Each year, our students benefit from a SUNY Potsdam education because of the philanthropy and foresight of dedicated alumni and friends. Through endowed scholarships and programs, as well as generous estate gifts, our donors create legacies at the College that benefit our students now and for generations to come.

In recognition of these donors and their legacies, SUNY Potsdam established the Raymond Legacy Society – a gift society that celebrates those who have created an estate gift arrangement for the College, as well as those who have established a permanent endowment.

History of the Society

In 1812, Benjamin F. Raymond contributed land to open the St. Lawrence Academy, the common school that would one day become SUNY Potsdam. Raymond then paid for the construction of the one-room school building and served as Senior Trustee of the St. Lawrence Academy Board. In honor of all Raymond made possible at SUNY Potsdam, the College launched its most prestigious gift society in 1996 in his name.

For 23 years, the Benjamin F. Raymond Society celebrated alumni and friends who created a lifelong relationship with the College by planning an estate gift. In 2019, the society was rebranded as the Raymond Legacy Society and expanded its membership to include those who establish lifelong relationships by funding endowments at the College.

Role of the Society

The Raymond Legacy Society is more than a membership of generous donors; it now also provides education and service to all alumni and friends about the methods and processes of giving and how to include SUNY Potsdam in your lifelong philanthropic plan.

From annual gifts to estate gifts, supporting charities through your philanthropy becomes more complex each year. The Raymond Legacy Society helps donors with the process of making gifts. The Society’s mission of service and education allows us to:

- Help donors create and expand their philanthropic plans at SUNY Potsdam and better understand the process of making gifts
- Educate donors on the various types of gift vehicles and assets that maximize the benefits to them and to the College
- Provide educational materials, seminars, webinars and workshops on all methods of giving
- Share volunteer opportunities for Society members to help through stories, articles and presentations
- Document donors’ gift processes through pledge and gift agreements for endowment and estate gifts, and administer the receipt of estate gifts
Membership Benefits

Endowment and estate gift members of the Raymond Legacy Society receive special recognition and opportunities to help promote and advance the mission of the Society:

- Invitations to special donor activities throughout the year, including the annual Legacy Luncheon and special gatherings during Reunion Weekend
- A Raymond Legacy Society lapel pin
- A Raymond Legacy Society ribbon on SUNY Potsdam event name tags
- Special communications related to giving and its impact on campus
- Opportunities to tell your donor story to encourage others to give
- Annual reports and updates related to your endowed fund’s use and performance (for endowment donors only)

Join the Society

Membership in the Raymond Legacy Society is open to all alumni, parents and friends who demonstrate a lifelong dedication to the success of the College through their estate plans and/or endowments. There is no minimum age or amount requirement for estate gifts. There is a minimum gift amount for all endowments. Spouses/partners are welcomed into the Society as well. Members may remain anonymous if they choose.

Members are invited to share as much or as little information as they wish about their estate gift plans, though sharing information allows the College to better document the donor’s gift intentions. All information shared remains private, but if you allow, your story can help encourage others to make similar gifts.

Endowed gifts and certain estate gifts are eligible to fulfill gift pledges and to count in SUNY Potsdam fundraising campaigns, in anniversary reunion fundraising and towards annual President’s Club recognition.

For more information and to join the Raymond Legacy Society contact Jason Ladouceur ’94 at giftplan@potsdam.edu or (315) 267-2123.

Contact us to learn more about how your gift can impact Potsdam:
Raymond Legacy Society
44 Pierrepont Avenue, Potsdam, NY 13676
www.potsdam.edu/legacy
giftplan@potsdam.edu
(315) 267-2123
SUNY Potsdam Reunion Estate Planning Seminar
Presented by: Roger B. Linden, Esq. ’74
Wednesday, July 8, 2020

NOTES
Power of Attorney
New York Statutory Short Form

(a) CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the “principal,” you give the person whom you choose (your “agent”) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. “Important Information for the Agent” at the end of this document describes your agent’s responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a “Health Care Proxy” to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.senate.state.ny.us or www.assembly.state.ny.us.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

(b) DESIGNATION OF AGENT(S):

I, **, presently residing at ** hereby appoint:

my **, **, presently residing in ** as my agent(s).

If you designate more than one agent above, they must act together unless you initial the statement below.

(____) My agents may act SEPARATELY.

(c) DESIGNATION OF SUCCESSOR AGENT(S): (OPTIONAL)

If any agent designated above is unable or unwilling to serve, I appoint as my successor agent: **

Successor agents designated above must act together unless you initial the statement below.
My successor agents may act SEPARATELY.

You may provide for specific succession rules in this section. Insert specific succession provisions here:

(d) This POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under “Modifications”.

(e) This POWER OF ATTORNEY DOES NOT REVOKE any Powers of Attorney previously executed by me unless I have stated otherwise below, under “Modifications”.

If you do NOT intend to revoke your prior Powers of Attorney, and if you have granted the same authority in this Power of Attorney as you granted to another agent in a prior Power of Attorney, each agent can act separately unless you indicate under “Modifications” that the agents with the same authority are to act together.

(f) GRANT OF AUTHORITY:

To grant your agent some or all of the authority below, either (1) Initial the bracket at each authority you grant, or (2) Write or type the letters for each authority you grant on the blank line at (P), and initial the bracket at (P). If you initial (P), you do not need to initial the other lines.

I grant authority to my agent(s) with respect to the following subjects as defined in sections 5-1502A through 5-1502N of the New York General Obligations Law:

- (A) real estate transactions;
- (B) chattel and goods transactions;
- (C) bond, share, and commodity transactions;
- (D) banking transactions;
- (E) business operating transactions;
- (F) insurance transactions;
- (G) estate transactions;
- (H) claims and litigation;
- (I) personal and family maintenance. If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five hundred dollars;
- (J) benefits from governmental programs or civil or military service;
- (K) health care billing and payment matters; records, reports, and statements;
- (L) retirement benefit transactions;
- (M) tax matters;
- (N) all other matters;
- (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;

(P) EACH of the matters identified by the following letters:  A, B, C, D, E, F, G, H, I, J, K, L, M, N and O

You need not initial the other lines if you initial line (P).
(g) MODIFICATIONS: (OPTIONAL)

In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent. However, you cannot use this Modifications section to grant your agent authority to make gifts or changes to interests in your property. If you wish to grant your agent such authority, you MUST complete the Statutory Gifts Rider.

(h) CERTAIN GIFT TRANSACTIONS: STATUTORY GIFTS RIDER (OPTIONAL)

In order to authorize your agent to make gifts in excess of an annual total of $500 for all gifts described in (i) of the grant of authority section of this document (under personal and family maintenance), you must initial the statement below and execute a Statutory Gifts Rider at the same time as this instrument. Initialing the statement below by itself does not authorize your agent to make gifts. The preparation of the Statutory Gifts Rider should be supervised by a lawyer.

(__) (SGR) I grant my agent authority to make gifts in accordance with the terms and conditions of the Statutory Gifts Rider that supplements this Statutory Power of Attorney.

(i) DESIGNATION OF MONITOR(S): (OPTIONAL)

If you wish to appoint monitor(s), initial and fill in the section below:

I wish to designate ________________________________________, whose address(es) is (are) ____________________________________________ as monitor(s).

Upon the request of the monitor(s), my agent(s) must provide the monitor(s) with a copy of the power of attorney and a record of all transactions done or made on my behalf. Third parties holding records of such transactions shall provide the records to the monitor(s) upon request.

(j) COMPENSATION OF AGENT(S): (OPTIONAL)

Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. If you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, initial the statement below. If you wish to define "reasonable compensation", you may do so above, under "Modifications".

(__) My agent(s) shall be entitled to reasonable compensation for services rendered.

(k) ACCEPTANCE BY THIRD PARTIES: I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

(l) TERMINATION: This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.
(m) SIGNATURE AND ACKNOWLEDGMENT: In Witness Whereof I have hereunto signed my name on the _________ day of _____________, 2016.

PRINCIPAL signs here: ===>

STATE OF NEW YORK )
COUNTY OF ST. LAWRENCE )

On the ______ day of _____________, in the year 2016, before me, the undersigned, a Notary Public in and for said state, personally appeared**, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the person or the entity upon behalf of which the person acted, executed the instrument

__________________________
Notary Public

(n) IMPORTANT INFORMATION FOR THE AGENT:

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

(1) act according to any instructions from the principal, or, where there are no instructions, in the principal’s best interest;

(2) avoid conflicts that would impair your ability to act in the principal’s best interest;

(3) keep the principal’s property separate and distinct from any assets you own or control, unless otherwise permitted by law;

(4) keep a record or all receipts, payments, and transactions conducted for the principal; and

(5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal’s name and signing your own name as “agent” in either of the following manners: (Principal’s Name) by (Your Signature) as Agent, or (your signature) as Agent for (Principal’s Name).

You may not use the principal’s assets to benefit yourself or anyone else or make gifts to yourself or anyone else unless the principal has specifically granted you that authority in this document, which is either a Statutory Gifts Rider attached to a Statutory Short Form Power of Attorney or a Non-Statutory Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the
principal’s best interest. You may resign by giving written notice to the principal and to any co-
agent, successor agent, monitor if one has been named in this document, or the principal’s 
guardian if one has been appointed. If there is anything about this document or your 
responsibilities that you do not understand, you should seek legal advice.

Liability of agent:

The meaning of the authority given to you is defined in New York’s General Obligations Law, 
Article 5, Title 15. If it is found that you have violated the law or acted outside the authority 
granted to you in the Power of Attorney, you may be liable under the law for your violation.

(o) AGENT’S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT: It is not 
required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at 
the same time.

I, ***, have read the foregoing Power of Attorney. I am the person identified therein as agent for 
the principal named therein.

I acknowledge my legal responsibilities.

Agent signs here: ==>__________________________

STATE OF ____________________ )
COUNTY OF ____________________ )ss.: 

On the ____ day of ____________, in the year ____________, before me, the undersigned,
a Notary Public in and for said state, personally appeared ***, personally known to me or proved 
to me on the basis of satisfactory evidence to be the person whose name is subscribed to the 
within instrument and acknowledged to me that he/she executed the same in his/her capacity, and 
that by his/her signature on the instrument, the person or the entity upon behalf of which the 
person acted, executed the instrument.

________________________________________
Notary Public
I, **__, have read the foregoing Power of Attorney. I am the person identified therein as successor agent for the principal named therein.

I acknowledge my legal responsibilities.

Successor agent signs here:> __________________________

STATE OF ________________________

COUNTY OF ______________________

On the ______ day of _____________, in the year __________, before me, the undersigned, a Notary Public in and for said state, personally appeared **, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the person or the entity upon behalf of which the person acted, executed the instrument.

__________________________
Notary Public
HEALTH CARE PROXY

I, ________________, presently residing at ____________, hereby appoint my
**, ____________, presently residing at ________________, as my health care agent to
make any and all health care decisions for me, except to the extent I state otherwise.

This health care proxy shall take effect in the event I become unable to make my
own health care decisions.

NOTE: Although not necessary, and neither encouraged nor discouraged, you may
wish to state instructions or wishes, and limit your agent’s authority. Unless your agent knows
your wishes about artificial nutrition and hydration, your agent will not have authority to decide
about artificial nutrition and hydration. If you choose to state instructions, wishes, or limits,
please do so below:

Holder of proxy to have full power to make and communicate decisions with
respect to the administration, withholding and/or withdrawal of artificial nutrition and hydration.

I intend for my agent to have the power to exercise all of my rights and privileges
regarding the use and disclosure of my individually identifiable health information or other
medical records that are granted to me under federal and state law (including the Health Insurance
Portability and Accountability Act of 1996 (“HIPAA”), concerning the confidentiality, use and
disclosure of my confidential medical information, including the right to obtain copies of any such
confidential medical information.

I direct my agent to make health care decisions in accordance with my wishes and
instructions as stated above or as otherwise known to him or her. I also direct my agent to abide
by any limitations on his or her authority as stated above or as otherwise known to him or her. In
the event the person I appoint above is unable, unwilling or unavailable to act as my health care
agent, I hereby appoint my **, ____________, presently residing in ________________ as my
health care agent.

I understand that, unless I revoke it, this proxy will remain in effect indefinitely or
until the date or occurrence of the condition I have stated below.
Health Care Proxy of ***

Signature: ____________________________

Address: ____________________________

Date: ________________________________

This proxy shall expire: Perpetual.

Signature: ____________________________

Address: ____________________________

Date: ________________________________

I declare that the person who signed or asked another to sign this document is personally known to me and appears to be of sound mind and acting willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence and that person signed in my presence. I am not the person appointed as agent by this document.

Witness: ____________________________

Address: ____________________________

Witness: ____________________________

Address: ____________________________
PENULTIMATE WILL

To my family; all physicians, hospitals and other health care providers and any Court or Judge:

After thoughtful consideration, I have decided to forego all life-sustaining treatment if I shall sustain substantial and irreversible loss of mental capacity and

my attending physician is of the opinion that I am unable to eat and drink without medical assistance and it is highly unlikely that I will regain the ability to eat and drink without medical assistance;

OR

my attending physician is of the opinion that I have an incurable or irreversible condition which is likely to cause my death within a relatively short time.

I shall be conclusively presumed to have sustained substantial and irreversible loss of mental capacity upon a determination to such effect by my attending physician or when a court determines that I have sustained such loss, whichever shall first occur.

As used herein the term an incurable or irreversible condition which is likely to cause my death within a relatively short time and is a condition which, without the administration of medical procedures which serve only to prolong the process of dying, will in my attending physician’s opinion, result in my death within a relatively short time and said opinion is to be made by my attending physician without considering the possibilities of extending my life with life-sustaining treatment.

I direct that this decision shall be carried into effect even if I am unable to personally reconfirm or communicate it, without seeking judicial approval or authority. Accordingly, if and when it is so determined that

(1) I have sustained substantial and irreversible loss of mental capacity

and

(2) I am unable to eat or drink without medical assistance and it is highly unlikely that I will regain the capacity to eat and drink without medical assistance or I have an incurable or irreversible condition which is likely to cause my death within a relatively short time,

all life-sustaining treatment (including without limitation administration of nourishment and liquids intravenously or by tubes connected to my digestive tract) shall thereupon be withheld or
withdrawn forthwith, whether or not I am conscious, alert or free from pain, and no cardiopulmonary resuscitation shall thereafter be administered to me if I sustain cardiac or pulmonary arrest. In such circumstances I consent to an order not to resuscitate, as that term is defined in Public Health Law Section 2961, and direct that such an order thereupon be placed in my medical record. I recognize that when life-sustaining treatment is withheld or withdrawn from me, I will surely die of dehydration and malnutrition within days or weeks. All available medication for the relief of pain and for my comfort shall be administered to me after life-sustaining treatment is withheld or withdrawn and I do not intend that this instrument be construed as an exclusive enumeration of the circumstances in which I have decided to forego life-sustaining treatment. To the contrary, it is my express direction that whenever the compassionate practice of good medicine dictates that life-sustaining treatment should not be administered, such treatment shall be withheld or withdrawn from me. I similarly direct that in the event I am able to personally communicate a decision to forego life-sustaining treatment in other circumstances than those described herein, such instructions shall be followed to the same extent as if originally included in this declaration.

This instrument and the instructions herein contained may be revoked by me at any time and in any manner. However, no physician, hospital or other health care provider who withholds or withdraws life-sustaining treatment in reliance upon this Penultimate Will or upon my personally communicated instructions without actual knowledge that I have countermanded these instructions shall have any liability or responsibility to me, my estate or any other person for having withheld or withdrawn such treatment.

I am in full command of my faculties. I make this Penultimate Will declaration in order to furnish clear and convincing proof of the strength and durability of my determination to forego life-sustaining treatment in the circumstances described above. I emphasize my firm and settled conviction that I am entitled to forego such treatment in the exercise of my right to determine the course of my medical treatment. My right to forego such treatment is paramount to any responsibility of any health care provider or the authority of any court or judge to attempt to force unwanted medical care upon me.

I direct that my family, all physicians, hospitals and other health care providers and any Court or Judge honor my decision that my life not be artificially extended by mechanical means and that if there is any doubt as to whether or not life-sustaining treatment is to be administered to
me after I have sustained substantial and irreversible loss of mental capacity such doubt is to be
resolved in favor of withholding or withdrawing such treatment.

IN WITNESS WHEREOF, I have hereunder subscribed my name this ____ day of
________________, 20__.

____________________________

WE, whose names are hereunto subscribed, DO CERTIFY that on the ____ day of
________________, 20__,*, the Testator/Testatrix above named, subscribed his/her name to this
Instrument, in our presence and in the presence of each of us, and at the same time, in our presence
and hearing, declared the same to be his/her Penultimate Will, and requested us and each of us to
sign our names thereto as witnesses to the execution thereof, which we do in the presence of the
Testator/Testatrix and of each other, on the day of the date of said Penultimate Will, and write
opposite our names our respective places of residence.

__________________________
residing at __________________

__________________________
residing at __________________

__________________________
residing at __________________
LAST WILL AND TESTAMENT

I, ________________________, presently residing at ________________________, being of sound mind and memory, do make, publish and declare this my Last Will and Testament, in manner following, that is to say:

FIRST: I hereby direct the payment of all my debts and funeral expenses as soon after my death as is reasonably practicable.

SECOND: All the rest, residue and remainder of my estate, real, personal or mixed, wheresoever situate, which I own or of which I have the power of disposition at the time of my death, I give, devise and bequeath to ________________________, presently residing at ________________________, and ________________________, presently residing at ________________________, in equal shares, share and share alike, absolutely and without restriction.

LASTLY: I nominate, constitute and appoint ________________________, to be Executor/Executrix of this my Last Will and Testament, to serve without being required to furnish bond, and to have full power to sell, mortgage or lease real or personal property.

In the event said Executor/Executrix shall have predeceased me or that he/she and I shall have died under such circumstances that it cannot be determined which of us shall have survived the other, then, and either such event, I direct that ________________________, shall be Executor/Executrix of this my Last Will and Testament, to serve without being required to furnish bond and to have full power of sale, mortgage or lease of real or personal property. I hereby revoke all former Wills and Codicils by me made.

IN WITNESS WHEREOF, I have hereunto subscribed my name this ________ day of ________________________, in the year Two Thousand Twenty.

____________________________________

We, whose names are hereunto subscribed, DO CERTIFY that on the ________ day of ________________________, 2020, ________________________, the Testator/Testatrix, above named, subscribed his/her name to this Instrument, in our presence and in the presence of each of us, and at the same time, in our presence and hearing, declared the same to be his/her Last Will
and Testament, and requested us and each of us to sign our names thereto as witnesses to the execution thereof, which we do in the presence of the Testator/Testatrix and of each other, on the day of the date of said Will, and write opposite our names our respective places of residence.

_________________________________________ residing at ________________________________________

_________________________________________ residing at ________________________________________

_________________________________________ residing at ________________________________________
Sample Bequest Language

“I hereby, give, devise and bequeath (specify amount; percentage and/or property) to the Potsdam College Foundation, Inc., a non-profit organization located at 44 Pierrepont Avenue, Potsdam, NY 13676, Federal Tax ID #23-7088021, for its general use and purpose (or specific designation).”

Proper Beneficiary for Gifts to SUNY Potsdam:
Potsdam College Foundation, Inc.
44 Pierrepont Avenue
Potsdam, NY 13676
315-267-2190
Federal Tax ID #23-7088021

Residual Beneficiary:
Individuals may choose to name the Potsdam College Foundation, a residual beneficiary of their estate.

“I hereby, give, devise and bequeath the remainder of my estate, including any personal and real property to the Potsdam College Foundation, Inc., a non-profit organization located at 44 Pierrepont Avenue, Potsdam, NY 13676, Federal Tax ID #23-7088021, for its general use and purpose (or specific designation).”

Contingent Beneficiary:
In addition to naming the Potsdam College Foundation as a primary beneficiary, individuals may also consider naming the Foundation as the contingent beneficiary for assets devised or bequeathed to beneficiaries in the will who may predecease the person writing the will. This can be accomplished by naming the Foundation the contingent beneficiary of one’s specific assets or residuary estate.

“In the event that any beneficiary named herein shall have predeceased me, then I direct that the share of my estate to which said predeceased beneficiary or beneficiaries would have been entitled shall be given to the Potsdam College Foundation, Inc., a non-profit organization located at 44 Pierrepont Avenue, Potsdam, NY, 13676, Federal Tax ID #23-7088021, for its general use and purpose (or specific designation).”

Additional Information:
- Visit the Raymond Legacy Society webpage www.potsdam.edu/legacy
- Contact Jason Ladouceur, Senior Director of College Advancement, at 315-267-2123 or giftplan@potsdam.edu.