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# Appendix A. Personal Information

Prepared by District One Seonghwa Ministry Committee

## Catalogue of Personal Information

Here is a summary of the key items you should record and keep somewhere safe.

The list covers the basics, but add/edit/delete as you need based on your life. Confirm you have the items on hand, and jot down on the form below where they are located.

Remember: Let one or two people you trust know where this information can be accessed if necessary. Give a copy to the Power of Attorney listed in your will, and keep a copy of this with your other important documents (will, living will, policies and licenses, etc.)

These details belong to: \_\_\_\_\_

They were last updated on: \_\_\_\_\_

Your Basic info: \_\_\_\_\_

Full name: \_\_\_\_\_

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

Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Birthday: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Family Members contact info: Family, close friends, anyone listed in your Will and Living Will should be found here. List: Full name, Relationship, Phone numbers, Email addresses, Home addresses, and any other relevant information

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Licenses and Policies: Confirm you have/need copies, and where located: \_\_\_\_\_

Marriage certificate: (certified copy): \_\_\_\_\_

Birth certificate: \_\_\_\_\_

Car insurance: \_\_\_\_\_

Home insurance: \_\_\_\_\_

Life insurance: \_\_\_\_\_

Banking and Business: \_\_\_\_\_

Bank names and contact info: \_\_\_\_\_

Checking account(s): \_\_\_\_\_

Savings account(s): \_\_\_\_\_

Other bank account(s): \_\_\_\_\_

401k(s): \_\_\_\_\_

Other savings/retirement funds: \_\_\_\_\_

Stocks: \_\_\_\_\_

Accounts(s) on autopay: \_\_\_\_\_

College savings (529 plan, etc.): \_\_\_\_\_

Debt (credit cards, school loans): \_\_\_\_\_

Mortgage: \_\_\_\_\_

Passwords: \_\_\_\_\_

Home computer username and passwords: \_\_\_\_\_

Laptop username and password: \_\_\_\_\_

Online banking accounts: \_\_\_\_\_

Cell phone password: \_\_\_\_\_

Email(s): \_\_\_\_\_

Social networking sites (Facebook, Flickr, LinkedIn, etc): \_\_\_\_\_





## Appendix B. Facts about Wills

(Refer to The Office of the Register of Wills, (Maryland))

### **What is a Will?**

A will is a written document directing the disposition of a person's assets after death.

### **Requirements for a valid Will**

In Maryland, a will must be signed by the person making the will (testator/testatrix) and Attested and signed by two credible witnesses in the presence of the person making the will. (Sample attestation clause: Signed, sealed, published and declared by the above named Testa (tor), (trix), (name), as and for (his/her) Last Will and Testament, in the presence of us, who at (his/her) request, in (his/her) presence, and in the presence of each other have hereunto subscribed our names as witnesses.”

### **Why should you make a Will?**

A will is one of the most important of all legal documents. It is the legal declaration of a person's intentions and desires that he directs to be carried out after his death. By making a will you can specify how you want your property distributed after your death; you can name a personal representative who has the responsibility to collect assets, pay bills and distribute your estate according to the terms of your will; you can make charitable bequests; and you can nominate someone in whom you have confidence to be a guardian of your minor children. Without a will, the intestate laws of the State of Maryland direct the order of priority for those individuals to serve as personal representative of the estate; what heirs are entitled to receive the assets of the estate; and in some instances the Orphans' Court shall make the appointment of a guardian for your minor children.

### **Safekeeping of your Will**

Your will may be filed with the Register of Wills for safekeeping for a one-time fee of \$5.00. An original will brought to the Register of Wills' office for safekeeping should be sealed in an envelope, with your name, address and the last four digits of your social security number clearly legible on the cover. During your lifetime, the will you deposited in the Register of Wills' office can only be released to you or a person authorized by you in writing to receive the same. You should always make sure that the person you named as Personal Representative is made aware of the location of your will.

### **Can a will be changed ?**

A will can be changed at any time before death if a person is competent. The changes should not be made by alteration to the existing will but by a document called a "codicil". The codicil must be executed with the same formalities as a will.

## **When should a Will be changed?**

A will should be reviewed whenever a significant change in personal or financial circumstances occurs. For example, a change in marital status warrants a review of the will.

## **The validity of a Will executed in another state**

If you have a will prepared outside of Maryland and then move into Maryland, it is valid if it is executed in accordance with the laws of the state in which it was prepared. However, if you move to another state, check with the Probate Division of your new jurisdiction to determine if your will is valid. Laws vary in different states.

## **Wills are only effective when administering probate assets**

A will must be admitted to probate when a person dies owning property in his or her name alone or as tenants in common. Tenancy in common property is subject to the will of each of the owners to the extent of that owner's interest and does not pass automatically to the survivor.

Property owned by husband and wife, either jointly or as tenancy by the entirety, or property held by any other persons as joint tenants "with right of survivorship" is not subject to the provisions of the will of the first joint owner to die. Such joint property passes automatically to the surviving joint owner or owners.

## **What if there is no Will?**

If there is no will, the intestate laws of the State of Maryland, which are subject to change from time to time, will determine the distribution of probate assets. Distribution is determined by the relationship of the surviving heirs of the decedent. If a spouse and minor child/children survive, the spouse receives only one-half of the probate assets and the child/children receive the other one-half.

If there are no surviving minor children but other surviving children or parents, the spouse receives the first \$15,000.00 plus one-half of the balance of the estate; the remainder passes to the decedent's children, if any, otherwise to his or her parents. If a spouse but no children or parents survive, the spouse receives the entire probate estate.

If children but no spouse survive, the children will receive everything. If no relatives (brothers, sisters, nieces, nephews, cousins, etc.) survive, the assets will be distributed to the Board of Education in the jurisdiction where the estate was administered.

# Appendix C. Sample Last Will and Testament

LAST WILL AND TESTAMENT OF \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_ (City), Maryland, being of sound mind and body, hereby revoke all wills and codicils heretofore made by me and declare this to be my Last Will and Testament.

## FIRST

### Funeral Provisions and Debts

I direct my Personal Representative to pay all my legally enforceable debts, expenses of my last illness and funeral expenses, including the costs of a suitable marker for my grave, and I direct that the amount to be expended shall be within the sole and absolute discretion of my Personal Representative, free of any limitation imposed by law as to amount, and without prior application to or subsequent ratification by any other Court having jurisdiction over the administration of my estate.

Further, I direct my Personal Representative to arrange for my body to be transferred to the family burial plot after my funeral where I have already made arrangements for my final resting place.

## SECOND

### Identification of Children

As used in this Will, the words "child" or children refer to any one or more, as the case may be of my present children, namely \_\_\_\_\_ born on \_\_\_\_\_, \_\_\_\_\_, born on \_\_\_\_\_, \_\_\_\_\_ born on \_\_\_\_\_, and any child that may be born to me or legally adopted by me after my execution of this Will.

## THIRD

### Designation of Personal Representative

A. I constitute and appoint my (relationship to testator) \_\_\_\_\_ to be the Personal Representative of this Will. If she shall fail for any reason to continue or qualify as Personal Representative hereunder, I constitute and appoint my son/daughter \_\_\_\_\_ to serve as such in their place.

B. I direct that my Personal Representative be excused from bond.

C. The Personal Representative here in names, and any successor or alternative Personal Representative, are herein referred to in the singular and neuter gender.

#### FOURTH

##### Powers of Personal Representative

In addition to all powers, duties and discretion granted or imposed by law, my Personal Representative shall have with respect to my estate particularly the power to invest and reinvest, sell, assign, mortgage, exchange, lease, transfer or otherwise dispose of all or any part of my estate, all in her sole discretion without application to, the approval of, or ratification by, the court having jurisdiction over the administration of my estate. All authorities, rights, powers, duties and discretion conferred by my Will upon, or lodged in, my Personal Representative shall be construed to be appurtenant to the fiduciary office, and shall pass to and be exercisable by whatever person or persons may then be duly qualified and acting as the Personal Representative of my estate.

My Personal Representative, in her sole and absolute discretion, also shall have the full right, power and authority if she shall deem the same necessary or desirable, but shall be under no obligation or requirements if it otherwise shall be determined in her best judgment, (1) to make distributions of my estate in cash or in kind without the necessity of making any distribution pro rata; (2) to make such decisions as she may deem appropriate in connection with the determination of whether any alternate date or dates shall be used for estate and/or inheritance tax purposes and whether any deductions available for estate tax purposes shall be used (in whole or in part) instead of as income tax deductions, either on the last return filed on my behalf individually, or on any of the returns filed in respect of income reported by my estate; and (3) to make compensating adjustments (in whole or in part) among the interests of any or all other persons entitled to share in my estate or on account of any such decision which may increase or reduce the amount of any interest.

#### FIFTH

##### Automobile and Tools

I give, devise and bequeath my type of vehicle along with all my work tools to my son \_\_\_\_\_ . In the event that \_\_\_\_\_ predeceases me, I direct my Personal Representative to distribute the vehicle and tools and/or proceeds from sale of same to my other remaining children in as equal shares as possible.

In the event of any dispute among my beneficiaries with respect to the distribution of my automobile and tools, the decision of my Personal Representative shall be final and binding on all persons interested therein, including the decision to sell such personal property, and distribute the proceeds as part of my residuary estate.

The reasonable cost of protecting, appraising, packing, storing, shipping, cleaning, delivering, and insuring all assets disposed and in this section, including costs incurred by the issuance of letters of administration, shall be paid as an expense of administering my estate.

#### SIXTH

##### Tangible Personal Property

I give, devise and bequeath all of my other tangible personal property that has not been specifically mentioned in this Will, including but not limited to clothing, jewelry, personal effects, articles of household use and ornament, furniture, and other tangible personal property of like nature which may be owned by me, together with all policies of insurance relating thereto, equally between such of my children as survive me, to be divided between them by my Personal Representative in as nearly equal portions as may be practical, having due regard for the personal preferences of each. In the event that any of my children predecease me, that child's share shall be distributed to his or her children in equal shares, per stirpes.

In the event of any dispute among my beneficiaries with respect to the distribution of any item or items of my tangible personal property, the decision of my Personal Representative shall be final and binding on all persons interested therein, including the decision to sell such personal property, and distribute the proceeds as part of my residuary estate.

The reasonable cost of protecting, appraising, packing, storing, shipping, cleaning, delivering, and insuring all assets disposed and in this section, including costs incurred by the issuance of letters of administration, shall be paid as an expense of administering my estate.

## SEVENTH

### Real Property

I give, devise and bequeath my family home and residence located at \_\_\_\_\_, in the City of Baltimore, Maryland, to my daughter \_\_\_\_\_. Upon the death of my daughter \_\_\_\_\_, I give, devise and bequeath my home to \_\_\_\_\_. In the event that said beneficiaries fail to survive me, I give my real property as follows: equally between my surviving children, to be divided between them by my Personal Representative in as nearly equal portions as may be practical, having due regard for the personal preferences of each. In the event that any of my children predecease me, that child's share shall be distributed to his or her children in equal shares, per stirpes.

In the event of any dispute among my beneficiaries with respect to the distribution of my real property, the decision of my Personal Representative shall be final and binding on all persons interested therein, including the decision to sell such real property, and distribute the proceeds as part of my residuary estate.

The reasonable cost of protecting, appraising, packing, storing, shipping, cleaning, delivering, and insuring all assets disposed and in this section, including costs incurred by the issuance of letters of administration, shall be paid as an expense of administering my estate.

## EIGHTH

### Residuary Estate

After the payment of all expenses of administration and other charges payable from my estate, all the residues of my estate, real and personal, whether in possession, expectancy or remainder, including real estate, life insurance proceeds payable to my estate and all property over which I may have any power of appointment - - herein called my residuary estate - - I give, devise, bequeath and appoint as follows: equally between such of my children as survive me, to be divided between them by my Personal Representative in as nearly equal portions as may be practical, having due regard for the personal references of each. In the event that any of my children predeceases me, that child's share shall be distributed to his or her children in equal shares, per stirpes.

## NINTH

### Payment of Taxes

All estate and inheritance taxes (including any interest and penalties hereon not caused by negligent delay) payable with respect to all property includable in my gross estate whether or not such property constitutes a part of my probate estate, shall be paid by my Personal Representative out of my residuary estate.

TENTH  
Headings

The headings used herein are for convenience only and do not affect or modify the provisions of this Will.

IN WITNESS WHEREOF, I have hereunto signed my name this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name of Testator

The foregoing instrument was signed, published and declared by \_\_\_\_\_, the testator above-named, as and for \_\_\_\_\_ Last Will and Testament, in the presence of both of us, and we, at the same time, at his request, in his presence and in the presence of each other, hereunto subscribe our names as attesting witnesses.

WITNESS:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City            State    Zip Code

\_\_\_\_\_  
Witness Signature (Seal)

WITNESS:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City            State    Zip Code

\_\_\_\_\_  
Witness Signature (Seal)

# Appendix D. Living Will and Five Wishes

## Living Will

An advance health care directive, also known as living will, personal directive, advance directive, or advance decision, is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity.

A living will is one form of advance directive, leaving instructions for treatment. Another form is a specific type of power of attorney or health care proxy, in which the person authorizes someone (an agent) to make decisions on their behalf when they are incapacitated. People are often encouraged to complete both documents to provide comprehensive guidance regarding their care. Examples of combination documents include the Five Wishes and MyDirectives advance directives in the United States.

1) Review it: Read through it very carefully and make sure everything is clear to you. If you are confused, look it up or ask for help (or ask a lawyer).

2) Sign it: Sign in front of two witnesses (not your spouse, relative, or anyone listed in this document) and get it notarized.

## Five Wishes

The Five Wishes is a national (United States) advance directive created by the non-profit organization, Aging with Dignity. It has been described as the “living will with a heart and soul.”

My wish for:

The Person I Want to Make Care Decisions for Me When I Can't

The Kind of Medical Treatment I Want or Don't Want

How Comfortable I Want to Be

How I Want People to Treat Me

What I Want My Loved Ones to Know

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

There are many things in life that are out of our hands. This Five Wishes document gives you a way to control something very important-how you are treated if you get seriously ill. It is an easy-to-complete form that lets you say exactly what you want. Once it is filled out and properly signed it is valid under the laws of most states.

## **What is Five Wishes?**

Five Wishes is the first living will that talks about your personal, emotional and spiritual needs as well as your medical wishes. It lets you choose the person you want to make health care decisions for you if you are not able to make them for yourself. Five Wishes lets you say exactly how you wish to be treated if you get seriously ill. It was written with the help of The American Bar Association's Commission on Law and Aging, and the nation's leading experts in end-of-life care. It's also easy to use. All you have to do is check a box, circle a direction, or write a few sentences.

## **How Five Wishes can help you and your family**

It lets you talk with your family, friends and doctor about how you want to be treated if you become seriously ill. Your family members will not have to guess what you want. It protects them if you become seriously ill, because they won't have to make hard choices without knowing your wishes.

You can know what your mom, dad, spouse, or friend wants. You can be there for them when they need you most. You will understand what they really want.

## **How Five Wishes began**

For 12 years, Jim Towey worked closely with Mother Teresa, and, for one year, he lived in a hospice she ran in Washington, DC. Inspired by this first-hand experience, Mr. Towey sought a way for patients and their families to plan ahead and to cope with serious illness. The result is Five Wishes and the response to it has been overwhelming. It has been featured on CNN and NBC's Today Show and in the pages of Time and Money magazines. Newspapers have called Five Wishes the first "living will with a heart and soul." Today, Five Wishes is available in 26 languages and in Braille.

## **Who should use Five Wishes**

Five Wishes is for anyone 18 or older married, single, parents, adult children, and friends. More than 15 million people of all ages have already used it. Because it works so well, lawyers, doctors, hospitals and hospices, faith communities, employers, and retiree groups are handing out this document.

## **Five Wishes States**

If you live in the District of Columbia or one of the 42 states listed below, you can use Five Wishes and have the peace of mind to know that it substantially meets your state's requirements under the law:

Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming.

If your state is not one of the 42 states listed here, Five Wishes does not meet the technical requirements in the statutes of your state. So some doctors in your state may be reluctant to honor Five Wishes. However, many people from states not on this list do complete Five Wishes along with their state's legal form. They find that Five Wishes helps them express all that they want and provides a helpful guide to family members, friends, caregivers and doctors. Most doctors and health care professionals know they need to listen to your wishes no matter how you express them.



## How do I change to Five Wishes?

You may already have a living will or a durable power of attorney for health care. If you want to use Five Wishes instead, all you need to do is fill out and sign a new Five Wishes as directed. As soon as you sign it, it takes away any advance directive you had before. To make sure the right form is used, please do the following:

Destroy all copies of your old living will or durable power of attorney for health care. Or you can write “revoked” in large letters across the copy you have. Tell your lawyer if he or she helped prepare those old forms for you. **AND ...** Tell your Health Care Agent, family members, and doctor that you have filled out a new Five Wishes. Make sure they know about your new wishes.

### WISH 1

The Person I Want To Make Health Care Decisions For Me  
When I Can't Make Them For Myself.

If I am no longer able to make my own health care decisions, this form names the person I choose to make these choices for me. This person will be my Health Care Agent (or other term that may be used in my state, such as proxy, representative, or surrogate). This person will make my health care choices if both of these things happen:

My attending or treating doctor finds I am no longer able to make health care choices, AND  
Another health care professional agrees that this is true.

If my state has a different way of finding that I am not able to make health care choices, then my state's way should be followed.

The Person I Choose As My Health Care Agent Is:

\_\_\_\_\_

First Choice Name

\_\_\_\_\_

phone

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip

If this person is not able or willing to make these choices for me, OR is divorced or legally separated from me, OR this person has died, then these people are my next choices:

\_\_\_\_\_

Second Choice Name

\_\_\_\_\_

phone

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Third Choice Name

\_\_\_\_\_

phone

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip

## Picking the right person to be your health care agent

Choose someone who knows you very well, cares about you, and who can make difficult decisions. A spouse or family member may not be the best choice because they are too emotionally involved. Sometimes they are the best choice. You know best. Choose someone who is able to stand up for you so that your wishes are followed. Also, choose someone who is likely to be nearby so that they can help when you need them. Whether you choose a spouse, family member, or friend as your Health Care Agent, make sure you talk about these wishes and be sure that this person agrees to respect and follow your wishes. Your Health Care Agent should be at least 18 years or older (in Colorado, 21 years or older) and should not be:

Your health care provider, including the owner or operator of a health or residential or community care facility serving you.

An employee or spouse of an employee of your health care provider.

Serving as an agent or proxy for 10 or more people unless he or she is your spouse or close relative.

I understand that my Health Care Agent can make health care decisions for me. I want my Agent to be able to do the following: (please cross out anything you don't want your Agent to do that is listed below.)

- Make choices for me about my medical care or services, like tests, medicine, or surgery. This care or service could be to find out what my health problem is, or how to treat it. It can also include care to keep me alive. If the treatment or care has already started, my Health Care Agent can keep it going or have it stopped.
- Interpret any instructions I have given in this form or given in other discussions, according to my Health Care Agent's understanding of my wishes and values.
- Consent to admission to an assisted living facility, hospital, hospice, or nursing home for me. My Health Care Agent can hire any kind of health care worker I may need to help me or take care of me. My Agent may also fire a health care worker, if needed.
- Make the decision to request, take away or not give medical treatments, including artificially provided food and water, and any other treatments to keep me alive.
- See and approve release of my medical records and personal files. If I need to sign my name to get any of these files, my Health Care Agent can sign it for me.
- Move me to another state to get the care I need or to carry out my wishes.
- Authorize or refuse to authorize any medication or procedure needed to help with pain.
- Take any legal action needed to carry out my wishes.
- Donate useable organs or tissues of mine as allowed by law.
- Apply for Medicare, Medicaid, or other programs or insurance benefits for me. My Health Care Agent can see my personal files, like bank records, to find out what is needed to fill out these forms.

Listed below are any changes, additions, or limitations on my Health Care Agent's powers.

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If I Change My Mind About Having A Health Care Agent, I Will:

- Destroy all copies of this part of the Five Wishes form. OR
  - Tell someone, such as my doctor or family, that I want to cancel or change my Health Care Agent. OR
  - Write the word "Revoked" in large letters across the name of each agent whose authority I want to cancel.
- After writing "Revoked", I sign my name on that page.

## **WISH 2**

My Wish For The Kind Of Medical Treatment I Want Or Don't Want.

I believe that my life is precious and I deserve to be treated with dignity. When the time comes that I am very sick and am not able to speak for myself, I want the following wishes, and any other directions I have given to my Health Care Agent, to be respected and followed.

What You Should Keep In Mind As My Caregiver

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means that I will be drowsy or sleep more than I would otherwise.
- I do not want anything done or omitted by my doctors or nurses with the intention of taking my life.
- I want to be offered food and fluids by mouth, and kept clean and warm.

What "Life-Support Treatment" Means To Me

Life-support treatment means any medical procedure, device or medication to keep me alive. Life-support treatment includes: medical devices put in me to help me breathe; food and water supplied by medical device (tube feeding); cardiopulmonary resuscitation (CPR); major surgery; blood transfusions; dialysis; antibiotics; and anything else meant to keep me alive. If I wish to limit the meaning of life-support treatment because of my religious or personal beliefs, I write this limitation in the space below. I do this to make very clear what I want and under what conditions.

In Case Of An Emergency

If you have a medical emergency and ambulance personnel arrive, they may look to see if you have a Do Not Resuscitate form or bracelet. Many states require a person to have a Do Not Resuscitate form filled out and signed by a doctor. This form lets ambulance personnel know that you don't want them to use life-support treatment when you are dying. Please check with your doctor to see if you need to have a Do Not Resuscitate form filled out.

Here is the kind of medical treatment that I want or don't want in the four situations listed below. I want my Health Care Agent, my family, my doctors and other health care providers, my friends and all others to know these directions.

Close to death:

If my doctor and another health care professional both decide that I am likely to die within a short period of time, and life-support treatment would only delay the moment of my death (Choose one of the following):

- I want to have life-support treatment.
- I do not want life-support treatment. If it has been started, I want it stopped.
- I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

### In A Coma And Not Expected To Wake Up Or Recover:

If my doctor and another health care professional both decide that I am in a coma from which I am not expected to wake up or recover, and I have brain damage, and life-support treatment would only delay the moment of my death (Choose one of the following):

- I want to have life-support treatment.
- I do not want life-support treatment. If it has been started, I want it stopped.
- I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

### Permanent And Severe Brain Damage And Not Expected To Recover:

If my doctor and another health care professional both decide that I have permanent and severe brain damage, (for example, I can open my eyes, but I can not speak or understand) and I am not expected to get better, and life-support treatment would only delay the moment of my death (Choose one of the following):

- I want to have life-support treatment.
- I do not want life-support treatment. If it has been started, I want it stopped.
- I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

### In Another Condition Under Which I Do Not Wish To Be Kept Alive:

If there is another condition under which I do not wish to have life-support treatment, I describe it below. In this condition, I believe that the costs and burdens of life-support treatment are too much and not worth the benefits to me. Therefore, in this condition, I do not want life-support treatment. (For example, you may write “end-stage condition.” That means that your health has gotten worse. You are not able to take care of yourself in any way, mentally or physically. Life-support treatment will not help you recover. Please leave the space blank if you have no other condition to describe.)

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The next three wishes deal with my personal, spiritual and emotional wishes. They are important to me. I want to be treated with dignity near the end of my life, so I would like people to do the things written in Wishes 3, 4, and 5 when they can be done. I understand that my family, my doctors and other health care providers, my friends, and others may not be able to do these things or are not required by law to do these things. I do not expect the following wishes to place new or added legal duties on my doctors or other health care providers. I also do not expect these wishes to excuse my doctor or other health care providers from giving me the proper care asked for by law.

### **WISH 3**

My Wish For How Comfortable I Want To Be.

(Please cross out anything that you don't agree with.)

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means I will be drowsy or sleep more than I would otherwise.
- If I show signs of depression, nausea, shortness of breath, or hallucinations, I want my caregivers to do whatever they can to help me.
- I wish to have a cool moist cloth put on my head if I have a fever.
- I want my lips and mouth kept moist to stop dryness.
- I wish to have warm baths often. I wish to be kept fresh and clean at all times.
- I wish to be massaged with warm oils as often as I can be to avoid itching.
- I wish to have my favorite music played when possible until my time of death.
- I wish to have personal care like shaving, nail clipping, hair brushing, and teeth brushing, as long as they do not cause me pain or discomfort.
- I wish to have religious readings and well-loved poems read aloud when I am near death.
- I want my lips and mouth kept moist to
- I wish to know about options for hospice care to provide medical, emotional and spiritual care for me and my loved ones.

### **WISH 4**

My Wish For How I Want People To Treat Me.

(Please cross out anything that you don't agree with.)

- I wish to have people with me when possible. I want someone to be with me when it seems that death may come at any time.
- I wish to have my hand held and to be talked to when possible, even if I don't seem to respond to the voice or touch of others.
- I wish to have others by my side praying for me when possible.
- I wish to have the members of my faith community told that I am sick and asked to pray for me and visit me.
- I wish to be cared for with kindness and cheerfulness, and not sadness.
- I wish to have pictures of my loved ones in my room, near my bed.
- If I am not able to control my bowel or bladder functions, I wish for my clothes and bed linens to be kept clean, and for them to be changed as soon as they can be if they have been soiled.
- I want to die in my home, if that can be done.

### **WISH 5**

My Wish For What I Want My Loved Ones To Know.

(Please cross out anything that you don't agree with.)

- I wish to have my family and friends know that I love them.
- I wish to be forgiven for the times I have hurt my family, friends, and others.
- I wish to have my family, friends and others know that I forgive them for when they may have hurt me in my life.
- I wish for my family and friends to know that I do not fear death itself. I think it is not the end, but a new beginning for me.
- I wish for all of my family members to make peace with each other before my death, if they can.
- I wish for my family and friends to think about what I was like before I became seriously ill. I want them to remember me in this way after my death.

- I wish for my family and friends and caregivers to respect my wishes even if they don't agree with them.
- I wish for my family and friends to look at my dying as a time of personal growth for everyone, including me.
- This will help me live a meaningful life in my final days.
- I wish for my family and friends to get counseling if they have trouble with my death. I want memories of my life to give them joy and not sorrow.

After my death, I would like my body to be (mark or circle one): buried or cremated.

My body or remains should be put in the following location: Fort Lincoln Funeral Home and Cemetery, 3401 Bladensburg Road, Brentwood, MD 20722.

---

The following person knows my funeral wishes:

If anyone asks how I want to be remembered, please say the following about me:

---

---

If there is to be a memorial service for me, I wish for this service to include the following (list music, songs, readings or other specific requests that you have):

---

---

(Please use the space below for any other wishes. For example, you may want to donate any or all parts of your body when you die. You may also wish to designate a charity to receive memorial contributions. Please attach a separate sheet of paper if you need more space.)

---

---

## Signing the Five Wishes form

Please make sure you sign your Five Wishes form in the presence of the two witnesses.

I, (name), ask that my family, my doctors, and other health care providers, my friends, and all others, follow my wishes as communicated by my Health Care Agent (if I have one and he or she is available), or as otherwise expressed in this form. This form becomes valid when I am unable to make decisions or speak for myself. If any part of this form cannot be legally followed, I ask that all other parts of this form be followed. I also revoke any health care advance directives I have made before.

Signature: \_\_\_\_\_ Social Security: \_\_\_\_\_

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

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

Witness Statement - (2 witnesses needed):

I, the witness, declare that the person who signed or acknowledged this form (hereafter "person") is personally known to me, that he/she signed or acknowledged this [Health Care Agent and/or Living Will form(s)] in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence.

I also declare that I am over 18 years of age and am NOT:

The individual appointed as (agent/proxy/ surrogate/patient advocate/representative) by this document or his/her successor,

The person's health care provider, including owner or operator of a health, long-term care, or other residential or community care facility serving the person,

An employee of the person's health care provider,

Financially responsible for the person's health care,

An employee of a life or health insurance provider for the person,

Related to the person by blood, marriage, or adoption, and,

To the best of my knowledge, a creditor of the person or entitled to any part of his/her estate under a will or codicil, by operation of law.

(Some states may have fewer rules about who may be a witness. Unless you know your state's rules, please follow the above.)

\_\_\_\_\_  
Signature of Witness #1

\_\_\_\_\_  
Signature of Witness #2

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

Notarization - Only required for residents of Missouri, North Carolina, South Carolina and West Virginia

If you live in Missouri, only your signature should be notarized.

If you live in North Carolina, South Carolina or West Virginia, you should have your signature, and the signatures of your witnesses, notarized.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the said \_\_\_\_\_, and \_\_\_\_\_, known to me (or satisfactorily proven) to be the person named in the foregoing instrument and witnesses, respectively, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged that they freely and voluntarily executed the same for the purposes stated therein.

My Commission Expires: \_\_\_\_\_  
Notary Public

### **What to do after you complete Five Wishes**

Make sure you sign and witness the form just the way it says in the directions. Then your Five Wishes will be legal and valid.

Talk about your wishes with your health care agent, family members and others who care about you. Give them copies of your completed Five Wishes.

Keep the original copy you signed in a special place in your home. Do NOT put it in a safe deposit box. Keep it nearby so that someone can find it when you need it.

Fill out the wallet card below. Carry it with you. That way people will know where you keep your Five Wishes.

Talk to your doctor during your next office visit. Give your doctor a copy of your Five Wishes. Make sure it is put in your medical record. Be sure your doctor understands your wishes and is willing to follow them. Ask him or her to tell other doctors who treat you to honor them.

If you are admitted to a hospital or nursing home, take a copy of your Five Wishes with you. Ask that it be put in your medical record.

I have given the following people copies of my completed Five Wishes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residents of WISCONSIN must attach the WISCONSIN notice statement to Five Wishes. More information and the notice statement are available at [www.agingwithdignity.org](http://www.agingwithdignity.org) or 1-888-594-7437.

Residents of Institutions In CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, NEW YORK, NORTH DAKOTA, SOUTH CAROLINA, and VERMONT Must Follow Special Witnessing Rules.



If you live in certain institutions (a nursing home, other licensed long term care facility, a home for the mentally retarded or developmentally disabled, or a mental health institution) in one of the states listed above, you may have to follow special “witnessing requirements” for your Five Wishes to be valid. For further information, please contact a social worker or patient advocate at your institution.

Five Wishes is meant to help you plan for the future. It is not meant to give you legal advice. It does not try to answer all questions about anything that could come up. Every person is different, and every situation is different. Laws change from time to time. If you have a specific question or problem, talk to a medical or legal professional for advice.

My primary care physician is:

\_\_\_\_\_

Name

\_\_\_\_\_

Address

City/State/Zip Phone

Email

My document is located: \_\_\_\_\_

# Appendix E. HSA-UWC (Unification Church) Burial Rights Agreement

This Agreement is made between HSA-UWC and

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

The Seller agrees to sell and the Purchaser(s) agrees to buy, subject to the terms and conditions set out below, the following burial rights for the burial of human remains only and not for speculation, described as lawn crypt burial rights with accompanying rights and obligations as may be agreed upon between Seller and Fort Lincoln Cemetery.

Purchaser(s) agrees to pay (check one)

\$2000 for a Single Crypt Site

\$2500 for a Double Crypt Site

For a plot in the Unification Church section (between the Historic Garden Mausoleum and the Garden of Grace) at Fort Lincoln Cemetery, 3401 Bladensburg Road, Brentwood, MD 20722

Payment Options: Check \_\_\_\_\_ Credit Card \_\_\_\_\_ (use CC authorization form)

Whereas this cemetery section is reserved for burial of members of the Unification Church, it is agreed that no purchase or transfer will be effective without prior written authorization by the Unification Church.

In the event that Purchaser(s) desires to relinquish the above rights and seek reimbursement of monies paid, such may be done at the discretion of the local Unification Church who will assume responsibility for reimbursement and/or resale. If granted, monies reimbursed will not exceed monies paid. The obligations of this Agreement shall take precedence over any provision in any other agreement between the parties in conflict with this Agreement.

\_\_\_\_\_  
(Purchaser's Signature)

\_\_\_\_\_  
(HSA-UWC HQ Administrator's Signature)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

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

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

Contacts: Rev. Randy Francis (rfrancis@unification.org), Rev. Greg Carter (gcarter@unification.org), Dr. William Selig (wmselig@gmail.com) in Washington, DC, and treasurer, Mrs. Shizuko Iwaya (siwaya@unification.org) at HSA-UWC National Headquarters, 4 West 43rd St. New York, NY 10036.

CREDIT CARD AUTHORIZATION FORM

National Wonjeon Shrine  
HSA-UWC of America

I, \_\_\_\_\_ hereby authorize HSA-UWC to charge to the indicated  
(Your Name Here) credit card for donation purposes.

Purpose of Donation or Payment: \_\_\_\_\_

Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date of Card: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Billing Address (Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount Authorized: \_\_\_\_\_ Please include a 3% bank processing fee.

I, the undersigned, am the authorized cardholder for the credit card indicated above, and my signature below authorizes the charges to be billed to my credit card for the current billing cycle.

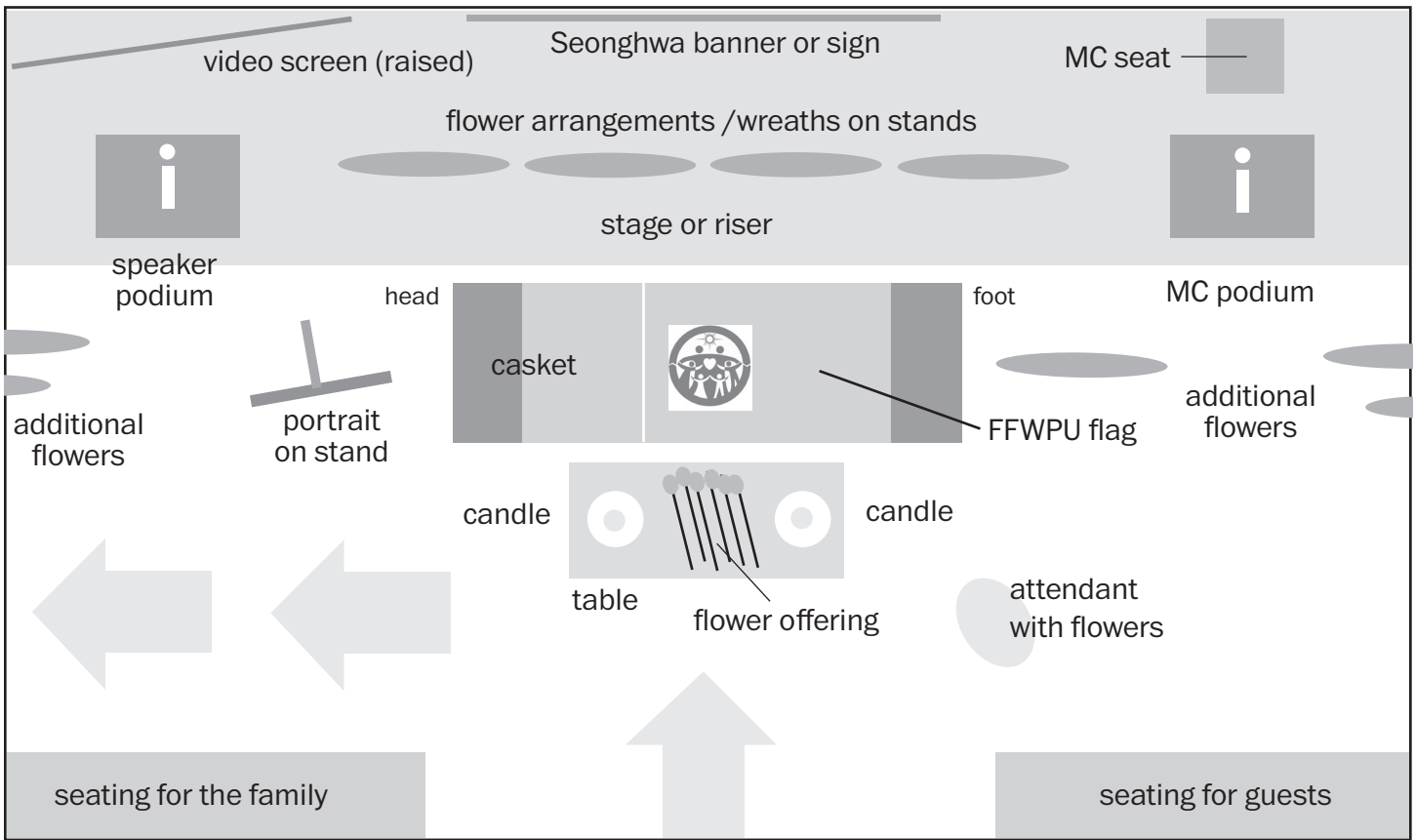
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please retain a copy for your records.

Contacts: Rev. Randy Francis (rfrancis@unification.org), Rev. Greg Carter (gcarter@unification.org), Dr. William Selig (wmselig@gmail.com) in Washington, DC, and treasurer, Mrs. Shizuko Iwaya (siwaya@unification.org) at HSA-UWC National Headquarters, 4 West 43rd St. New York, NY 10036.

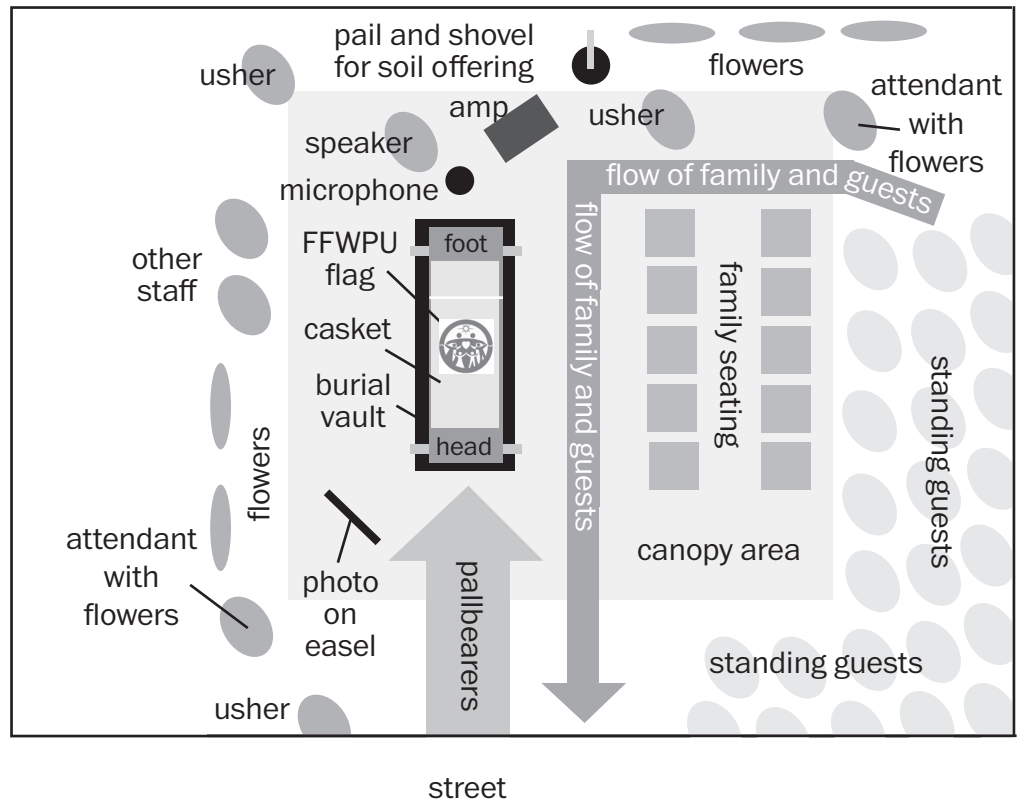
# Appendix F. Seonghwa Ceremony diagrams (1)



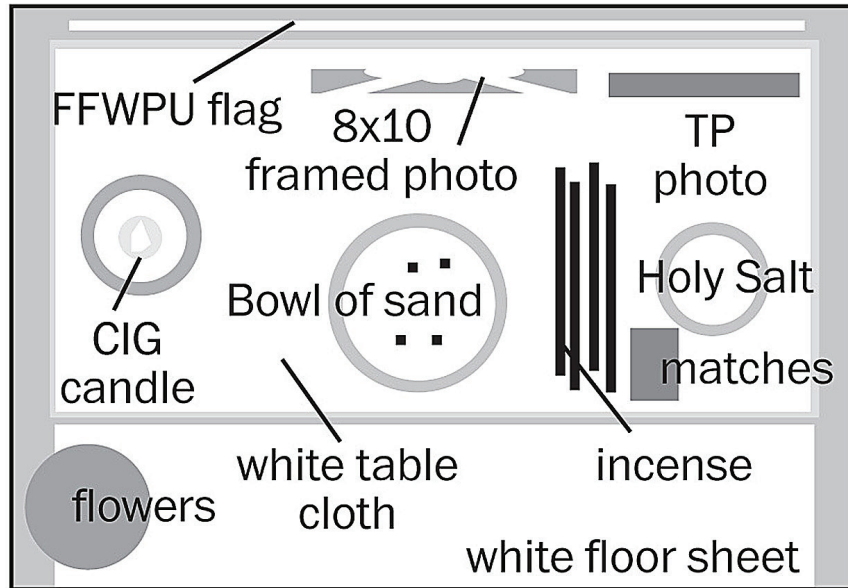
A. The Seonghwa Ceremony (plan view)

D. The Wonjeon ceremony (plan view)

**Please note:** The arrangement and placement of elements at the Wonjeon Ceremony can vary depending on the cemetery chosen. The diagram presented on the right is based on past practice at Fort Lincoln.



## Seonghwa Ceremony diagrams (2)



B. The Prayer vigil altar table (plan view)

C. Seonghwa framed portrait  
(Shown is a photograph matted in a 14"x17" frame)



## Appendix G. NOTES FROM EXPERIENCE:

### Comments from Jim & Joanne Parrish

Our son Ryan took his life. It was a total shock for us. If you are in the same situation, with the unexpected passing of a loved one, you have our sincere condolences. My wife and I have been asked to convey some of our experience to others about what can be expected and to offer any advice we have.

When our son died, we took about 24 hours before we started notifying people. After that, we started to have vigils at our home where we said prayers and had fellowship with those who came to offer condolences. Personally we both found this very valuable and healing. The love, support and help of others came in many forms: help with Seonghwa planning; advice about practical arrangements (cemetery plots, markers, etc.); offerings of food, cards and financial support. Friends, family, neighbors, co-workers gave us so much and the gratitude we felt inspired us to offer more of ourselves to our community in return.

The flip side to this is that you may hear many things from all kinds of people about dreams they had, visions of your loved one, or the reason they feel you had such a loss. We suggest you be gracious about this, but only embrace those things you are comfortable with. If God wants you to

receive something spiritual, you will know it.

Our son was not active in the church and was estranged from it. He had friends in the neighborhood, some of whom we knew and some of whom we didn't. His friends decided to have a vigil for him at the train tracks where he died. When we heard about this, we were not too keen on going, but with the desire to support his friends in their grief, we decided to go anyway. At this vigil we saw dozens of Ryan's friends and it turned out to be one of the most miraculous moments of our lives. God was able to convey to us that our son is all right and in a good place. It totally transformed our heavy hearts towards our son. So we feel the lesson is to be open to the offerings of those around you because God may work in a way you don't expect.

When planning the Seonghwa for your loved one, you can tailor the ceremony to fit your ideas. Our plans for Ryan's Seonghwa focused on having everyone feel welcome and we were very moved when one of Ryan's friends spoke in remembrance at his Seonghwa. We also broke tradition in other ways: our selected style grave marker; a separate date for the graveside service; choosing cremation over burial. There is no one right way, only the way that is right for you.

## Appendix H. Products and Services Price Lists: Fort Lincoln Cemetery

The following is provided to help begin the budgeting process with a more itemized list showing real costs for products and services. Prices for cemetery and funeral services based on those offered by Fort Lincoln Cemetery. Prices are subject to change and may increase by as much as 10% by the latter part of 2016. Estimates given *at time of need* will of course be the most reliable. Visit Fort Lincoln online for details.

### Interment and Entombment Options

Single Grave Sites	range from	\$3,695.00	to	\$5,295.00
Second Right of Interment ( <i>where available</i> )			is	½ current retail
Second Right of Interment (Inurnment) for Cremated Remains ( <i>where available</i> )			is	\$1,375.00
Bench Right ( <i>where available</i> )			is	\$3,000.00
Single Depth Lawn Crypts			are	\$4,455.00
Double Depth Lawn Crypts			are	\$6,145.00
Single Mausoleum Crypts	range from	\$6,895.00	to	\$12,510.00
Companion Mausoleum Crypts	range from	\$13,675.00	to	\$25,865.00

### Outer Burial Container

Outer burial container - Adult	range from	\$1,395.00	to	\$7,495.00
Outer burial container - Infant/Child			is	\$510.00

### Options for Cremated Remains

Columbarium Niches	range from	\$3,025.00	to	\$6,465.00
Outer burial container (for ground inurnment)	range from	\$295.00	to	\$550.00
Urns	range from	\$195.00	to	\$1,295.00

### Professional Service Fees and Charges

Adult Interment Service (Mon - Fri)			is	\$1,695.00
Entombment Service (Mon - Fri)			is	\$1,435.00
Infant/Child Interment Service (Mon - Fri)	range from	\$440.00	to	\$810.00
Inurnment Service (Mon - Fri)			to	\$875.00
Saturday Service Fee ( <i>in addition to Interment Service Charges</i> )			is	\$420.00
Late Fee ( <i>Mon - Fri after 2:30pm, Sat after 2:00 pm, Sun after 2:00 pm</i> ), per hour			is	\$275.00
Holiday / Sunday Service Fee ( <i>in addition to Interment Service Charges</i> )*			is	\$665.00
Extra-Depth Service Charge ( <i>where available</i> )			is	\$295.00
Disinterment Charge - Adult (Mon - Fri only)	range from	\$1,750.00	to	\$3,390.00
Disinterment Charge - Infant/Child (Mon - Fri only)	range from	\$715.00	to	\$2,070.00
Vault and Liner Service Charge - Adult			is	\$150.00
Vault and Liner Service Charge - Urn/Infant/Child			is	\$60.00
Insurance processing fee			is	\$125.00
Administrative processing fee (for contracts \$500.00 or more)			is	\$110.00
Little Church Rental Fee			is	\$525.00

\*New Years Day, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day

### Memorial Options

Bronze Memorials	range from	\$1,361.00	to	\$4,967.00
Infant/Child Bronze Memorials	range from	\$310.00	to	\$3,066.00
Upright Monuments ( <i>where available</i> )	range from	\$1,565.00	to	\$26,212.00

*Prices above do not include Installation, Inspection Fee or granite base.*

Memorial / Monument Installation, per square inch			is	\$1.06
Inspection Fee			is	\$75.00



## THE PROFESSIONAL SERVICE CHARGE AND OUR COMMITMENT TO YOU

So that the charge for our professional services may be recognized as fair and in keeping with the operation of an economical and efficient cemetery, we are listing below the many operations involved in performing this service properly.

1. Discuss the arrangements for burial with funeral director or family.
2. Examine the record of lot owner to determine ownership.
3. Check permanent files for any special instructions issued by lot owner or affidavits affecting the burial.
4. Make necessary telephone calls.
5. Make entry in funeral order book.
6. Prepare interment order authorizing burial.
7. Prepare interment card for deceased and make entry on the record of lot owner (duplicate records are made for safety).
8. Record the interment on the lot card.
9. Prepare instructions to foreman for grave opening operation.
10. Foreman must lay out exact location of grave; this must be verified by checker, to avoid chance of error.
11. Deliver necessary equipment to grave site (canvas and boards to protect surrounding areas and hand tools and wheelbarrows, as needed, power equipment and tools for breaking hard ground).
12. Excavate interment space, by machine or by hand if necessary.
13. Haul away surplus dirt, dump and level dirt.
14. Haul away all digging equipment.
15. Help set up lowering device, casket placer, grass and chairs, when needed.
16. Direct truck driver delivering vault and assist, when necessary, in placing vault.
17. Attendants assist in carrying and arranging flowers, when necessary.
18. Attendant with automobile leads funeral cortege from entrance to interment site and remains during service and while concrete liner or vault is closed and grave is filled.
19. Staff to supervise parking of cars in procession as well as which may come ahead of procession.
20. Waiting time of attendant and ground crew.
21. Two or three staff members are needed to help close vaults after service, help remove lowering device, grass, fill in grave and assist in rearranging flowers.
22. Superintendent supervises and checks entire service.
23. Remove excess dirt and clean up grave site.
24. Remove flowers when, wilted, sweeping up fallen petals.
25. When necessary, remove snow from area around grave and clear path from road to grave, as well as clearing roads.
26. Refilling and reseeding grave when natural settling of earth takes place.
27. Maintain cemetery equipment. Much equipment is required to perform these services properly. Representing an investment of well over \$50,000.00, this will include automobile to lead funeral cortege, truck to deliver and pick up tools and equipment, mechanical grave digger (without which cost would be considerably greater), tractor and dump trailer to haul excess dirt, hand tools and power equipment for digging in hard ground, etc.
28. Seeding of grave at the most suitable time.
29. Render any extra service which may be needed or requested. A good cemetery is a service institution, first and foremost.
30. Maintain an office staff large enough that a qualified person is available (in person during business hours, 5½ days a week, and by telephone at other times) every hour of the year, to assist in making funeral arrangements. Maintain a service staff which is thoroughly trained and is large enough that staff will be available on any day when circumstances require it.

When arranging for a burial, there can be no failure in service, no breakdown in equipment, no shortage in labor. No matter how severe or disagreeable the weather may be — during the extreme heat of the summer or the bitter cold of winter — this work must go on.

It is hoped that this explanation of our 30 distinct operations will create a better understanding of the professional service we provide.



## GENERAL INFORMATION

- a) All prices in this publication are subject to change. From time to time, this cemetery may offer promotions that result in a reduced price. Ask your cemetery representative if any such sales promotions are in effect.
- b) If you purchase an interment right in this cemetery, you will be required to pay the professional service charges in effect when you use the space. You may contract for these services now (pre-need) at the existing price to guarantee the price for the future. You will be given the option to purchase the professional service charges pre-need for those services to occur during regular business hours, Monday - Friday. If you choose this option, but at the time of need a Saturday, Sunday, Holiday or late service is selected, the difference in price between the Monday - Friday service and what is selected will be due at the time of the service. Saturday, Sunday, Holiday and late charges are not included in the pre-need price for these services.
- c) You will be required to purchase an outer burial container for the casket or cremation urn to preserve the stability of the earth at any grave site that does not have pre-installed crypts. You may purchase this item when you use the space, or you may contract for it now at the price in effect to guarantee the price.
- d) You may purchase memorial or monument items now, or when needed, from the cemetery or an outside vendor. Our regulations specify limits on size and types of memorials or monuments for specific areas of the cemetery. If you use an outside vendor, please share this information with the outside vendor and remind them to obtain approval from the cemetery before they order your memorial or monument items.
- e) If you purchase merchandise, memorial or monument items, or services from the cemetery for future use (pre-need), the terms of your contract with us, and State Law, provide certain cancellation and refund rights:
  - 1) You may cancel a pre-need contract as to pre-need goods not delivered, or pre-need services not performed, if you permanently move more than 75 miles away from this cemetery, and give a sworn statement to this effect that includes your new permanent address. You are entitled to receive a refund of that portion of your payments that have been deposited in its trust account, and the interest earned on this trust account.
  - 2) If you default on payments on your pre-need contract and the cemetery notifies you that your contract is terminated, a similar refund from the trust account will be made.
  - 3) Your contract contains other details of your rights in the event of a default.
  - 4) This cemetery participates in the International Cemetery and Funeral Association Lot Exchange Program. You may wish to consider this at your new location with cemeteries in your area before electing to cancel your pre-need contract with us.
- f) The cemetery is responsible for installation and delivery of any goods it sells. The manufacturer of goods sold to you by the cemetery, such as an outer burial container, memorial or monument items, is responsible for any warranties that accompany such goods. Any such written warranties will be delivered to you by the cemetery.
- g) Your contract with the cemetery requires us to deliver goods you have purchased from us in good condition. If after delivery you find that goods are damaged or destroyed, our contract with you requires us to provide replacement or substitute goods. The cemetery is responsible for any injury or damage to your memorial or monument items after installation on your grave site only if this injury or damage is caused by the negligence of the cemetery. The cemetery is not responsible for injury or damage caused by others, including vandalism, theft, riot, war or natural disasters (see cemetery rules and regulations located in the office). In such cases, your homeowners' insurance may contain protection for your cemetery memorial or monument property. Check with your insurance agent.
- h) There is a state agency that licenses Maryland cemeteries. It is the Office of Cemetery Oversight, 500 N. Calvert Street, Baltimore, Maryland 21202. Telephone: (410) 230-6228.
- i) There is a county agency that regulates cemeteries in Prince George's County, MD, working in cooperation with the Office of Cemetery Oversight. It is the Prince George's County Office of Business and Regulatory Affairs. Telephone: (301) 952-5232.



# MARYLAND COURIER

March 1977

## FORT LINCOLN CEMETERY

Prince Georges County

Brentwood, Maryland

The land on which Fort Lincoln Cemetery is situated was part of the original grant from Lord Baltimore to George Conn, and remained in the Conn family for more than 200 years. It was not until 1912 however, when the General Assembly of Maryland passed an Act to Incorporate the Capitol Cemetery of Prince Georges County, Maryland, that the cemetery was perpetually chartered.

The Old Spring House, located within the cemetery, was built in 1683, and is one of the oldest structures in the State of Maryland. Near the Spring House is the White Oak of Fort Lincoln, dating back far beyond the War of 1812 when civilians and soldiers alike of the young republic labored mightily in its shadow to throw up entrenchments against the invading British. In 1814, through the lower reaches of the property, was fought the Battle of Bladensburg. Later it became part of one of the strong defenses in the chain of forts encircling the city. Visited frequently by President Lincoln, who drank at the spring beneath the ancient oak, it received the name of Fort Lincoln.

The earthworks are a portion of the original fortifications which made up Fort Lincoln. The fort was built during the summer of 1861 to serve as an outer defense of the City of Washington. It was named in honor of President Lincoln by General Order No. 18, A.G.O., September 30, 1861. The Civil War cannons were placed through the courtesy of the Department of Defense to commemorate the brigade of Major General Joseph Hooker which was the first to occupy this area. In immediate command of the fort was Captain T. S. Paddock.

The Battle of Bladensburg memorial, located across from the mausoleum, honors Commodore Joshua Barney, who made the supreme sacrifice in defense of this country, and his detachment of Marines for their distinguished display of valor and gallantry on August 24, 1812. The Prince George's Jaycees have held annual services at this site to commemorate the Battle of Bladensburg. During the 1972 services, the new Star Spangled Banner Trail was dedicated by the National Capital Area Council of boy Scouts. The historic trail, hiked by Scouts, runs from Benedict on the Patuxent River, where British troops landed during the War of 1812, to Bladensburg, and then to Fort Lincoln Cemetery, and the monument commemorating those American troops who lost their lives in defense of the Nation's Capitol.

The northwest corner of the cemetery is near the site of the old dueling grounds, where, during the first half of the 19<sup>th</sup> century, gentlemen of Washington settled political and personal differences. One of the most famous disputes was that between Commodore Decatur and James Barron which was settled on March 22, 1820. Commodore Decatur who had gained fame as the conqueror of the Barbary Pirates was fatally wounded by his antagonist.

The formal development of Fort Lincoln's approximate 176 acres commenced in 1931, when Horace Peasley was engaged as architect and landscape designer. Lot owners now number approximately 50,000, and interments about 45,000, the first of which was July 30, 1920. The projected availability of burial and entombment spaces is for a minimum of 100 years into the future.



In 1937, the cemetery was purchased by L. O. Minear, who with foresight and courage, instituted the park-plan concept and pioneered the development of garden crypt construction.

The first venture in the below-ground crypt concept was in 1952 with the construction of the Garden of Meditation. Then followed the development of other gardens with religious themes: *Garden of Apostles*, *Garden of Good Shepherd*, *Garden of the Crucifixion*. In the interim, however, one of the finest community mausoleums in the country was completed. Embellished with Cathedral-type art stained glass windows of breathtaking beauty, it contains approximately 5,000 crypt and entombment and inurnment spaces. Ninety-five percent of the entombment spaces have been sold, but an ample supply of niches remain available.

Currently under construction is the *Garden of Ascension* where the central feature of the ascending Christ is one of the largest bronze castings in the Metropolitan area, with a height of 32 feet from the base to the top of the hand. This excellent piece of art was sculptured by Ferenc Varga, who has done many other pieces of sculpture for Fort Lincoln. The casting was made in Italy and delivered to Fort Lincoln out of Port Baltimore.

In November of 1962, Fort Lincoln was purchased by the Vestry of Rock Creek Parish, which also owns and operates Rock Creek Cemetery which was started in 1719. Development continued with the *Masonic Garden* in 1968 and the *Garden Mausoleum* which will contain more than 8,000 above-ground burial crypts. In this connection, Fort Lincoln acquired from the Piccard Foundry, in Anney-le Vieux, France, an exact replica of the Liberty Bell, which arrived in Baltimore on January 1, 1976, on the freighter, Young America. It was installed on a trailer and transported to various schools, parades, patriotic and civic functions

throughout the Bicentennial year. During the Fourth of July activities, the Bell participated in the Bicentennial Parade in Washington, was then taken to the City of Alexandria for its celebration, and to Andrews Air Force Base for its Bicentennial Open House, then to the Washington monument grounds where, at the conclusion of the spectacular fireworks display, it was rung 200 times by Johnny Cash in recognition of our Nation's 200<sup>th</sup> Birthday. This Liberty Bell replica will be enshrined permanently in the entrance colonnade area of this new *Historic Garden Mausoleum*.

Development and maintenance have not been the only areas of concern during the past years. Management has kept pace with modern techniques by continually applying them to improve the cemetery and its facilities. In 1972, ground was broken for a new administration building and it was completed and dedicated in May of 1973. The water system was improved through the addition of a six inch main to ensure an adequate water supply for irrigation purposes. Dual microfilming equipment was purchased so that all records could be microfilmed and security roll produced in case of original documents. New cremation facilities were constructed to meet federal and Maryland emissions control standards.

A portion of each sale is placed in a care fund trusted by The National Bank of Washington. Owners are assured of permanent maintenance and care of the cemetery grounds, buildings, statuary and equipment through income earned from this irrevocable trust fund.

Fort Lincoln Cemetery is a member of the American Cemetery Association, the national Association of Cemeteries, Cremation Association of America Maryland-District of Columbia Cemetery Association, Free State Cemetery Association, and supports and subscribes to the codes of ethics of these associations.

We recommend that a visit to the Fort Lincoln website or a personal visit by appointment as the best way of assessing the financial preparations you will need to make before the need arises or if a passing arrives unexpectedly. The most comprehensive and up-to-date listing of prices and service options is available on line.

Begin your budgeting process with a more itemized list showing real costs for products and services. Prices for cemetery and funeral services in this guide are primarily based on those offered by Fort Lincoln Cemetery.

These prices are subject to change. For instance there may be an increase of as much as 10% on some of the offered elements of service by the latter part of 2016. Estimates given *at time of need* will of course be the most reliable.

Information on Pre-paid Funeral Plans for these services are also included on the website.

Details concerning services and plan options can be found online at Fort Lincoln's website:

<http://www.dignitymemorial.com/fort-lincoln-funeral-home/en-us/index.page>

Or you may contact them by phone to set up an appointment:

Fort Lincoln Cemetery, 3401 Bladensburg Road, Brentwood, MD 20722

Phone 301-887-4930 Fax 866-651-6244



The following is an example of a transportation and relocation plan to cover the costs of bringing a loved one's body back to the final resting place should the person pass on while far from home. In this example, a one time payment of \$450.00 (per person) protects the family from added charges for handling or transporting the remains.

### Plan benefits include:

- You're protected year-round, 24/7 for the rest of your life.
- Our experts will assist you or your loved one with finding a funeral home, mortuary or other facility where the death occurred.
- If a death occurs outside the country of residence, our professionals will handle all required documentation and deal with cultural and language barriers so you don't have to.
- We will cover all costs associated with transporting the deceased back to the funeral home or other designated location, including preparing the body for transport, providing documentation and paying all administrative fees and shipping costs.

## Transportation and Relocation Protection Plan

*Extra support when you need it most.*

Transportation and Relocation Protection Plan services are provided by Medical Air Services Association of Florida, Inc. (MASA of Florida) and Medical Air Services Association, Inc. (MASA). Death must occur more than 75 miles from permanent residence.

800-643-9023

MASA and MASA of Florida arrange or provide services worldwide, except in the countries or places excluded by the State Department and except as prevented in any particular instance by any act of God, war or civil insurrection, civil strike, lock-out, or other labor disturbance, act of governmental authority or like cause or event beyond MASA and MASA of Florida reasonable control.





## Sample of an initial Community Announcement

Announcing the Ascension of Dr. Syn Duk Choi. She is the mother of Dr. D. M. Joo former president and chairman of The Washington Times. Dr. Choi just celebrated her 95th birthday on Jan. 27, 2016. She joined the Unification Church in 1954 after escaping from North Korea with her four young children. Please join the family in prayers for her clear journey to the eternal world of spirit. More information on services will be forthcoming soon.

## Sample of Community Announcement with details about ceremony and how to help.

All are invited to the joyful home-going of Linda Perry, our dear elder sister, foreign missionary, and good friend.

### Viewing

Sunday, February 21

3:00 - 5:00 pm

Fort Lincoln Funeral Home

3401 Bladensburg Rd, Brentwood, MD 20722

### Seonghwa Ceremony

Monday, February 22

9:30 - 11:30 am

Fort Lincoln Funeral Home

3401 Bladensburg Rd, Brentwood, MD 20722

### Wonjeon Service

Monday, February 22

12:00 pm

Fort Lincoln Cemetery

3401 Bladensburg Rd, Brentwood, MD 20722

### Celebration Reception

Monday, February 22

1:00 pm

Arbor Ballroom, Washington Times Building

3600 New York Ave NE, Washington, DC 20002

\*Bring your dancing shoes!

### Donations

<https://www.youcaring.com/medical-fundraiser/it-s-linda-s-last-year-let-s-make-it-amazing/347782>

Flowers- Deliver on Sunday if possible.

Fort Lincoln Funeral Home

3401 Bladensburg Road

Brentwood, MD 20722

## Appendix I. In Closing

1. True Father advised us to write our testimonies. Part of your unique legacy is a first-person account of living in the Age of the Lord of the Second Advent, sharing earthly life with that of the True Parents.
2. Please organize your photographs (digitize and label them) and historic memorabilia.
3. Planning the Seonghwa Service in advance, called “preplanning” or “prearranging” is a responsible, caring act that will reduce stress for loved ones and help bring the family closer together.

# Appendix J: Cheon Il Guk Holy Earth

FFWPU International HQ, Blessed Family Dept., April 22, 2016

## **A. Origin and Significance**

1) Inheriting the Holy Earth, Which Was Re-created through the Entrance into Cheon Jeong Peace Palace and Coronation Ceremony: Seven days before the Entrance into Cheon Jeong Gung and Coronation Ceremony, True Parents conducted the “Wishing for the Era of Peace and Tranquility of Cheon Il Guk and Citizens’ Pledge Ceremony” in the front garden of Cheon Jeong Gung on June 6, 2006. Through this ceremony, light, the oceans, land, plants, animals and humans could be recreated. On this day, representatives of the twelve regions offered Holy Earth and Holy Water to True Parents. This Holy Earth and holy water were then separately mixed with soil and water from Cheon Jeong Gung. The holy soil, re-created in this manner, was then bequeathed to the regional presidents, who were instructed to bury it within the holy ground of each nation.

2) Cheon Jeong Gung Bonhyangwon Holy Earth: In commemoration of the 56th Anniversary of True Parents’ Holy Wedding, True Parents bequeathed the Holy Earth from Bonhyangwon, Cheon Jeong Gung to all regions with the hope that the multiplication of the substantial Cheon Il Guk Holy Earth, perfected at the time of the Cheon Il Guk Foundation Day, can open the way for the substantial Cheon Il Guk to expand to each region and nation.

3) The Heavenly Parent created man by forming him with dust from the ground and breathing life into him. Thereafter, the Heavenly Parent called man his body. Hence, had man not fallen, Heavenly Parent would have dwelled within man’s body and both would have reached complete unity. Hence, the Holy Earth is a symbol of man’s re-creation to a state prior to Satan’s invasion; it also symbolizes man’s restoration to the state of the Heavenly Parent’s body. Moreover, the expanded concept of body – tabernacle – temple – heavenly nation found in the Old Testament is also included in the Holy Earth.

To conclude, the Holy Earth is a symbol for the development beginning with me, my family, the church and expanding all the way to Cheon Il Guk.

## **B. How to Use the Holy Earth**

1) Each regional headquarters, national headquarters and church must preserve the seed Cheon Il Guk Holy Earth, multiply it and bury it within the holy grounds in each nation and church.

2) Blessed Families should keep the Holy Earth and use it during the Wonjeon Ceremony of a Seonghwa Ceremony. This must be mixed with the soil that will be thrown on top of the casket by representatives and family members.