



## *End of Life Planning Checkup*

#205 – 640 West Broadway  
Vancouver, B.C. V5Z 1G4

Tel: 604-733-7705  
Toll-free: 1-888-816-5902

Website: [www.memorialsocietybc.org](http://www.memorialsocietybc.org)

**Any advice provided by Steve Nyvik  
is in his personal capacity, not as a  
Board Member of the Memorial Society of BC**

The death of a loved one is one of the most traumatic experiences a person can face. Whether death is sudden or the result of a long illness, the feeling of loss can seem overwhelming. It is common to experience a whole gamut of emotions of denial, anger, numbness and shock. Grief causes physical as well as mental strain. It is common for those suffering a loss and under great stress to feel irritable, to experience memory lapses, to go through moments of incoherence, to suffer depression, lose weight and experience insomnia. Intense grief can even lead to hair loss and illness.

Prior to and on your death, there are a number of decisions that have to be made in a short period of time. Your surviving spouse and loved ones may not be in a condition to recall your wishes or be in a mental state to make decisions. Their stress and emotional turmoil can be magnified where they don't know your financial affairs or last wishes.

Where one may be less willing to discuss these issues with loved ones, it may be easier by writing it all down. Having it written down also helps your loved ones as they may not necessarily recall what you might have said weeks or months prior to your death. And where this information is organized as a comprehensive checklist, this helps make sure you haven't missed anything important. This is the purpose of the End of Life Planning Checklist.

This checkup was developed by Steve Nyvik, BA, MBA, CIM, CFP, R.F.P., a board member who is a financial planner and investment advisor. He may be contacted by email at: [Nyvik@shaw.ca](mailto:Nyvik@shaw.ca), or by cell phone: 778-878-6643.

# End of Life Planning Checkup

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Burial/Cremation and Funeral Service Arrangements

Done	Not done	Not Sure
------	----------	----------

<p>A) <u>Burial/Cremation Arrangements:</u></p> <p>(i) I have entered into a:</p> <p style="margin-left: 20px;">(a) <i>Funeral Home</i> Agreement <input type="checkbox"/></p> <p style="margin-left: 40px;">Name of Funeral Home: _____</p> <p style="margin-left: 20px;">(b) <i>Cemetery</i> Agreement <input type="checkbox"/></p> <p style="margin-left: 40px;">Name of Cemetery: _____</p> <p style="margin-left: 40px;">Address: _____</p> <p style="margin-left: 20px;">I have <input type="checkbox"/> / have not <input type="checkbox"/> purchased a plot. If I have, it is located at:</p> <p style="margin-left: 40px;">Section Name _____, Plot # _____</p> <p style="margin-left: 20px;">(c) <i>Other</i> <input type="checkbox"/> Specify: _____</p> <p>(ii) I have <input type="checkbox"/> / have not <input type="checkbox"/> prepaid my funeral related costs.</p> <p style="margin-left: 20px;">Pre-paid costs include: burial costs <input type="checkbox"/>, burial plot <input type="checkbox"/>, my casket <input type="checkbox"/> / my urn <input type="checkbox"/>, my gravesite marker <input type="checkbox"/>, and funeral services <input type="checkbox"/></p> <p>(iii) I have <input type="checkbox"/> / have not <input type="checkbox"/> bought a pre-need funeral insurance plan.</p> <p style="margin-left: 20px;">Insurance company name: _____</p> <p style="margin-left: 20px;">Insurance company policy number: _____</p> <p>(iv) I wish for my remains to be:</p> <p style="margin-left: 20px;">(a) Buried <input type="checkbox"/></p> <p style="margin-left: 20px;">(b) Buried subject to a “green burial” <input type="checkbox"/> (or body composting), where my body is prepared without chemical preservatives so that my body may naturally decompose in an environmentally friendly way.</p> <p style="margin-left: 20px;">(c) Cremated <input type="checkbox"/></p> <p style="margin-left: 40px;">(I) If I wish to be cremated, I want my cremated remains to be:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Buried <input type="checkbox"/></li> <li><input type="checkbox"/> Returned to my family or Executor <input type="checkbox"/></li> <li><input type="checkbox"/> Other <input type="checkbox"/> Specify: _____</li> </ul> <p style="margin-left: 40px;">(II) I would like <input type="checkbox"/> / would not like <input type="checkbox"/> my funeral service clothes to be donated to charity.</p> <p style="margin-left: 20px;">(d) Chemical resomation, like alkaline hydrolysis, to break down my body in a more environmentally friendly alternative to cremation <input type="checkbox"/></p> <p>(v) I would like the following engraved on my gravesite marker:</p> <p style="margin-left: 20px;">_____</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center; width: 33.33%;"><input type="checkbox"/></td> <td style="text-align: center; width: 33.33%;"><input type="checkbox"/></td> <td style="text-align: center; width: 33.33%;"><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Burial/Cremation and Funeral Arrangements CONTINUED**

Done	Not done	Not Sure	Not Applicable
------	----------	----------	----------------

B) Funeral Service Preferences:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

(i) My Funeral Service preferences are:

(a) Funeral Home Memorial Service ,

(b) Church Service

(I) I have  / have not  made a Funeral Mass Plan

(II) The priest to contact is:

Priest Name: \_\_\_\_\_

Name of church: \_\_\_\_\_

Address of church: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

(c) Senior's Care Home Service

Contact Name: \_\_\_\_\_

Care Residence: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Service info: \_\_\_\_\_

(d) Hospital Memorial Service

Hospital Name: \_\_\_\_\_

(e) Graveside Service ,

(f) Other  Specify: \_\_\_\_\_

(g) No Service

(ii) My preferred celebrant (the person who conducts the Funeral Service) is:

Name: \_\_\_\_\_

Church / Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_

(iii) The person I would like to have deliver the Eulogy is:

\_\_\_\_\_

If this person cannot deliver the Eulogy, then I choose:

\_\_\_\_\_

**Burial/Cremation and Funeral Arrangements CONTINUED**

Done      Not done      Not Sure      Not Applicable

**C) Contact List – Friends and Family:**

- (i) I have made a contact list of family and friends (which includes their addresses, telephone numbers and email addresses) so that my loved ones will be able to quickly contact them on my death and in setting a service date that will help to accommodate people from out of town.  Done       Not done       Not Sure
- (ii) There are  / aren't  close friends or family from out of town that I would like for them to attend and would consider a delay in the date of the service. The names of these people are:
- \_\_\_\_\_

**D) Obituary: [How you wish to be remembered]**

I have prepared a draft of my obituary (*life story*) to help my loved ones from having to struggle through preparing one at the last minute. (This will also be helpful for putting together the death announcement in the newspaper)  Done       Not done       Not Sure

**E) Celebration of Life:**

- (i) I would like my death to be announced in the newspapers.....  Done       Not done       Not Sure
- Please have my death announcement in the following papers:
- \_\_\_\_\_  Done       Not done       Not Sure
- (ii) I wish to have my life story printed and handed out at the funeral.....  Done       Not done       Not Sure
- (iii) I would like a celebration of my life web page.....  Done       Not done       Not Sure

**F) Pictures:**

I have  / have not  assembled the pictures that could be used for the newspaper announcement, Funeral Service, and My Life Celebration web page.  Done       Not done       Not Sure

<b>Family Preparation</b>		Done	Not done	Not Sure	Not Applicable
A)	<u>Family Love Letter:</u> I have written to my loved ones a final personal message. Such a letter may contain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Special address to loved ones and words of love, encouragement, hopes, dreams and blessings				
	- Family history				
	- My experiences and beliefs				
	- Life highlights / life changing experiences				
	- Spiritual beliefs and how I arrived at them				
	- What I believe in				
	- Key lessons learned				
	- Most important things about life / What life is about				
	- Who are the people that greatly impacted my life and what did they do				
	- Family stories				
	- Family tree information				
	- My regrets, apologies, forgiveness				
	- Helping loved ones to deal with your passing				
	- Final words				

<b>Legal Preparation</b>	Done	Not done	Not Sure	Not Applicable
<b>A) <u>Last Will and Testament</u></b>				
I have prepared the following documents:				
(i) Will.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Will signed (executed): _____				
(a) If I don't have a Will, my reasons are: _____				
_____				
(ii) Codicils to my Will.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) Side letter(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Side letter(s) help your Executor by explaining the reasoning of your Will provisions and in dealing with potential contentious issues.				
<b>B) <u>Representation Agreement:</u></b>				
I have in place a Representation Agreement (or similar document outside BC) that provides legal authority for my chosen representative to make health care and personal care decisions on my behalf.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>C) <u>Enduring Power of Attorney:</u></b>				
I have in place an Enduring Power of Attorney so that bills may continue to be paid, financial decisions may be carried out, and government or court intervention may be avoided.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>D) <u>Power of Attorney over Bank Accounts:</u></b>				
I have completed a bank Power of Attorney form for my bank accounts that are solely in my name.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>E) <u>Power of Attorney over Investment Accounts:</u></b>				
I have completed a brokerage form Power of Attorney for each of my RRSPs/RRIFs, Tax Free Savings Account, personal investment accounts and Trust Accounts.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F) <u>Power of Attorney over Company Accounts:</u></b>				
<b>(i) <u>Company Bank Account</u></b>				
If I have a company bank account, I have completed a bank Corporate Authorization Resolution which authorizes persons I trust, so they are able to provide instructions on the company bank account as to withdrawals or transferring of funds.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(ii) <u>Company Investment Account</u></b>				
If I have a company investment account, I have completed an investment brokerage Corporate Authorization Resolution which authorizes persons I trust, so they are able to provide trading instructions on company investments and withdrawing or transferring funds.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Legal Preparation CONTINUED

Done	Not done	Not Sure	Not Applicable
------	----------	----------	----------------

G) Expected Death  
 I have made the following preparations:

(i) Do-Not-Resuscitate (DNR) Order:      
 If I have been diagnosed with a terminal illness or have a year or less to live, I have, through my doctor, put in place a DNR order instructing healthcare providers (including senior's care staff and ambulance personnel) not to attempt CPR in the case of cardiac or respiratory arrest. (Note: If your heart and/or breathing stop, medical personnel will automatically perform CPR regardless of your wishes, unless you have a DNR order in place.) Having this document in place provides you and your loved ones with the option to call the ambulance and have care personnel treat you and take you to the hospital without the requirement to perform CPR and prolong your suffering. **[You can register your DNR on your MedicAlert record]**

(ii) Notification of Expected Death:      
 If I am near death (days to weeks) and wish to die at home, I have arranged for my doctor to sign, "*Notification of Expected Death in the Home*". This form provides assurance that death was expected, thereby avoiding the requirement of your doctor to have to come to your home to make a pronouncement of your death. A Funeral Director may then transport your body from your home one hour after your death.

---

H) Unexpected Death      
 If my death may not be immediately expected, my loved ones know to call 911 as well as my family doctor.

---

I) Body Removal  
 The Funeral Director is legally required to obtain authorization from your Executor to remove your body and then in accordance to your Next-of-Kin:

(i) Name of Executor: \_\_\_\_\_

(ii) Name of Next-of-Kin: \_\_\_\_\_  
 Your Next-of-Kin (the person most closely related to you) is defined as the person living who is highest in the order of priority:

(a)  Your spouse (legally married or common law)  
 (b)  Your adult child (may be by blood or legal adoption)  
 (c)  Your adult grandchild  
 (d)  Your parent (or legal guardian if you are a minor)  
 (e)  Your adult brother or sister ("sibling")  
 (f)  Your adult nephew or niece  
 (g)  Other adult relative  
 (h)  Minister under the Employment and Assistance Act or the Public Trustee

## Financial Preparation

Done  Not done

### A) Estate Distribution Review:

I have completed the following review of my estate distribution plan which meets my wishes:

- (i) Review the needs of your spouse and family members
- (ii) Project your remaining assets at death as well as include any life insurance death benefits and other benefits receivable.
- (iii) Take into consideration income taxes, and U.S. Estate taxes, probate costs and legal fees on death. There may be tax deferral for certain assets going to your spouse or qualified dependent or possibly to their RRSP, RRIF, Tax Free Savings Account, Registered Disability Savings Plan, or Trust. For assets not entitled to a tax rollover, you'll need to know their tax cost (Adjusted Cost Base) to determine the capital gains related tax.
- (iv) Considering each of your family member's needs and your estate, decide on the distribution of your estate (who gets what and when):
  - All to surviving spouse then on spouse's death the remainder split among kids? – Any kids from a previous marriage (potential disinheritance)?
  - For any inheritance to your children, determine whether the estate is to be divided equally or will each child's circumstances be taken into account – financial, health and family?
  - Will the remainder go direct to the kids or should it to go to a Trust for your kids? (Consider spendthrifts, whether creditor protection is needed, and tax benefits of Trust as a separate taxpayer and its ability to allocate income to several beneficiaries, versus all income taxed in one person's hands)
  - How should any valuable assets flow – the cottage? the business?;
  - Who should get items of sentimental value [which ones shall you bequest and which ones to go on the basis of a family auction]; and
  - Is there a surplus remaining for charitable giving?
- (v) Consider how each asset should be legally titled (Joint Tenancy to minimize probate or asset flows into your estate to a Will Trust for your beneficiaries, or certain assets by way of beneficiary designation);
- (vi) Consider how your planned estate distribution would change if a surviving spouse, one or more children, or other loved ones (a) predecease you, or (b) die subsequent to your death.
- (vii) Review beneficiary designation forms for RRSP/RRIF/Tax Free Savings Account and life insurance policies to confirm whether existing designations are consistent with your planned estate distribution;
- (viii) Review legal ownership of assets that don't pass by beneficiary designation to determine if existing titling is consistent with your planned estate distribution.
- (ix) Review your Will to determine if your estate passing through your Will is set to be distributed according to your wishes. Factor in each of the contingencies of a death of a spouse, child or other loved one before and after you.

**Financial Preparation CONTINUED**

	Done	Not done	Not Sure	Not Applicable
<p><b>B) <u>U.S. Estate Taxes:</u></b>                      I am not exposed to U.S. Estate Tax or I have planned my affairs to reduce or eliminate this burden.  <i>(For example, U.S. Estate Tax may be an issue if you are a U.S. citizen, a U.S. Green card Holder, or you have a net worth in excess of \$1.5 Million USD and own U.S. assets like U.S. stocks or bonds or U.S. real estate.)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>C) <u>Will:</u></b></p> <p>(i) <u>Estate Distribution Strategy:</u></p> <p>(a) If my estate is anticipated to have a value of more than \$600,000 that would remain invested to meet the needs of my heirs, I have included one or more <i>Trusts in my Will</i> for providing <i>creditor protection, tax benefits, or to protect my beneficiaries</i>, or I have made a conscious decision to exclude a Will Trust.</p> <p>(b) I plan on <i>minimizing probate fees</i> on my death and have given consideration to the risks of joint-tenancy, such as: (a) loss of control of assets, (b) exposure to creditors of my joint tenants, (c) family law asset splitting implications if my joint-tenant child suffers a marital breakup, and (d) income tax implications (for a non-spouse joint-tenant).</p> <p>(ii) <u>Is current Will still appropriate for your needs:</u></p> <p>(a) I have a Will in place that was created or reviewed in the last five years. This Will reflects my current estate distribution wishes and my appointed Executor(s), Trustee(s), Guardian(s) and alternates for these roles are those persons I still wish to serve in those roles.</p> <p>(b) Since my Will was last created or reviewed, my situation has not changed (eg. I haven't inherited money, gotten married, separated, or divorced, nor has there been a death or birth in the family).</p> <p>(c) My Will takes potential Will challenges into consideration, such as: children from a previous relationship, a common law spouse, a potential disgruntled beneficiary, substantial loans or gifts, or the transfer of assets into Joint Tenancy.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>D) <u>Beneficiary Designations:</u></b></p> <p>(i) I have designated my spouse or eligible dependent as beneficiary of my RRSP(s), RRIF(s), Tax Free Savings Account, and other tax deferred accounts to defer tax on my death and avoid probate.</p> <p>(ii) If I am single or I have survived my spouse, and I have designated a Will Trust, children or a charity as the beneficiary of my RRSP/RRIF/Tax Free Savings Account to avoid probate.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Executor Preparation

Your Executor is typically the person who deals with your burial / cremation and funeral arrangements, paying your bills, making the probate application, preparing / signing your final tax return, and distributing your property. Your Executor has a difficult job which could be made easier by your providing key information. This will also help to minimize inadvertent mistakes that often occur in times of turmoil.

Done	Not done	Not Sure	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### A) Last Will and Testament

I have in place a Will  Will Codicil(s)  (which revised one or more provisions of my Will), and Side Letter(s)  (that help guide my Executor(s) on issues concerning my Will). These documents are located:

(i) with my Executor(s)

(ii) with my Lawyer

(iii) in my Safety Deposit Box  (for which I have made arrangements) for you to legally access my box

(a) Name of Bank where it is located: \_\_\_\_\_

(b) Address of bank: \_\_\_\_\_

(c) The key is located: \_\_\_\_\_

(iv) in my Home Office Safe

(a) located at: \_\_\_\_\_

(b) with combination of: \_\_\_\_\_

(v) in my Home Filing Cabinet  /Desk Drawer  located at:

(a) My cabinet requires  /does not require  requires a key.

(b) If it requires a key, it is located at: \_\_\_\_\_

(vi) Other location : \_\_\_\_\_

### B) Minor Children (Children under 18 years of Age):

(i) I have  / have not  any minor children.

(ii) If I have minor children, the Guardianship information (name, address, telephone numbers, email) are as follows:

Guardian Name(s): \_\_\_\_\_

Guardian Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

(iii) I have  / have not  provided written information concerning my wishes for my children's education, religious upbringing, and financial considerations.

This letter is located: \_\_\_\_\_

**Executor Preparation CONTINUED**

Done      Not done      Not Sure      Not Applicable

C) <u>Organ or Body Donation</u> (When I am no longer alive and have been declared brain dead, by donating my organs I might help save a life or vastly improve the life of someone who's suffering.) (i) I have <input type="checkbox"/> / have not <input type="checkbox"/> registered to donate my organs on the BC Transplant Society's, "Organ Donor Registry". (ii) I have <input type="checkbox"/> / have not <input type="checkbox"/> registered, on my MedicAlert medical records (don't have MedicAlert membership <input type="checkbox"/> ) my organ donation wishes. (iii) I have <input type="checkbox"/> / have not <input type="checkbox"/> indicated in my Will that I wish to donate my organs. (iv) I wish <input type="checkbox"/> / do not wish <input type="checkbox"/> to donate my organs (Medical staff would require the consent of your Next-of-Kin to proceed with a donation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) <u>Professional Contact List</u> I have made a contact list of my professional advisors – my estate lawyer, my tax accountant, my investment advisor, my guardians for minor children, etc. (which includes their addresses, telephone numbers and email addresses) so that Executor will be able to quickly contact them when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) <u>Will Letter of Instruction:</u> The Executor(s) of my Will have a copy of my Will Letter of Instruction so they'll know: (i) where I keep my important papers, (ii) summary of my financial affairs, (iii) tax strategies, and (iv) how my personal possessions are to be distributed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) <u>Balance Sheet:</u> I have <input type="checkbox"/> / have not <input type="checkbox"/> created a summary of my assets that I own and of all my debts that I owe. This statement is located: _____			
G) <u>Insurance Policies:</u> I have <input type="checkbox"/> / have not <input type="checkbox"/> a life insurance policy in place. Life insurance company: _____ Policy # _____			
H) <u>Employer Group Benefits</u> Through my employment, I have <input type="checkbox"/> / have not <input type="checkbox"/> group life insurance.			
I) <u>Document Checklist and Location:</u> (i) Investment accounts –statement location, advisor name, firm, tel # (ii) Mortgage and other debt obligations (iii) Medical insurance – any private insurance? (for final medical bills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J) <u>Continuing Obligations to support loved ones from estate</u> I have <input type="checkbox"/> / have not <input type="checkbox"/> legal obligations <input type="checkbox"/> or moral obligations <input type="checkbox"/> to support a loved one. I have <input type="checkbox"/> / have not <input type="checkbox"/> provided you with explanation of these in my Will, Codicil or in a Side Letter.			

**Executor Preparation CONTINUED**

Done      Not done      Not Sure      Not Applicable

- K) Distribution of property not addressed through Will:
- I have  / have not  created a letter summarizing the disposition of property not covered in my Will.
- It is  / is not  my wish that my personal property not specifically addressed in my Will be distributed in accordance to a Family Auction.

**Family Auction to split personal possessions**

Many parents, wanting to be fair with each child, simply give all their property and possession to their children to divide up equally amongst themselves. While this seems helpful, ultimately it can cause hard feelings between the siblings. One solution is a family auction. There are many ways this could be structured. One method is summarized below:

- (i) Liquid funds from the estate (cash and the value of stocks and bonds) are divided into amongst the siblings – this likely would be in equal portions; but if one child was particularly poor or provided care to parent, then they might have a larger share.
- (ii) For items thought to be valuable, they could be appraised to give each sibling an idea of their tangible worth
- (iii) An auctioneer (which could be the Executor or a family friend) is selected.
- (iv) Items are then presented one at a time to be auctioned off.
- (v) Only the siblings may submit bids
- (vi) The highest bid price wins the item. And such bid amount is deducted from the bidder's inheritance.

<b>Spiritual Preparation</b>	Done	Not done	Not Sure	Not Applic- able
<p>A) I would like <input type="checkbox"/> / not like <input type="checkbox"/> my end of life and burial / cremation arrangements to be in accordance to my _____ religious beliefs.</p> <p><i>This is important for your family and Executor to know so that they are aware they need to consult with your priest in advance of your death with respect to your spiritual preparation and in the handling of your funeral service and your body.</i></p>				
<p>B) <u>Preparation for trials and adversity as one nears the end of life:</u> I feel I am spiritually prepared for the trials ahead of me or am preparing myself through reading, discussing my <i>crosses</i> with my priest/spiritual advisor, and through prayer.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>C) <u>Helping your fellow neighbour</u> (Use of your time, talent and resources): If I have surplus resources (excess wealth beyond what's needed for my life, that of spouse and my children), I have:</p> <p style="padding-left: 40px;">(a) met with my priest/spiritual advisor to discuss how I might help with parish/temple needs</p> <p style="padding-left: 40px;">(b) taken on other charitable projects.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>D) <u>Sacrament of Healing – Anointing of the Sick [Christians]:</u> If I am in danger of death because of sickness or old age, I (or a friend or family member) have arranged or will arrange for my priest to come and give me the Sacrament of Healing. This can help strengthen me spiritually by providing me with peace and courage to overcome the difficulties that go with serious illness or frailty of old age.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>E) <u>Eucharist and Viaticum – The Final Communion [Christians]:</u> Where I am close to dying, I (or a friend or family member) have arranged or will arrange for my priest to come and give me the Eucharist. The 'Viaticum' is the spiritual bread to feed my soul on my journey out of this earthly life and to eternal happiness in heaven.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



