



ELDER LAW NEWSLETTER

SPECIAL EDITION

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A Look Back at Elder Law UnCLE 2026

The Oregon State Bar Elder Law Section welcomed attorneys and professionals from across the state to Bend on May 1, 2026, for the annual Elder Law UnCLE at the Riverhouse Lodge.

Designed as a collaborative and discussion-driven educational experience, the event brought together practitioners to share ideas, discuss emerging issues in elder law, and explore practical solutions to the challenges facing clients, families, and professionals in the field.

The photographs on the following pages capture the conversations, professional connections, and collaborative spirit that helped make the 2026 Elder Law UnCLE a success.

Thank you to everyone who contributed to the event's success through their planning, participation, and attendance. Your engagement continues to strengthen Oregon's elder law community. ♦



Picture This: A Look Back at Elder Law UnCLE 2026

Photos by Madison Macon



Picture This: Oregon NAELA Trivia Night

Photos by Madison Macon



Death Doulas

Bridging the Gap in End-of-Life Care

by Kayla Mauriello, Death Doula



When most people hear the word “doula,” they think of birth and a steady presence supporting new parents as they welcome a child into the world. Fewer realize that there are doulas at the other end of the lifecycle as well. Death doulas, also known as end-of-life doulas, provide non-medical holistic support to individuals who are dying and their loved ones.

As a trained death doula, I work with people facing terminal illness, advanced age, or simply a desire to approach mortality with intention. My role is to support the person and their circle of care—family members, close friends, and caregivers—emotionally, spiritually, and practically as they prepare for death.

Death, like birth, is a natural (and inevitable) part of life. Yet in many cultures, it remains largely hidden from everyday conversation. We may feel uncomfortable speaking about mortality, especially our own. Even families who have responsibly executed wills, advance directives, and powers of attorney may avoid discussing what they hope their final chapter will actually be like. As a result, many people arrive at the end of life legally prepared but emotionally unprepared.

Death doulas can help bridge that gap.

At its core, the work of a death doula is about honoring humanity and cultivating death awareness—the ability to acknowledge mortality openly and thoughtfully. We create space for conversations that might otherwise remain unspoken: What matters most to me at the end of my life? What am I afraid of? How do I want to be cared for? What unfinished conversations need my attention?

In doing so, death doulas help individuals retain a sense of agency and dignity at a time when both can feel fragile.

Death doulas often fill a subtle but significant gap in care. A dying person may be surrounded by an excellent medical team and devoted family members, yet still feel alone in their fear. Hospice professionals are indispensable but frequently stretched thin. Physicians must focus on clinical decisions. Loved ones may be overwhelmed by anticipatory grief and logistical demands. In that environment, it is easy for a person to feel reduced to a diagnosis rather than seen as a whole human being.

People seek out death doulas at many different stages. Some reach out immediately after a terminal diagnosis. Others do so upon entering hospice care. Still others, often even healthy adults, engage a doula as part of proactive end-of-life planning, alongside their legal and financial preparation. Elders, individuals with life-limiting illnesses, and those who simply want to live (and die) more consciously all find value in this support.

My father, Jim, was 53 when he was diagnosed with Stage IV lung cancer. An avid runner and non-smoker, his diagnosis stunned everyone who knew him, especially my mother, my sister, and me. We were immediately swept into a relentless cycle of hospital stays, tests, complications, medication changes, procedures, and fleeting optimism followed by setbacks.

My father’s identity seemed to narrow to a single word: patient.

“Death Doulas”*Continued from previous page*

At the time of his diagnosis, my father did his best to maintain a strong, determined demeanor, but there were times the mask slipped and he shared his grief with us. Looking back, I wish my family had known about death doulas so we could seek one out to sit with us, hold space for our questions and concerns, and steady our focus on understanding that my father had a voice and was invited to share his preferences, his hopes, and his fears.

In the months that followed his diagnosis, my father—with his family by his side—moved along what felt like a medical conveyor belt: new interventions, new side effects, and new decisions. We were all running on adrenaline and fear. Then, during one hospitalization, a physician who had treated one of my father’s many complications noticed our last name on the nurse’s board and stopped in to say hello. When this thoughtful doctor asked my father how he was doing, my father shared that yet another surgery had been scheduled and that he was disappointed to be staying in the hospital rather than returning home.

At this point, a death doula would have advocated for my father’s self-determination and prompted him to consider his options and voice his desires. Instead, my father didn’t even question that the surgery was the inevitable next step.

Fortunately, the kind doctor paused and gently said, “Jim, if I were you, I would skip the surgery and go home to spend as much time with my family as possible.”

This was the first time someone spoke to my father primarily as a man, a husband, and a father, not as a case to be managed. It was also the first time we openly acknowledged that he was dying.

While other members of his care team were telling us to continue full steam ahead with invasive and exhausting treatments, this particular physician’s compassionate and direct acknowledgment of my father’s condition was a gift. And it influenced how we moved forward in our new reality. My father made it clear that he wanted to die at home, not the hospital. He finalized household paperwork for my mother, spoke with colleagues and friends, and welcomed visits from extended family. He shared his fears about leaving us and his hopes for our future. Having chosen to be cremated, he encouraged us to travel together somewhere near water to scatter his ashes.

As my father’s condition worsened, a death doula would have normalized the changes a body goes through during the active dying process. They would have comforted my family when we were confused and scared by talking with us about our concerns. Could he hear us telling him we love him? Was he in pain?

Much like birth, death can be understood as a kind of labor—physically demanding, emotionally intense, and unfolding in its own time. A death doula does not manage that process or provide medical care. Instead, we accompany each other. We educate families about what to expect, facilitate difficult conversations, offer steady presence at the bedside, and support caregivers who may be exhausted or unsure of what comes next.

Just a few weeks after talking with the compassionate doctor, my father died at home, as he wished. Nearly a decade after his death, I trained to become a death doula with the International End of Life Doula Association (INELDA). I wanted to offer other families what I wish my father and family would have had for

“Death Doulas”

Continued from previous page

those heart-wrenching five months: presence, honesty, and the reassurance that there is still choice and dignity, even at the end of life.

Death doulas themselves come from varied professional and personal backgrounds. Some are nurses, social workers, chaplains, therapists, or grief counselors who have chosen to focus more intentionally on end-of-life accompaniment. Others arrive through entirely different careers, drawn by personal experience or a calling to serve. While certification programs and professional organizations, such as INELDA, aim to establish standards and ethical frameworks, the defining qualities of a death doula are compassion, humility, comfort with mortality, and a commitment to honor the self-determination of the dying.

In practice, working with a death doula can take many forms. We provide compassionate listening and education about the dying process. We assist in facilitating advance care planning conversations and often encourage clients to formalize their wishes through appropriate legal documents. We support legacy projects like letters, recorded stories, or memory books. We help families navigate rituals, plan bedside vigils, and prepare for what active dying may look like. During the final days and hours, we offer focused presence. After death, we may provide early grief support and guidance through immediate practical steps.

Each doula brings individual strengths, whether in life review, creative expression, caregiver support, or spiritual reflection, but the underlying goal is consistent: to affirm the dying person’s humanity, dignity, and autonomy.



Death doulas practice in private homes, hospitals, hospice settings, long-term care facilities, and senior living communities. We often move alongside clients across care transitions, serving as a steady, familiar presence within a somewhat fragmented system.

Ultimately, death doulas seek to normalize conversations about dying, death, and grief. Whereas many medical professionals feel uncomfortable even addressing death directly, death doulas believe that compassionate end-of-life support deserves intentional care and equitable access.

Being a companion to a person and their loved ones as they prepare for death is an honor. I know from experience that even a single honest conversation can create enough of a pause to allow a family to shift from reacting to reclaiming. As a death doula, my hope is to offer that pause to others: an opportunity for clarity, connection, and peace at the end of life. ♦

About The Author:

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Assistive Technology in Elder Law:

A Practical Guide

Submitted by Disability Rights Oregon



Your elder law practice helps clients with matters such as estate planning, health care directives, guardianship, and long-term care. Another area that significantly impacts clients' autonomy but may receive less attention is assistive technology (AT). Understanding a client's AT needs can be critical to their receiving effective legal representation and protection of their independence and dignity.

What Is Assistive Technology?

Assistive technology is any device, software, or system that helps people with disabilities maintain or improve their functional abilities. This can include wheelchairs, medication organizers, voice-controlled home systems, a wearable device that detects falls, and more. The statutory definition of AT in the federal Assistive Technology Act includes a wide range of items, from simple devices such as phone keypads to advanced AI-driven tools.

For older adults, AT can overcome the effects of declining abilities and support continued independence. A voice-controlled home system lets a person with limited mobility manage their environment. Automated medication dispensers help people with memory problems to comply with treatment. Fall detection devices can summon help when their wearer can't reach a phone. These AT devices aren't just conveniences—they fundamentally expand what older adults can do so they can stay in their home.

Someone who might otherwise have to live in a care facility—at far greater expense—may be able to live independently with the help of their assistive

technology. These devices can save money for people with disabilities as well as their community. More importantly, they can help people live the lives they want with the people that they love.

Why Elder Law Attorneys Need to Be Familiar with AT

When assessing an individual's capacity, AT can make a difference for your clients. A person who experiences hearing loss and uses hearing aids or captioning apps may have the capacity to understand court proceedings that they would otherwise lack. A person who has motor impairments may be able to sign documents using adaptive devices or biometric authentication.

In guardianship cases, AT may provide a less restrictive alternative to a finding of incapacity. Many states require courts to consider whether supports like assistive technology could enable a person to exercise independent decision-making before appointing a guardian. Someone struggling with finances might need automatic bill pay and fraud protection—not a conservatorship. A person with memory challenges might use GPS tracking and smart home reminders to live safely at their homes rather than being moved to a facility.

For long-term care planning, understanding AT matters for Medicaid eligibility and determining appropriate care settings. Remote monitoring, telehealth, and emergency response systems can make home care viable far longer than expected.

Assistive Technology is a Civil Right

“Assistive Technology in Elder Law”

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From a disability rights perspective, AT may be necessary to allow a person's equal access to the world. The Americans with Disabilities Act (ADA), the Rehabilitation Act, and the Fair Housing Act all address AT.

Many older adults may be entitled to the protection of these laws even if they do not see themselves as having disabilities. Clients may need help to understand that their age-related limits may be considered disabilities under law and that requesting AT accommodations is their right. The client may need assistance in requesting AT accommodations, as older adults often need extra guidance through the process.

Not all assistive technology is high-tech. Simple, analog options like communications cards or whiteboards may help someone who has had a stroke to continue expressing themselves. Yet the digital divide raises specific concerns. As essential services, including healthcare portals, government benefits, and financial management, move online, older adults who lack technology may be left out of civic participation. Clients can need advocacy to obtain essential technology—especially in institutional settings where device restrictions can violate residents' rights.

Oregon's Consumer Protections

Oregon Assistive Device Lemon Laws (ORS 646A.460-476) give you a way to help your clients when ATs, such as wheelchairs, scooters, or hearing aids, fail to work properly. Manufacturers must warranty devices for at least one year. If a

defect makes the device hard to use, lowers its value, or makes it unsafe or unfixable after two repair attempts, the manufacturer must replace the device. If the device is out of service for 30 days, the manufacturer must also replace it or refund the purchase price. The law also requires loaner devices when a person's safety is at risk or when repairs take more than one week. You should help your clients to document warranty terms—especially for more expensive items like mobility devices and hearing aids. Advise them to keep records of problems and repairs. When drafting powers of attorney, consider including the authority to assert warranty rights.

Vocational Rehabilitation Services

Older adults who are still working or looking for a job can get help from Oregon's Vocational Rehabilitation (VR) program to pay for vehicle modifications necessary for work. This program can fund hand controls, wheelchair lifts, pedal extensions, and other equipment. Modifications can be made to an existing vehicle, or, if the vehicle cannot be altered, the program can pay for the purchase of a different vehicle.

This crucial resource is often overlooked when attorneys counsel clients with disabilities about employment challenges. It can help people keep their money, and, in guardianship cases where a person's employment capacity is at issue, evidence of VR engagement can show that older clients can work and help the court understand that a restrictive guardianship is not necessary.

“Assistive Technology in Elder Law”

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Integrating AT Into Your Practice

You likely see assistive technology in your practice every day and may not even notice it. Start looking for the equipment that your clients already use to inform communication strategies and capacity assessments. Build relationships with local resources—state AT programs, Area Agencies on Aging, Centers for Independent Living, and occupational therapists.

In guardianship cases, investigate available AT before recommending alternatives, then document what was considered and why. When a guardian is appointed, advocate for a limited judgment requiring the guardian to provide access to appropriate assistive technology.

Write intake questions that ask about your client's AT use and needs. Ask what barriers they face to technology services and if they have unreimbursed AT expenses, which matter for Medicaid planning. Document their technology preferences in advance directives.

Some people may want extra monitoring to extend independence, while others prefer less surveillance despite greater risk. Watch for exploitation schemes that use technology. Smart home devices and financial apps bring independence, but they can also be ripe for scams.

Resources

Disability Rights Oregon maintains comprehensive AT resources online and provides free legal advocacy through our Client Assistance Program.

We offer advice, tools to protect and assert rights, and advocacy related to services from various providers in Oregon, including the Office of Vocational Rehabilitation Services, independent living centers, the Commission for the Blind's vocational services, and Tribal Vocational Rehabilitation programs. We also provide guidance on Oregon's assistive device lemon laws and rehabilitation services.

Your Opportunity

Assistive technology is evolving rapidly, while the legal frameworks lag, and questions about privacy, data security, and liability remain unresolved. As an elder law attorney, you have an opportunity and the responsibility to shape developments through client advocacy and legislative engagement.

AT isn't just a technical matter to delegate to health care providers or family. It is integral to autonomy, capacity, and the right to self-determination. When you bring AT into your practice—from consumer protection to job training—you're not just practicing law. You are advancing rights for a group that's historically been left out and undervalued. You are helping people live with independence and dignity. ♦

About The Authors:

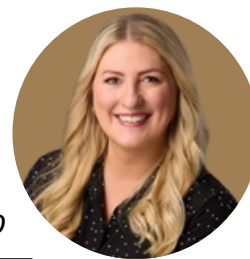
Disability Rights Oregon pushes communities to reshape how we set up our schools, workplaces, parks, places of business, and public systems to ensure that people with disabilities truly belong.

Disability Rights Oregon is a non-profit advocacy organization. Our work is guided by the annual priorities set out by a Board of Directors, a Mental Health Advisory Council, and the disability community. Since 1977, we've gone into places that others can't. We shine a light on conditions in jails, prisons, hospitals, schools, and other facilities across the state. We fight to uphold the civil rights of Oregonians with disabilities regardless of where they live.

Tips for Drafting Complex Trusts:

An administrative perspective

By Gillian Eubanks, Columbia Trust Company, VP, Trust Market Manager, Oregon/So. Idaho



Drafting complex trusts requires careful consideration of administrative challenges to ensure smooth and effective trust management. While estate planning attorneys are aware of the importance of clear and concise provisions, they may not fully appreciate the difficulties that can arise during the administration process if these provisions are lacking. Here are some tips for estate planning attorneys from an administrative perspective:

- **Clear and detailed trust terms:** Ensure that the trust document is clear and detailed. Ambiguities can lead to disputes and administrative difficulties. A summary letter outlining the key details of an estate plan, including actions to be taken upon the death of the first spouse, can be immensely helpful for both Settlers and successor trustees. If the Settlers' family is large or blended, or if the dispositive provisions are complex, a flow chart showing the distribution of trust assets at the first and second death can also be a valuable tool. A simple letter or statement of intention can also be helpful to remind Settlers why they set up their estate plans the way they did.
- **Flexibility in trust provisions:** Incorporate flexibility in the trust provisions to allow the trustee to adapt to changing circumstances. This can include discretionary powers for the trustee to make decisions based on the beneficiaries' needs and market conditions. If Settlers want their beneficiaries to be supported in specific ways, it may be useful to add language in addition to the ascertainable standard of health, education, maintenance, and support (HEMS).
- **Succession planning for trustees:** Include provisions for the succession of trustees, including the ability for the trustee to resign without court intervention. This ensures continuity in trust administration if the original trustee is unable or unwilling to serve. Specify the process for appointing successor trustees and any qualifications they must meet. If possible, it might be a good idea to introduce family members to the successor trustee while the Settlor is still living. It is always good to know who is responsible for what before some kind of triggering event.
- **Regular reporting requirements:** Specify the reporting requirements for trustees, including the frequency and format of financial reports and accountings to beneficiaries. Clear reporting guidelines help maintain transparency and accountability. Trustees that adhere to their fiduciary responsibilities want everyone to be informed of what is happening during the trust administration process. While a professional trustee or attorney may be able to easily determine who is entitled to notice and when based on designations as a Qualified Beneficiary or Permissible Distributee, a lay trustee benefits greatly by having these terms defined or reporting requirements clearly laid out in plain language.
- **Conflict resolution mechanisms:** Include mechanisms for conflict resolution within the trust document, such as mediation or arbitration clauses to handle disputes among beneficiaries or between beneficiaries and the trustee. These

“Tips for Drafting Complex Trusts” *Continued from previous page*

(continued) mechanisms can help avoid costly and time-consuming litigation. Personal property is often the most disputed aspect of trust administration. In most cases, the trustee will work with the beneficiaries to reach an agreement on the division of items left behind, but there should be a plan in place in case an agreement cannot be reached. Settlers should be encouraged to create and maintain a personal property addendum, signed and dated, outlining any specific items they want one beneficiary to receive over another. If practicable, they may want to consider giving items away during their lifetime to avoid conflict during the administration process.

- **Professional support:** Consider provisions for professional support, such as legal, financial, and tax advisors. Allowing trustees to seek professional advice can help them navigate complex administrative challenges and make informed decisions. Payment can be made to the professionals, including professional fiduciaries and attorneys, CPAs, and financial advisors.
- **Beneficiary communication:** Encourage regular communication between trustees and beneficiaries. Specify how and when trustees should communicate with beneficiaries to keep them informed about the trust's activities and financial status. Settlers should also be encouraged to talk with their beneficiaries during their lifetime and outline their estate plan to them. The estate plan could change over time so as not to create any expectancy on the part of the beneficiary. Giving beneficiaries the opportunity to ask questions and understand how the estate will be managed post-death can help avoid

surprises in the future. Beneficiaries should also understand that the trustee is not required to anticipate their needs. If they have a request for support, they need to come to the trustee with the information needed to make a discretionary decision.

- **Administrative costs:** Address administrative costs within the trust document. Specify how these costs will be covered and any limitations on expenses. Clear guidelines on administrative costs help trustees manage the trust's finances effectively.
- **Family information:** Provide names and contact information for family members and beneficiaries. The trustee should be able to locate the beneficiaries, but having their contact information readily available will prevent delays in the administration process. Before finalizing the plan, confirm correct spelling of family members' names.
- **Organization:** Create an inventory list and encourage Settlers and successor trustees to maintain the inventory as best they can. This will make marshaling assets upon death and before final distribution most time- and cost-efficient.

By incorporating these tips into the drafting process, estate planning attorneys can help ensure complex trusts are administratively manageable and trustees are well-equipped to fulfill their duties. This proactive approach can lead to smoother trust administration and better outcomes for beneficiaries.

About The Author: *Gillian has been with Columbia Trust Company since 2013 and brings more than 15 years of experience in trust administration, estate settlement, and nonprofit relationships. She is a Certified Trust and Financial Advisor (CTFA), a graduate of Cannon Financial Trust School, and is active in the Estate Planning Councils of Portland and Southwest Washington while volunteering with Financial Beginnings of Oregon.*

Important Elder Law Numbers

Updated July 1, 2026

Supplemental Security Income (SSI) Benefit Standards	Eligible Individual	\$994.00/month
	Eligible Couple	\$1,491.00/month
Medicaid (Oregon)	Asset limit for Medicaid recipient	\$2,000
	Burial account limit	\$1,500
	Personal needs allowance in nursing home	\$81.28/month – VA \$90/month
	Personal needs allowance in community based care	\$221/month
	Room & board rate for waived community based care facility	\$773
	OSIP Maintenance Standard for person receiving in-home services	\$1,494.00
	SSI only: \$1,016.00	
	Long Term Care Income Cap	\$2,982.00/month
	Community Spouse Minimum Resource Standard	\$32,532
	Community Spouse Maximum Resource Standard	\$162,660
	Community Spouse Minimum Monthly Allowance Standard	\$2,705.00/month
	Maximum Community Spouse Monthly Allowance	\$4,066.50/month
	Excess Shelter Allowance Amount Above	\$ 811.50/month
	SNAP Utility Allowance Used to Figure Excess Shelter Allowance	\$515/month
	Average Private Pay Rate for Calculating Ineligibility for Transfer of Assets at less than Fair Market Value after October 1, 2022	\$14,585/month
Medicare	Hospital Part A deductible per illness spell	\$1,736
	Skilled nursing facility co-insurance for days 21-100	\$217.00/day
	Part B premium (up to \$109,000 single and \$218,000 joint return):	\$202.90/month
	(plus Income Related Monthly Adjustment Amount if modified adjusted gross income above threshold)	
	Part B deductible	\$283/year
	Part D Premium	Varies by plan

*The need standard for an individual who receives in-home services is the OSIPM maintenance standard (\$994 per month in 2026) plus \$500, or \$1,494 per month for 2026. OAR 461-160-0620

**Home equity limit for an individual: \$752,000

***ABLE account contributions for 2026 are capped at \$20,000. The beneficiary can also contribute an additional amount that is the lesser of the beneficiary's compensation for the tax year OR \$15,650 (continental US).

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Theresa Hollis & Alana Hawkins, Co-Chair

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