treatment. **(IN-P015)**

Out of Hospital - Do Not Resuscitate Declaration - Statutory Form - This is a state specific form specifying your desires that, should you experience cardiac or pulmonary failure in a location other than an acute care hospital or a health facility, cardiopulmonary resuscitation procedures be withheld or withdrawn and that you be permitted to die naturally. **(IN-P022)**

Statutory Living Will - This Statutory Living Will form allows you to express your wishes and desires if it is determined that your death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process. It is a declaration that such procedures be withheld or withdrawn, and that you be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide you with comfortable care. **(IN-P023)**

Life Prolonging Procedures Declaration Statutory Form - This is a state specific form specifying your desires if at any time you have an incurable injury, disease, or illness determined to be a terminal condition. The form is your request for the use of life prolonging procedures that would extend your life, including appropriate nutrition and hydration, the administration of medication, and the performance of all other medical procedures necessary to extend my life, to provide comfort care, or to alleviate pain. **(IN-P024)**

Declaration of Mental Health Care Treatment - This is a form specifying your desires with regard to future mental health treatment. It allows you to make decisions in advance about 3 types of mental health treatment: psychotropic medication, electroconvulsive therapy, and admission to a treatment facility. The instructions that you include in this declaration will be followed only if 2 physicians or a court believes that you are incapable of making treatment decisions. **(IN-P021)**

Estate Planning Questionnaire – Complete this form to assist attorneys, estate planners, and other professionals with details regarding your home and other property you own and additional assets including investments, life insurance policies, individual retirement accounts and so forth so that they can best recommend a course of action regarding your estate. **(IN-WIL-801)**

Personal Planning/Documents Inventory Form – Complete this form to retain important information on file relevant to your life such as names of relatives, their contact information, your medical information, financial asset inventory, the location of your important legal documents and more. **(US-00PPF)**

Financial Statement Form – Universal Use - This form outlays the assets and liabilities of an individual. The form contains sections which ask the individual to identify the following: current assets, current liabilities, deferred assets, and net worth. **(US-00522-J)**

If you need additional information, please visit www.uslegalforms.com and look up forms by subject matter. You may also wish to visit our legal definitions page at <http://definitions.uslegal.com/>

III. LEGAL DOCUMENT STORAGE

Once you prepare legal documents and forms in your U.S. Legal Forms™ Essential Legal Life Documents Package, it is highly recommended that you keep forms together. An optional USLegal Life Documents Organizer is available for purchase from www.uslegalforms.com to help store your legal documents.

Legal documents should also be kept in a very secure place such as a bank safe deposit box or personal home safe. You may wish to tell your attorney or a family member about the location of your Legal Life Documents Package in the event you are unable to communicate it to them when needed.

IV. TIPS ON COMPLETING THE FORMS

The form(s) in this packet may contain “form fields” created using Microsoft Word or Adobe Acrobat (“.pdf” format). “Form fields” facilitate completion of the forms using your computer. They do not limit your ability to print the form “in blank” and complete with a typewriter or by hand.

It is also helpful to be able to see the location of the form fields. Go to the View menu, click on Toolbars, and then select Forms. This will open the Forms toolbar. Look for the button on the Forms toolbar that resembles a shaded letter “a”. Click this button and the form fields will be visible.

By clicking on the appropriate form field, you will be able to enter the needed information. In some instances, the form field and the line will disappear after information is entered. In other cases, it will not. The form was created to function in this manner.

V. DISCLAIMER

These materials were developed by U.S. Legal Forms, Inc. based upon statutes and forms for the subject state. All information and Forms are subject to this Disclaimer:

All forms in this package are provided without any warranty, express or implied, as to their legal effect and completeness. Please use at your own risk. If you have a serious legal problem, we suggest that you consult an attorney in your state. U.S. Legal Forms, Inc. does not provide legal advice. The products offered by U.S. Legal Forms (USLF) are not a substitute for the advice of an attorney.

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