

To: P&G Employees  
From: John B. Cornetet, CPA, J.D., CFP 513-771-2444

**Re: Do You Have A Living Will?**

The Terri Schivo case in Florida highlighted the need for advanced written directives concerning your wishes on the topic of medical care and the removal of life support. The problem in her case was that there was no written direction. The husband testified about her oral wishes. I can't imagine the legal cost and emotional toll that all parties paid. This can be avoided by you and your family by creating the following legal documents.

**Durable Power of Attorney**

This power of attorney allows the appointed agent to make financial and legal decisions for you if you become incapacitated. Two weeks prior to your retirement, you suffer a stroke which renders you incapacitated. Your spouse has no power to deal with P&G concerning a PST rollover, exercise of stock options, setting up a P&G Plus distribution, or hiring a money manager. Your spouse would be required to have Probate Court declare you incompetent and be appointed as your legal guardian. Periodically, your spouse would be required to file accountings with the Court. Your personal financial records would be a matter of public record that could be viewed by anyone with access to the internet. A simple Durable Power of Attorney avoids the need for Probate Court to get involved. This document gives your spouse, child, or friend the power to make all of these decisions as well as the power to conduct your day-to-day business affairs.

**Power of Attorney for Health Care**

This document appoints an agent to make medical decisions for you. The appointed agent has the right to hire health care providers, the right to give and receive medical information, and the right to make informed consent decisions concerning your care. Additionally, the agent has the power to start and remove life support. The Living Will, as described below, is the document that communicates your desire to the agent concerning life support. Without it, the agent has the power to decide, but no specific direction from you.

**Living Will**

This document is your written direction concerning the continuation or removal of life support in two circumstances. The first is a terminal condition which is defined as an irreversible, incurable and untreatable condition caused by disease, illness, or injury. Two doctors, who have examined you, must conclude that you will not likely recover and that death will occur within a relatively short time if life support is not provided. The second circumstance is the permanently unconscious state which means an irreversible condition and the total loss of higher brain function that has left you unable to feel pain and suffering. This also requires two doctors to examine you. It is only in these two circumstances that life sustaining treatment will be withheld or withdrawn. In addition to the withdraw of life support, as a separate election, you can also authorize the removable of feeding tubes and hydration. Without making this election, life

supporting treatment would be stopped. However, the feeding tubes and hydration would continue.

The preparation of these documents is relatively simple and the fee is completely covered by ARAG legal insurance. If you do not have the legal insurance, the cost is \$125 without a meeting. These documents are a part of a complete estate plan that also includes a Will and Trust. Without them, your family will suffer thousands of dollars of legal fees, your financial matters will be of public record, and you may find yourself in a Terri Schivo spectacle.

If you don't want to deal with a complete estate plan at this time, but would like these documents, I can prepare them and mail them to you, without a meeting, under your ARAG Legal plan. Fax at 513-771-2447 or email me at jcornetet@lcmrlaw.com the following information:

#### Health Care Decisions

Name, address, telephone number and date of birth for you and your spouse, if applicable. Also, provide me with the name(s), address(es), relationship to you, and telephone number(s) of the person(s) that would make medical decisions for you if you become incapacitated.

#### Financial Decisions

Also, I need the name(s), address(es) and telephone number of the person(s) who would make financial decisions for you in that circumstance.

You may select more than one person to serve in order or as co-agents. You may select different people to make financial decisions verses health care decisions.

In the email, indicate whether you have ARAG or want to be billed.

John B. Cornetet  
Attorney at Law