

AUDIT OF PERSONAL LEGAL DOCUMENTS FOR MEMBERS OF RELIGIOUS INSTITUTES AND SOCIETIES OF APOSTOLIC LIFE

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There are certain legal documents that members of religious institutes and societies of apostolic life should have. Each of these documents fulfills specific purposes, and is subject to various legal requirements. Over time, changes in a member's situation, and changes in the legal milieu and the vicissitudes of document storage, give rise to the need to locate and review members' documents. All member documents should periodically be reviewed and revised if necessary. This article will discuss the legal documents needed by religious and guidelines for periodic audits of those documents. It will also provide sample forms for each of the documents although use of documents prepared for use in specific states always recommended.

Generally, the documents described will be on file in offices of the institute or society. The audit of personal documents may be periodically initiated by leadership or by the finance office for all members, e.g., with the cycle of change of leadership. Alternatively, there may be a policy to review documents when a member reaches age 60, and at five year intervals thereafter.¹ In addition, the policy should provide a mechanism for review of documents when a significant

change occurs in the member's life, e.g., the member receives patrimony, changes the state in which he/she resides, changes citizenship status, etc., or when the beneficiary or executor under the will, or named attorney-in-fact is unavailable.

These documents are important for several reasons. First, they give civil effect to the canonical relationship between the member and the community. Courts generally consider family members most suited for special fiduciary roles of healthcare agent, etc. In these documents members declare that they wish their religious institute or society to carry out these roles. Second, the documents help avoid conflict with family members who may object to the religious brothers or sisters carrying out fiduciary roles for a family member. If the religious has expressed his/her wish in a document, both family members and courts are more likely to acquiesce. Finally, these documents facilitate the handling of a member's affairs by the treasurer or finance office of the institute or society.

Members of religious institutes should have the following documents:

1) General Durable Financial Power of Attorney (Appendix 1a & 1b)

The General Durable Power of Attorney gives the named agent (generally the institute's or society's treasurer) the power to manage the

¹ It is important to evaluate members' financial situation at age 60 and plan the disposition of their patrimony (if any) in view of their potential for accessing need based government benefits: Medicaid, etc.

financial affairs of the member in the event the member is no longer able to act on his/her own.² It is important to have this document on file before a member becomes incompetent because in the event of incompetence it may be necessary to have a court-appointed guardian assigned to carry out basic financial transactions for the member. The court will look first to the next of kin to carry out this role, so will have to be persuaded to accept a member of the institute or society in this role.

The Power of Attorney should be periodically reviewed for accuracy and currency. For example, if the agent is no longer available, or there is a significant change in assets covered by the document, the document should be reviewed. Generally, documents should be reviewed and updated as necessary every five years, or when there has been a significant change.

2) Healthcare Documents (Appendix 2)

For health-related matters, the legal document needed is the Healthcare Directive which includes both: (1) a health care power of attorney and (2) an advance directive or living will. These two documents work together to provide a mechanism for making healthcare decisions when a member can no longer make those decisions for him/herself. To avoid conflicts between the two parts of the Healthcare Directive, it is best to use a single document containing both the health care power of attorney and an advance directive.

The Durable Healthcare Power of Attorney appoints a particular individual to make healthcare decisions when the member is no longer able to make them for him/herself. It is sometimes called

the power of attorney for healthcare, healthcare proxy or healthcare agent. It is best to specify a primary and secondary healthcare decision maker or agent by name rather than by office. Because courts look more readily to family members for healthcare decisions, specification of an office can be risky if a member's family is contesting the decisions made.

The Advance Directive specifies particular treatments that the member chooses or refuses. It is also called a medical directive, physician's directive, written directive or living will. In some states it comes into effect only when the member is near death.

Copies of the current Healthcare Directive should be in the member's file and at the member's place of residence. There should be a procedure for ensuring that the document is available and is sent to the hospital with the member in case of emergency. For example, a copy may be placed with the member's medications or near the refrigerator. A copy of the Healthcare Directive may also be given to the healthcare agent.

The requirements of these documents vary from state to state; however, generally a document that is valid in the state in which it was created will be recognized in other jurisdictions. The Healthcare Directive should be periodically reviewed for accuracy and currency. If the agent, for example, is no longer available or there is a change in state of residence or significant change in health, the documents should be updated. Generally, documents should be reviewed every five years or when there has been a significant change.

3) Declaration Concerning Remuneration (Appendix 3)

The Declaration Concerning Remuneration is a document that states that a member will never claim, directly or indirectly, any wages, compensation, remuneration or reward for the time and/or for the services or work done while in the institute or society. This document should be made when a member enters the community and retained for the life of the member.

² A power of attorney is a document in which a person (the principal) appoints another person (an agent) to act in the place of the principal. The financial power of attorney addresses financial issues; it may be either specific, addressing only one or a few specific financial issues, or general, addressing a wide range of financial issues. Generally the power of attorney would be ineffective when the principal is unable to act. However, a *durable* power of attorney continues to be active when the principal is unable to act. It may be effective from the moment it is signed, or it may come into effect only when the principal is unable to act.



All member documents should periodically be reviewed and revised ...

4) Cession of Administration (Appendices 4a, 4b and 4c)

For members who retain ownership of property or patrimony, the administration of that property must be ceded to another. This may be done in a cession of administration or general power of attorney. While many institutes and societies administer property for their members, larger and more complex estates are better administered by professionals. The sample document provided is adequate for simpler estates.

The cession of administration or general power of attorney should be reviewed and updated when there is a significant change in assets. If a member wishes to change the administrator, change the disposition of the income from patrimony or give part or all of his/her patrimony away, permission of the superior is required. These documents should be retained for the life of the member.

5) Renunciation Documents

Documents of renunciation of property (partial or total) should be retained. Where renunciation is optional and permission to renounce is required, the renunciation documents and the permission should be retained for the life of the member.

By *partial renunciation* a member gives away a portion or all of his/her patrimony at one point in time, but retains the capacity to acquire patrimony.

By *total renunciation*, a member gives away all his/her goods currently owned, as well as any that may be acquired in the future. Civil law does not allow the member to give away all future goods, e.g. social security acquired before en-

trance. Therefore the member gives currently owned goods and agrees to give goods acquired in the future to the community.

6) Last Will and Testament (Appendix 6)

The Last Will and Testament disposes of a member's property after his/her death. Members should have prepared and executed a will before perpetual profession. The will should be reviewed and updated when there is a significant change in assets or when there is a need to change the beneficiary or executor of the will. If a member wishes to change the will, permission of the superior is required.

7) Citizenship Documents

A copy of a member's birth certificate and any proof of current immigration or naturalization status should be retained.

8) Personal Legal Audit (Appendix 8)

The personal legal audit document provided in Appendix 8 of this article is not a required document. Instead, it is a document designed to help members review legal and financial interests they may have acquired over the years and ensure that their documents adequately provide for any assets they may have. It is important to periodically review one's assets in order to: 1) ensure that the documents described above have provided for all assets, 2) ensure that all proper taxes are paid and reporting obligations are fulfilled, and 3) ensure that assets and income are reported appropriately for members applying for Supplemental Security Income (SSI), Medicaid or any other need-based benefit.

Conclusion

This article has reviewed the legal documents of members of religious institutes and societies of apostolic life. It examined the legal documents that provide for a member's assets and liabilities, the health care documents that a member should prepare and the citizenship papers that should be on file. It discussed record retention, including the need for periodic review and revision of these documents.

Appendix 1a

GENERAL DURABLE POWER OF ATTORNEY (LONG FORM)

THE STATE OF _____ COUNTY OF _____

KNOW ALL BY THESE PRESENTS:

That I, ____ (name of member) ____, a member of ____ (name of institute) ____ a Roman Catholic Religious Order located in ____ (county and state) ____ do hereby make, constitute and appoint ____ (name of treasurer) ____, Treasurer of ____ (name of institute) ____, a non-profit corporation formed by the Order above referred to, and successors in said office to be my true and lawful attorney-in-fact to act in, manage, and conduct all of my financial affairs and for that purpose for me and in my name, place, and stead, and for my use and benefit and as may act in deed, to do and execute or to concur with persons jointly interested with me in the doing or executing of every financial act, deed, or thing I could do or execute, including (but not limited to) all and any of the following acts, deeds, and things:

1. To do all things necessary or appropriate to effect payment by Medicare, Medicaid, any insurer, and any governmental agency for any medical, hospital, physician, drug, ambulance, healthcare professional, or other health care charge for treatment, care or other benefit to me. My attorney is authorized for me and in my name, place, and stead to do or cause to be done the following, without any limitation upon the generality of matters that are authorized: to obtain medical records and medical reports necessary or appropriate for the filing of claims, to make up, execute, and deliver any and all types of claims, demands, forms and other requests for payment, to sign claim forms, releases, and any other document that my said attorney deems necessary or appropriate to bring about the payment sought.

2. To do any and all things necessary or appropriate in connection with any claim, benefit, or other type of business or transaction that I might have, could have or be interested in with the Social Security Administration and with any office therefore employee thereof and to obtain information necessary to make any claim or presentment to the Social Security Administration, to sign any claim form, Social Security check, release, electronic funds transfer order consistent with paragraph 4 below, or other document that my attorney deems necessary or proper.

3. To name a Responsible Party for me for purposes of Social Security, Medicaid, Medicare, or any other government or private agency, as may be necessary or appropriate from time to time and for such periods of time and upon such terms as my attorney-in-fact may determine to be in my best interest and to discharge, remove, terminate, or substitute any such Responsible Party without cause, notice, or excuse as deemed necessary or appropriate by my said attorney-in-fact for my best interest, but always in accordance with applicable law and/or regulations.

4. To deposit my monthly retirement benefit, SSI benefit, and any other federal benefit payment by Electronic Funds Transfer to the account held at ____ (name) ____ Bank and titled ____ (name of account) ____ with federal EIN ____ (number) ____ and with the understanding that the ____ (name of institute) ____ will maintain in its internal records a sub account detailing the monthly deposits received by ____ (name of institute) ____ in my name and for my benefit.

5. To authorize that such sub account be automatically debited and that these monthly deposits be transferred to the operating account(s) of ____ (name of institute) ____ which are used to provide for my basic necessities.

6. To make, endorse, guarantee, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, bills of sale, agreements, certificates, hypothecation, checks, notes, mortgages, bonds, vouchers, receipts, releases and such other instruments in writing of whatever kind or nature as may be necessary, convenient or proper in the premises.

7. To make deposits or investments in or withdrawals from any account, holding, or interest which I may now or in the future have, or be entitled to, in any banking, trust, or investment institution, including Postal Savings Depository offices, credit unions, savings and loan association, and similar institutions; to execute any right option or privilege pertaining to it or them; and to open or establish accounts, holdings or interest of whatever kind or nature, with any of these institutions in my name or in the name of my attorney-in-fact or in our names jointly, either with or without right of survivorship.

8. To act as my attorney-in-fact or proxy in respect to any stocks, shares, bonds, or other securities or other investments, rights or interest I may now or in the future hold.

9. To prepare, execute, and file income, ad valorem, gift, estate, and other tax returns, and other governmental reports, declarations, applications; requests and documents in connection with any property owned or to be owned by me.

10. To institute, prosecute, defend, compromise, settle, arbitrate, assign, release, and dispose of legal, equitable, or administrative hearings, actions, suits, attachments, arrests, claims, liens, levies, distresses, or other proceedings or otherwise engage in litigation in connection with real or personal property, any debt or alleged debt, any personal injury, death or other tort, any contract, or any probate matter.

Giving and granting to this attorney-in-fact full power and authority to do and perform every act, deed, matter and thing whatsoever in and about my estate, property and affairs, as fully as I might or could do if personally present, the above especially enumerated powers being in aid and exemplification of the full, complete, and general power granted in this document, and not limited by definition of these powers: and by this document ratifying all that my attorney-in-fact shall lawfully do or cause to be done.

Check one:

This power of attorney shall become effective upon my disability or incompetence.

This power of attorney shall become effective immediately and shall not be affected by my subsequent disability or incompetence.

I declare that by this instrument any act or thing lawfully done under it by my attorney-in-fact shall be binding on myself and my heirs, and personal representatives and assigns.

My attorney-in-fact is authorized to indemnify and hold harmless any third party who accepts and acts under this Power of Attorney.

Each person who holds the office of Treasurer of ____ (name of institute) ____ shall be my attorney-in-fact hereunder for as long as she holds said office, I shall be deemed to have made each such appointment whenever the person holding said office of Treasurer shall change, if I do not, within 30 days of such change, file a written revocation of this Power of Attorney as described below.

This Power of Attorney shall remain in force and effect until a written revocation of the same be filed in the Public Records of ____ (county and state) ____.

IN WITNESS WHEREOF, the parties hereto have duly entered into and executed this agreement this _____ day of _____, 20_____.

Signature (Member): _____

Acceptance by Attorney in Fact: _____

We, the witnesses, sign our names to this document and attest that:
—the individual signing this document signs it willingly or willingly directs another to sign for him or her; and
—each of us, in the principal’s presence, signs this document as witness to the principal’s signing; and,
—to the best of our knowledge, the principal is 18 years of age or older, of sound mind, and under no constraint or undue influence this ____ day of _____, 20_____.

WITNESS _____

WITNESS _____

STATE OF _____
COUNTY OF _____

On _____ before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the 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.

WITNESS my hand and official seal.

Signature:
Commission Expires:
Affiant ___ Known ___ Produced ID
Type of ID _____
(Seal)

Appendix 1b

GENERAL DURABLE POWER OF ATTORNEY (SHORT FORM)

TO ALL PERSONS, be it known, that I, _____, of _____, the undersigned principal, do hereby grant a general power of attorney to _____ of _____, as my attorney-in-fact.

My attorney-in-fact shall have full powers and authority to do and undertake all acts on my behalf that I could do personally including but not limited to: (check those that apply)

- the right to sell, deed, buy, trade, lease, mortgage, assign, rent or dispose of any of, my future real or personal property;
- the right to execute, accept, undertake, and perform all contracts in my name;
- the right to deposit, endorse, or withdraw funds to or from any of my bank accounts, depositories or safe deposit box;
- the right to borrow, lend, invest or reinvest funds on any terms;
- the right to initiate, defend, commence or settle legal actions on my behalf;
- the right to vote (in person or by proxy) any shares or beneficial interest in any entity;
- and the right to retain any accountant, attorney or other advisor deemed necessary to protect my interests generally or relative to any foregoing unlimited power.

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as in my attorney's best discretion deems advisable, and I affirm and ratify all acts undertaken. This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney before or after my death shall have full rights to accept the authority of my attorney-in-fact until in receipt of actual notice of revocation.

Check one:

- This power of attorney shall become effective upon my disability or incompetence.
- This power of attorney shall become effective immediately and shall not be affected by my subsequent disability or incompetence.

IN WITNESS WHEREOF, the parties hereto have duly entered into and executed this agreement this _____ day of _____, 20_____.

Signature (Member): _____

Acceptance by Attorney in Fact: _____

We, the witnesses, sign our names to this document and attest that:

- the individual signing this document signs it willingly or willingly directs another to sign for him or her; and
- each of us, in the principal's presence, signs this document as witness to the principal's signing; and,
- to the best of our knowledge, the principal is 18 years of age or older, of sound mind, and under no constraint or undue influence this ____ day of _____, 20_____.

WITNESS: _____

WITNESS: _____

STATE OF _____

COUNTY OF _____

On _____ before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the 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.

WITNESS my hand and official seal.

Signature:

Commission Expires:

Affiant ___ Known ___ Produced ID

Type of ID _____

(Seal)

Appendix 2

ADVANCE DIRECTIVE

The advance directive of the member's state of residence should be used. The following is provided only as a sample. The following web sites have links to advance directives for each state:

[http://www.lrcr.org/law lib/links.htm](http://www.lrcr.org/law_lib/links.htm)

<http://uslivingwillregistry.com/forms.shtm>

YOU DO NOT HAVE TO FILL OUT AND SIGN THIS FORM

PART A: IMPORTANT INFORMATION ABOUT THIS ADVANCE DIRECTIVE

This is an important legal document. It can control critical decisions about your health care. Before signing, consider these important facts:

Facts About Part B (Appointing a Health Care Representative)

You have the right to name a person to direct your health care when you cannot do so. This person is called your "health care representative." You can do this by using Part B of this form. Your representative must accept on Part E of this form.

You can write in this document any restrictions you want on how your representative will make decisions for you. Your representative must follow your desires as stated in this document or otherwise made known. If your desires are unknown, your representative must try to act in your best interest. Your representative can resign at any time.

Facts About Part C (Giving Health Care Instructions)

You also have the right to give instructions for health care providers to follow if you become unable to direct your care. You can do this by using Part C of this form.

Facts About Completing This Form

This form is valid only if you sign it voluntarily and when you are of sound mind. If you do not want an advance directive, you do not have to sign this form.

Unless you have limited the duration of this advance directive, it will not expire. If you have set an expiration date, and you become unable to direct your health care before that date, this advance directive will not expire until you are able to make those decisions again.

You may revoke this document at any time. To do so, notify your representative and your health care provider of the revocation.

Despite this document, you have the right to decide your own health care as long as you are able to do so.

If there is anything in this document that you do not understand, ask a lawyer to explain it to you.

You may sign PART B, PART C, or both parts. You may cross out words that don't express your wishes or add words that better express your wishes. Witnesses must sign PART D.

Print your NAME, BIRTHDATE AND ADDRESS here:

Name _____
Birthdate _____
Address _____

Unless revoked or suspended, this advance directive will continue for:

INITIAL ONE:

My entire life
 Other period (Years)

PART B: APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I appoint as my health care representative:

Name: _____

Address: _____

City, State, ZIP: _____

Telephone: _____

Relationship: _____

I appoint as my alternate health care representative:

Name: _____

Address: _____

City, State, ZIP: _____

Telephone: _____

Relationship: _____

I authorize my representative (or alternate) to direct my health care when I can't do so.

NOTE: You may not appoint your doctor, an employee of your doctor, or an owner, operator or employee of your health care facility, unless that person is related to you by blood, marriage or adoption or that person was appointed before your admission into the health care facility.

1. Limits.

Special Conditions or Instructions:

INITIAL IF THIS APPLIES:

___ I have executed a Health Care Instruction or Directive to Physicians.
My representative is to honor it.

2. Life Support .

“Life support” refers to any medical means for maintaining life, including procedures, devices and medications. If you refuse life support, you will still get routine measures to keep you clean and comfortable.

INITIAL IF THIS APPLIES:

___ My representative MAY decide about life support for me.
(If you don't initial this space, then your representative MAY NOT decide about life support.)

3. Tube Feeding .

One sort of life support is food and water supplied artificially by medical device, known as tube feeding.

INITIAL IF THIS APPLIES:

___ My representative MAY decide about tube feeding for me.
(If you don't initial this space, then your representative MAY NOT decide about tube feeding.)

SIGN HERE TO APPOINT A HEALTH CARE REPRESENTATIVE :

Signature/Date: _____

PART C: HEALTH CARE INSTRUCTIONS

NOTE: In filling out these instructions, keep the following in mind:

- The term “as my physician recommends” means that you want your physician to try life support if your physician believes it could be helpful and then discontinue it if it is not helping your health condition or symptoms.
- “Life support” and “tube feeding” are defined in Part B above.
- If you refuse tube feeding, you should understand that malnutrition, dehydration and death will probably result.
- You will get care for your comfort and cleanliness, no matter what choices you make.
- You may either give specific instructions by filling out Items 1 to 4 below, or you may use the general instruction provided by Item 5.

Here are my desires about my health care if my doctor and another knowledgeable doctor confirm that I am in a medical condition described below:

1. Close to Death. If I am close to death and life support would only postpone the moment of my death:

A. INITIAL ONE:

- I want to receive tube feeding.
- I want tube feeding only as my physician recommends.
- I DO NOT WANT tube feeding.

B. INITIAL ONE:

- I want any other life support that may apply.
- I want life support only as my physician recommends.
- I want NO life support.

2. Permanently Unconscious. If I am unconscious and it is very unlikely that I will ever become conscious again:

A. INITIAL ONE:

- I want to receive tube feeding.
- I want tube feeding only as my physician recommends.
- I DO NOT WANT tube feeding.

B. INITIAL ONE:

- I want any other life support that may apply.
- I want life support only as my physician recommends.
- I want NO life support.

3. Advanced Progressive Illness . If I have a progressive illness that will be fatal and is in an advanced stage, and I am consistently and permanently unable to communicate by any means, swallow food and water safely, care for myself and recognize my family and other people, and it is very unlikely that my condition will substantially improve:

A. INITIAL ONE:

- I want to receive tube feeding.
- I want tube feeding only as my physician recommends.
- I DO NOT WANT tube feeding.

B. INITIAL ONE:

- I want any other life support that may apply.
- I want life support only as my physician recommends.
- I want NO life support.

4. Extraordinary Suffering . If life support would not help my medical condition and would make me suffer permanent and severe pain:

A. INITIAL ONE:

- I want to receive tube feeding.
- I want tube feeding only as my physician recommends.
- I DO NOT WANT tube feeding.

B. INITIAL ONE:

- I want any other life support that may apply.
- I want life support only as my physician recommends.
- I want NO life support.

5. General Instruction .

INITIAL IF THIS APPLIES:

- I do not want my life to be prolonged by life support. I also do not want tube feeding as life support. I want my doctors to allow me to die naturally if my doctor and another knowledgeable doctor confirm I am in any of the medical conditions listed in Items 1 to 4 above.

6. Additional Conditions or Instructions .

(Insert description of what you want done.)

7. Other Documents . A “health care power of attorney” is any document you may have signed to appoint a representative to make health care decisions for you.

INITIAL ONE:

- I have previously signed a health care power of attorney.
I want it to remain in effect unless I appointed a health care representative after signing the health care power of attorney.
- I have a health care power of attorney, and I REVOKE IT.
- I DO NOT have a health care power of attorney.

Signature/Date: _____

PART D: DECLARATION OF WITNESSES

We declare that the person signing this advance directive:

- (a) Is personally known to us or has provided proof of identity;
- (b) Signed or acknowledged that person’s signature on this advance directive in our presence;
- (c) Appears to be of sound mind and not under duress, fraud or undue influence;
- (d) Has not appointed either of us as health care representative or alternative representative;
and
- (e) Is not a patient for whom either of us is attending physician.

Witness/Date: _____

Witness/Date: _____

NOTE: One witness must not be a relative (by blood, marriage or adoption) of the person signing this advance directive. That witness must also not be entitled to any portion of the person’s estate upon death. That witness must also not own, operate or be employed at a health care facility where the person is a patient or resident.

PART E: ACCEPTANCE BY HEALTH CARE REPRESENTATIVE

I accept this appointment and agree to serve as health care representative. I understand I must act consistently with the desires of the person I represent, as expressed in this advance directive or otherwise made known to me. If I do not know the desires of the person I represent, I have a duty to act in what I believe in good faith to be that person's best interest. I understand that this document allows me to decide about that person's health care only while that person cannot do so. I understand that the person who appointed me may revoke this appointment. If I learn that this document has been suspended or revoked, I will inform the person's current health care provider if known to me.

Healthcare Representative Signature/Date: _____

Printed name: _____

Alternate Healthcare Representative Signature/Date: _____

Printed name: _____

Appendix 3

DECLARATION CONCERNING REMUNERATION

I, *legal name* otherwise known in religion as *religious name* of *legal name of society/institute*, city, the county of *county*, and the State of *state*.

IN CONSIDERATION of the law of the Roman Catholic Church concerning the remuneration of candidates, novices, and members of a religious community acknowledged by the Roman Catholic Church which law I fully know and deliberately acknowledge and to which I voluntarily and fully submit myself, and

FOR AND IN CONSIDERATION of the benefits accruing to me as candidate, novice, or member of the approved religious community, incorporated as *legal name of institute/society*, existing under and by virtue of the laws of the State of *State*.

DO SOLEMNLY STATE AND DECLARE, that I shall never claim or demand, directly or indirectly, any wages, compensation, remuneration, or reward, either in specie or by way of annuity or pension, for the time or for the services or work that I devote for or with *legal name of institute/ society*, during the time I may remain there or elsewhere in the name of or upon commission from of *legal name of society/institute*.

IN WITNESS WHEREOF I have subscribed my name this _____
day of _____, 20_____.

Signature: _____

Witness Signature: _____

Address: _____

Witness Signature: _____

Address: _____

Appendix 4a

CESSION OF ADMINISTRATION

This is an agreement between *legal name of member or novice*, the Member, and *legal name of religious institute*, the Institute.

In accord with provisions of admission to first profession by the Institute, the Member will depend on and receive the necessities of life from the Institute as a professed religious. Canon 668, Section 1 of the Code of Canon Law binds those about to make first profession in an approved religious institute of the Catholic Church, as follows:

The Member agrees to render freely his/her service and labor to the Institute.

The Member retains ownership of all property real and personal. However, provision is made for such property as follows:

a) The Member cedes the administration of his/her property, real and personal, that he/she owns and that which shall come to his/her ownership during the time of profession and appoints _____ as the administrator.

b) The use of said property shall be disposed as follows:

c) The increment, income and interest of said property shall be disposed of as follows:

d) If the profession of vows cease in any way whatsoever, this agreement becomes by that fact null and void.

The parties declare that they intend to be legally bound by this agreement.

Novice/Member

Major Superior/Legal Representative, Institute

Secretary of Institute

Date

Appendix 4b

CESSION OF ADMINISTRATION OF PERSONAL ASSETS (When A Third Party Administers Asset)

This agreement, between *legal name of member*, known in religion as *religious name* (“Member”) and *name of institute/society* (“Institute”)

WITNESSES THAT:

Recitals

1. Member is a professed member of the *name of institute/society*.

2. Member desires to comply with the law of the Roman Catholic Church as it currently exists and to execute necessary documents to evidence his/her desires respecting remuneration and ownership of real or personal property;

3. Member intends to divest himself/herself of the control, use and enjoyment of property which he/she now owns or which he/she acquires while he/she is a member of the Institute and which the Canon law of the Roman Catholic Church requires divestiture of; and

4. Member intends to waive any claim, including but not limited to, compensation of any nature for services performed for or time devoted to the Institute during his/her membership therein.

NOW, THEREFORE, in consideration of the laws of the Roman Catholic Church and of the benefits accruing to Member as a professed member of the Institute, Member and Institute agree as follows:

A. Member agrees that he/she will not exercise control over or enjoy the use, income or benefit of any property now owned or after acquired, including, but not limited to real and personal property, wages or other compensation, gifts and inheritances, while he/she remains a member of the Institute;

If requested, Member will provide written documentation evidencing compliance with this paragraph to the *legal title of Leadership* of the Institute; and

B. Member and Institute agree that this Agreement supersedes any earlier document addressing the issues addressed herein.

Should any clause or paragraph of this Agreement be unenforceable or invalid for any reason, such unenforceability or invalidity shall not affect the enforceability or validity of the remainder of this Agreement.

IN WITNESS WHEREOF, the parties hereto have duly entered into and executed this agreement
this _____ day of _____, 20_____.

Signature (Member):_____

(Printed):_____

Name of institute/society_____

By (Leadership):_____

Its (Title):_____

Appendix 4c

POWER OF ATTORNEY FOR PATRIMONY

This agreement, between *legal name of member*, known in religion as *religious name* (“Member”) and *name of institute/society* (“Institute”)

WHEREAS:

Member is a professed member of the *name of institute/society*; and whereas

Member desires to comply with the law of the Roman Catholic Church as it currently exists and to execute necessary documents to evidence his/her desires respecting remuneration and ownership of real or personal property; and whereas

Member intends to divest himself/herself of the control, use and enjoyment of property which he/she now owns or which he/she acquires while he/she is a member of the Institute and which the Canon law of the Roman Catholic Church requires divestiture of; and whereas

Member intends to waive any claim, including but not limited to, compensation of any nature for services performed for or time devoted to the Institute during his/her membership therein, and whereas

Member hereby agrees that he/she will not exercise control over or enjoy the use, income or benefit of any property now owned or after acquired, including, but not limited to real and personal property, wages or other compensation, gifts and inheritances, while he/she remains a member of the Institute;

NOW, THEREFORE, in consideration of the laws of the Roman Catholic Church and of the benefits accruing to Member as a professed member of the Institute, Member and Institute agree as follows:

I, _____, of _____, the undersigned principal, do hereby grant a general power of attorney to _____ of _____, as my attorney-in-fact.

My attorney-in-fact shall have full powers and authority to do and undertake all acts on my behalf that I could do personally including but not limited to the right to sell, deed, buy, trade, lease, mortgage, assign, rent or dispose of any of, my present or future real or personal property; the right to execute, accept, undertake, and perform all contracts in my name; the right to deposit, endorse, or withdraw funds to or from any of my bank accounts, depositories or safe deposit box; the right to borrow, lend, invest or reinvest funds on any terms; the right to initiate, defend, commence or settle legal actions on my behalf; the right to vote (in person or by proxy) any shares or beneficial interest in any entity; and the right to retain any accountant, attorney, or other advisor deemed necessary to protect my interests generally or relative to any foregoing unlimited power.

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as in my attorney’s best discretion deems advisable, and I affirm and ratify all acts undertaken. This power of attorney may be revoked by

me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney before or after my death shall have full rights to accept the authority of my attorney-in-fact until in receipt of actual notice of revocation.

Should any clause or paragraph of this Agreement be unenforceable or invalid for any reason, such unenforceability or invalidity shall not affect the enforceability or validity of the remainder of this Agreement.

IN WITNESS WHEREOF, the parties hereto have duly entered into and executed this agreement this _____ day of _____, 20_____.

Signature (Member): _____

Acceptance by Attorney in Fact: _____

STATE OF _____

COUNTY OF _____

On _____ before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the 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.

WITNESS my hand and official seal.

Signature:

Commission Expires:

Affiant ___ Known ___ Produced ID

Type of ID _____

(Seal)

Appendix 6

LAST WILL AND TESTAMENT OF

I, _____, a resident of _____, County of _____, in the State of _____, being of sound mind, do make and declare this to be my Last Will and Testament expressly revoking all my prior wills and codicils at any time made.

I. EXECUTOR:

I appoint _____ of _____ as Executor of this my Last Will and Testament and provide if this Executor is unable or unwilling to serve then I appoint _____ of _____ as alternate Executor. My Executor shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. I further provide my Executor shall not be required to post surety bond in this or any other jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

II. REMAINS:

I authorize _____ to make any decisions regarding the disposition of my remains.

III. BEQUESTS:

All the rest, residue and remainder of my property, possessions and interests that I own at my death are hereby devised and bequeathed to _____.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 20____.

Signature _____

IV. WITNESSED:

We, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual signing this document as the testator executes the document as his or her will, signs it willingly or willingly directs another to sign for him or her, and executes it as his or her voluntary act for the purposes expressed in this will; each of us, in the testator's presence, signs this will as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, of sound mind, and under no constraint or undue influence this ____ day of _____, 20_____.

Witness Signature: _____

Address: _____

Witness Signature: _____

Address: _____

Witness Signature: _____

Address: _____

STATE OF _____

COUNTY OF _____

On _____ before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the 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.

WITNESS my hand and official seal.

Signature:

Commission Expires:

Affiant____Known____Produced ID

Type of ID _____

(Seal)

Appendix 8

PERSONAL LEGAL AUDIT CHECKLIST

Answer the following questions. If you answer YES on any question, further information should be provided on page three.

BANKING & TRUSTS	YES	NO
1. Do you have an account at a financial institution (bank, credit union, money market) in your own name?		
2. Is your name on an account at a financial institution with another person?		
3. Is your social security number used on any account at a financial institution?		
4. Do you have a checking account in the name of the Congregation? If YES, is the Treasurer of the Congregation a signatory on the checking account?		
5. Are you the grantor, the trustee or the beneficiary of a trust? If YES, please attach a copy of the trust.		
6. Do you receive income from a trust? If YES, please explain.		
FINANCIAL INTERESTS		
7. Do you have or is your name on any investments, stocks, bonds, annuities, etc. If YES, who is managing/administering them? Provide documentation.		
8. Do you receive interest or dividend income? If YES, please describe where they are deposited and approximately how much you receive yearly.		
9. Do you have an administrator outside the order administering your finances? If YES, please provide the administrator's name, and address and a copy of the power of attorney.		
10. Do you own a life insurance policy or are you the beneficiary under a life insurance policy? If YES, please state the name of the insurance company, the name of the insured and the beneficiary and the policy number.		
11. Do you have any interest in a business? If YES, please describe the business interest.		
12. Do you have any interest in a profit sharing plan? If YES, please provide the name of the plan, the plan number and the terms of the plan.		
13. Do you have any pension/retirement plans? If YES, please provide a recent statement.		
14. Do you have any individual retirement accounts or other deferred compensation accounts in your name? If YES, please provide a recent statement.		

	YES	NO
15. Have you been a beneficiary under any will or recipient of a significant gift since you last executed your will? If YES, please provide the name and relationship of the deceased or benefactor and describe the bequest or gift.		
16. Are you receiving any royalties, commissions or other contractual payments in your name? If YES, please describe.		
17. Do you have any other financial interest or do you receive income that has not been listed here? If YES, please describe.		
18. Have you received your social security earnings statement and reviewed it for accuracy? If NO, please contact your congregation Treasurer.		
PROPERTY		
19. Do you have an automobile titled in your name? If YES, please provide the vehicle identification number (VIN)		
20. Do you have insurance on the automobile in your name? If YES, please provide the name of the insurance agency, type of insurance, amount of coverage and who pays for the insurance policy.		
21. Do you own or co-own any other property in your name, e.g., land, house, property interest, time-share, business, etc.? If YES, please describe the property.		
LAWSUITS		
22. Are you currently party to a lawsuit or other action? If YES, please explain.		
23. Have you received any money from the settlement of a lawsuit or other action? If YES, please explain.		
LOTTERY / GAMES OF CHANCE		
24. Have you won any money from the lottery, bingo or games of chance? If YES, please provide the date and amount of the winnings and where the winnings are located. If YES, were taxes withheld and was income tax paid?		
PROFESSIONAL & FIDUCIARY RESPONSIBILITIES		
25. Do you have any professional licenses? If YES, please provide current documentation.		
26. Are you currently serving in a fiduciary role: guardian, executor, etc.? If YES, please describe.		
27. Are you currently serving on a Board of Directors/Trustees? If YES, please describe.		
DEBTS		
28. Do you have any debts or liabilities which you are unable to meet? If YES, please describe.		

