

TURN IN ON MONDAYS AND FRIDAYS AT 7:30 AM

**WILL WORKSHEET FOR PERSONS WHO HAVE OR ARE EXPECTING CHILDREN**

**INSTRUCTIONS AND DISCLAIMERS:**

This worksheet will guide you through a step-by-step question and answer process. You are not required to answer every question, and your answers may be edited at the legal office during your consultation with our legal staff. **If you have questions while filling out this questionnaire, please jot them down and discuss them with your attorney at your legal assistance appointment.** INITIAL HERE: \_\_\_\_\_

You must return this complete worksheet to the legal assistance office before we will give you an appointment for your interview with an attorney. INITIAL HERE: \_\_\_\_\_

This worksheet is not itself a legal document. INITIAL HERE: \_\_\_\_\_

This worksheet is not a Last Will and Testament. INITIAL HERE: \_\_\_\_\_

All clients are required to personally visit their closest legal assistance office to finalize and execute their estate planning legal documents. INITIAL HERE: \_\_\_\_\_

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**INFORMATION ABOUT YOU (THE CLIENT)**

1. What is your Military status that should be included in your Last Will & Testament?

- In the U.S. Armed Forces
- Retired from the U.S. Armed Forces
- A dependent of someone in the U.S. Armed Forces
- A dependent of someone retired from the U.S. Armed Forces
- Other (e.g. Deploying Civilian; 20/20/20 Former Spouse)

2. We must draft your estate package for the state that is your state of domicile. Your “domicile” or “permanent legal residence” refers to the place where you intend to live and which you consider your permanent home. It is fact based. Please answer the following questions to help us determine your state of domicile:

(a) Name the state or territory where you are or would be registered to vote if you decided to register to vote. \_\_\_\_\_

(b) What state issued your current your driver’s license? \_\_\_\_\_

(c) In what state is your motor vehicle registered? If you have multiple motor vehicles list the state of registration for each vehicle. \_\_\_\_\_

(d) What state or territory do you claim for state income tax purposes? \_\_\_\_\_

(e) List each state in which you OWN real property; if none please write “none”:

(f) In which state or territory are you currently stationed? \_\_\_\_\_

**ATTORNEY DECISION ON DOMICILE:** \_\_\_\_\_

3. Print your full legal name and Include Any Suffixes (Jr, Sr, II) \_\_\_\_\_
4. Print your mailing address: \_\_\_\_\_
5. Print your preferred phone number \_\_\_\_\_
6. Print your preferred email address for email correspondence from our legal office:  
\_\_\_\_\_

7. Are you a U.S. citizen?  NO  YES

**INFORMATION ABOUT YOUR FAMILY**

8. I have the following children or step-children

TABLE 1-1 CHILDREN					
Full Name (First, Middle, Last) – Include Jr., III, etc., if applicable	Age	If the other parent is NOT you're your current spouse/partner, list the other parent's name below:	Status: (B) Biological (A) Adopted (S) Stepchild	Mark if the child is deceased.	Mark if the child is receiving/may receive disability, SSI, Gov't Assistance
1.				<input type="checkbox"/> YES	<input type="checkbox"/> YES
2.				<input type="checkbox"/> YES	<input type="checkbox"/> YES
3.				<input type="checkbox"/> YES	<input type="checkbox"/> YES
4.				<input type="checkbox"/> YES	<input type="checkbox"/> YES
5.				<input type="checkbox"/> YES	<input type="checkbox"/> YES
6.				<input type="checkbox"/> YES	<input type="checkbox"/> YES
7.				<input type="checkbox"/> YES	<input type="checkbox"/> YES
8.				<input type="checkbox"/> YES	<input type="checkbox"/> YES

9. Do you want to treat your step-children as your own children for inheritance purposes?  
YES  NO

10.  I am currently legally single (Skip to Q 12.)

I am in a registered domestic partnership (RDP) and my partner's name is:  
\_\_\_\_\_ (RDP)

I am married and my spouse's name is:  
\_\_\_\_\_ (SPOUSE)

11. Is your spouse/partner a U.S. citizen?  NO  YES

12. Were you ever previously married or did you ever have a prior RDP?

- No (Answer Q. 13)  Yes (Answer Q. 12 a-c)

- a. If yes, do you wish to make a statement in your estate plan to clarify that the marriage/partnership was legally terminated?  NO  YES
- b. Please list the name of your prior Spouse/Partner below and select whether the termination was by death or court action:

Prior Spouse/Partner's Name \_\_\_\_\_

- My prior spouse died on [date] \_\_\_\_\_.
- My prior marriage was terminated on [date] \_\_\_\_\_.

- c. Are there any separation agreements, property settlement agreements, pre-marital agreements, etc., that would dictate how some of your assets are to be distributed?

Yes. Please provide your servicing legal assistance office with a copy of the agreement(s) before your consultation with the attorney.

No

13. Do you want to disinherit anyone?

- NO (Skip to 14)  YES (Please answer 13 a-c)

- a. If yes, who? (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

- b. What is the reason for the disinheritance, if any, to be stated in your will?

- No reason to be stated.
- Write the reason you want us to state in your will here: \_\_\_\_\_

- c. Do you also wish to disinherit this person's children and other descendants?

- NO  YES

#### FUNERAL/BURIAL INSTRUCTIONS

14. (Service members, Retirees and Veterans only)  I do not want military honors.
- I want military honors.

**15. (Service members and Retirees and Veterans only): American Flag for Survivors.** The Department of Veterans Affairs can provide only one flag via your funeral director or by your next-of-kin submitting VA Form 27-2008. (See 38 U.S.C. § 2301(f) (1). Your estate will have to pay for additional flags which in 2022, start at \$60 per flag.

- I do not want American flags to be given to any survivors.
- I want American flags given to the following persons:

TABLE 1-2 FLAG DISTRIBUTION	
Name	Relationship to you
1.	
2.	
3.	
4.	
5.	

**16. (All clients)** Please select ONE option below concerning your wish to state your burial or cremation directions in your will?

- a.  I do not want to state my wishes for burial or cremation in my will.
- b.  I have a funeral or cremation or burial agreement with the following service: \_\_\_\_\_; telephone: \_\_\_\_\_.
- c.  My body shall be cremated and my ashes shall be scattered in or at (state the location) \_\_\_\_\_.
- d.  My body shall be cremated and my ashes shall be given to (name the person) \_\_\_\_\_ to dispose of as privately discussed.
- e.  My body shall be cremated and my ashes shall be given to (name the person) \_\_\_\_\_ and scattered in or at (state the location) \_\_\_\_\_.
- f.  My body shall be buried at the (state the location) \_\_\_\_\_.
- g.  My body shall be buried at a location chosen by my Executor.
- h.  Other \_\_\_\_\_

**17. (All clients)** Please select ONE option below concerning your wishes or directions regarding arrangements for your memorial service or funeral.

- a.  I direct that arrangements for my funeral may be made and carried out according to the custom and ceremony of the following religious order or other denomination \_\_\_\_\_.
- b.  I direct that the disposition of my remains include a non-religious memorial service.
- c.  None of the above, but I direct instead that \_\_\_\_\_  
\_\_\_\_\_.

**INFORMATION ABOUT YOUR ASSETS**

**18. (Net Worth)** After subtracting out all debts (including mortgages, car loans, and other lines of credit), what is the approximate dollar value of the assets (including homes, vehicles, household furnishings, electronics, guns, insurance policies, retirement accounts, bank accounts, and other personal property and effects) you own? Use current resale value & actual account balances when you calculate your net worth.

My net worth is approximately (SELECT ONE BOX)

- \$0-\$500,000, including any life insurance on my life
- \$500,001 - \$999,999 including any life insurance on my life (Continued on next page)
- \$1 million to \$1.99 million including any life insurance on my life
- \$2 million or more including any life insurance on my life

**19. Asset and debt details:** The type of estate plan you need depends, to a large extent, on the total value of your estate. Please check the box for all types of assets that you own, and fill in the additional information requested (to the best of your ability).

TABLE 1-3 DEBTS AND ASSETS				
	Asset	Are you a (S)Sole owner (J) Joint Owner	Physical Address (Required for Real Property or Mobile Homes, and Weapons Only)	
<input type="checkbox"/>	Antiques/Art/Collectibles/Heirlooms		Total Value:	Debt:
<input type="checkbox"/>	Auto/Truck/Motorcycle Registered in the state of:		Total Value:	Debt:
<input type="checkbox"/>	Auto/Truck/Motorcycle Registered in the state of:		Total Value:	Debt:
<input type="checkbox"/>	Auto/Truck/Motorcycle Registered in the state of:		Total Value:	Debt:
<input type="checkbox"/>	Auto/Truck/Motorcycle Registered in the state of:		Total Value:	Debt:
<input type="checkbox"/>	Bank accounts (savings, checking, CDs, money market account)		Total Value:	
<input type="checkbox"/>	Boat Registered in the state of:		Total Value	Debt:
<input type="checkbox"/>	Commercial Business or Family Farm Business (Sole proprietorship, LLC, etc.)		Total Value	Debt:
<input type="checkbox"/>	Commercial life insurance (Not SGLI)		Total Value:	
<input type="checkbox"/>	Commercial life insurance (Not SGLI)		Total Value:	
<input type="checkbox"/>	Commercial life insurance (Not SGLI)		Total Value:	
<input type="checkbox"/>	Cryptocurrency		Total Value:	
<input type="checkbox"/>	Inheritance (Recent death, Revocable or Irrevocable Trust beneficiary)		Total Value:	
Cont. Next Pg.	<b>TOTALS</b>		<b>TOTAL SUM:</b>	<b>TOTAL SUM:</b>

**TABLE 1-3 DEBTS AND ASSETS (CONTINUED)**

	<b>Asset</b>	<b>Are you a (S)Sole owner (J) Joint Owner</b>	<b>Physical Address (Required for Real Property or Mobile Homes, and Weapons Only)</b>	
<input type="checkbox"/>	Investment (stock, mutual funds) accts		Total Value:	
<input type="checkbox"/>	Investment (stock, mutual funds) accts		Total Value:	
<input type="checkbox"/>	Mobile/Motor Home (Not permanently affixed to land) : Where registered:		Total value:	Debt:
<input type="checkbox"/>	Pensions/IRAs/401ks		Total value:	
<input type="checkbox"/>	Pensions/IRAs/401ks		Total value:	
<input type="checkbox"/>	Pensions/IRAs/401ks		Total value:	
<input type="checkbox"/>	Pensions/IRAs/401ks		Total value:	
<input type="checkbox"/>	Real estate  Primary Residence Address:  Second Home/Condo address:  Time Share Address:		Total Value:  Total Value:  Total Value:	Mortgage:  Mortgage:  Mortgage:
<input type="checkbox"/>	SGLI/SGLV/VGLI		Total Value:	
<input type="checkbox"/>	Tangible personal property (e.g. jewelry, clothes, household furnishings)		Total Value:	Debt:
<input type="checkbox"/>	Weapons: List State in which registered.		Total Value:	
<input type="checkbox"/>	Other Unique Property (Specify)		Total Value:	
<input type="checkbox"/>	Other Unique Property (Specify)		Total Value:	
<input type="checkbox"/>	Other Unique Property (Specify)		Total Value:	
	<b>TOTALS</b>		<b>TOTAL SUM:</b>	<b>TOTAL SUM:</b>

**DISTRIBUTION OF YOUR ESTATE**

**20. Specific Gifts of Unique or Highly Sentimental Tangible Personal Property.** If your state of residence permits it, you may use a Tangible Personal Property Memorandum (TPPM) to list specific items of high monetary value or items of sentimental value such as furniture, collectibles, and personal effects to go to specific beneficiaries that you can prepare at a later date. The legal office would provide you with the template for the TPPM. For example, I give my Harry Potter First Edition Collection to my nephew Aaron Adams. Alternatively, you could have us include a section in your Last Will and Testament that gives those items to the specific people you want to receive them.

Select the box below that best represents how you want to dispose of your tangible personal property?

- I do not wish to make any specific personal property gifts. Skip to Q 21
- I will use a Tangible Personal Property memorandum (TPPM). Skip to Q. 21.
- In the table below I have made a few specific gifts of special or very unique personal property. I named an alternate person(s) for the gift(s) in case my primary dies before me. I am aware that if all the named persons dies with me or before then the gift fails and will pass under the residue (remainder) of my estate at Q. 26. After filling in the below table continue with Q. 21.

**TABLE 1-4 PERSONAL PROPERTY BENEFICIARIES**

Primary Beneficiary Name(s)	Alternate beneficiary Name(s)	Specific Description of property
A.	A1.	Gift 1
	A2.	
B.	B1.	Gift 2
	B2.	
C.	C1.	Gift 3
	C2.	
D.	D1.	Gift 4
	D2.	
E.	E1.	Gift 5
	E2.	

**21. Costs of Delivering Gifts to Beneficiaries:** There may be some expense involved with packing, shipping, insuring and delivering your tangible personal property and motor vehicles or items in your residuary estate to your beneficiaries. Requiring a beneficiary to pay these costs could cause an economic burden for a beneficiary who lives far away from you, while requiring your estate to pay these costs could decrease the value of the gifts going to other beneficiaries. Do you want your estate or each beneficiary to pay these costs?

- My executor is directed to pay these expenses from my estate.
- I direct that the beneficiary must pay these expenses.

**22. SPECIFIC GIFTS OF REAL ESTATE:**

- I do not own any real property (Skip to Q 24)
- All of my real property to my surviving spouse or RDP if he/she survives me.** If my spouse or RDP does not survive me then all my real property goes to my surviving children whom I have not otherwise disinherited.
- All my real property to my surviving children whom I have not otherwise disinherited, in equal shares **and none to my surviving spouse or RDP.**
- None for my spouse/RDP/children.** All of my real estate to one or more other persons named in 22 (A) below in equal shares.
- I want to give **different people different pieces of real estate.** I have listed each property & the specific beneficiaries below in 22 (B-D).
- I **do not want to make a specific gift of any real property** I own at my death. I just want it all to pass under the RESIDUE (remainder) of my estate.

**TABLE 1-5 REAL ESTATE BENEFICIARIES**

A. Property Address (Street, City, State)	B. Primary Beneficiary (ies) Name(s)	C. Alternate Beneficiaries in rank order 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> . If any beneficiary in "B" predeceases me the 1 <sup>st</sup> listed surviving alternate in "C" takes the share of the deceased person in "B".
<b>22 (A). All real property I own or have an interest in at the time of my death.</b>	<b>B1.</b> 1. 2. 3.	<b>C1.</b> 1. 2. 3.
<b>22 (B). Specific Real Property</b> to one or more Persons. List property address:	<b>B2.</b> 1. 2. 3.	<b>C2.</b> 1. 2. 3.
<b>22 (C) Specific Real Property</b> to one or more persons. List property address:	<b>B3.</b> 1. 2. 3.	<b>C3.</b> 1. 2. 3.
<b>22 (D) Specific Real Property</b> to one or more persons. List property address:	<b>B4.</b> 1. 2. 3.	<b>C4.</b> 1. 2. 3.



**23.** If there is any mortgage or other debt on the real estate does your estate pay off that debt or does the recipient(s) of the gift of the real estate pay the debt. If you want your estate to pay off the mortgage you must have enough other assets to cover the mortgage. Normally, the beneficiary of the real estate is responsible for the debt. Select your choice from the below options.

- My executor should pay the debt from my estate.
- The real estate should pass to my beneficiary subject to the mortgage (i.e., your beneficiary must pay the debt using their own funds or by taking out their own mortgage).
- I don't have any debt on the real estate I own.

**24. Cash Gifts:** In order to leave cash gifts you must have **cash on hand, or money in a bank or savings & loan account** that is **NOT** jointly owned and does not have a pay-on-death beneficiary designated. If you make a cash gift but do not have enough cash to satisfy the gift, some of the residue of your estate may have to be sold to satisfy the gift and will then reduce the total amount given to your residuary estate beneficiaries. Choose one answer below.

- I do not want to make any cash gifts.
- I want to make the following cash gifts.

TABLE 1-6 CASH GIFTS		
Beneficiary Name(s)	Amount	Source of this cash gift
1.		
2.		
3.		
4.		
5.		

**25. Pre-Residuary Trusts and Custodial Accounts for Your Minor Children Who Have No Surviving Parent to Care for Them.**

**\*\*\*QUESTION 25 MUST BE COMPLETED WITH YOUR ATTORNEY DURING YOUR INTERVIEW\*\*\***

Even though you may want all your assets to go to your surviving spouse/RDP, if he or she fails to survive you, or if you do not have a current spouse or RDP, you need to decide how your minor children are to receive their inheritances from you. You cannot leave money to a minor outright. Instead, it either has to go into a custodial account or a testamentary trust unless you want to pay a private attorney for some more sophisticated estate planning.

**Money for Your Minor Children after Your Death.** Service members who pass away leave behind a \$100,000 death gratuity, \$400,000 SGLI, unpaid pay and allowances, and potentially the proceeds from the sale of real property and other assets they own or have an interest in at the time of their deaths. Your minor children may be eligible for dependent indemnity compensation, social security benefits, Veterans' Administration benefits and other potential sources of regular recurring income if you die when they are still your dependents. These funds can be used for their regular living expenses without dipping into the life insurance, death gratuity and unpaid pay and allowances that you could put into trust or custodial accounts for your minor children to access when they are more financially mature. **(ATTORNEY FILLS OUT ANSWERS TO Q25 ON NEXT PAGE.)**

**\*\*\*QUESTION 25 MUST BE COMPLETED WITH YOUR ATTORNEY DURING YOUR INTERVIEW\*\*\***

Client wants custodial accounts that distribute 100% of these proceeds outright to the minor children when such child reaches the maximum age allowed by law (\_\_\_\_\_) for custodial accounts. (The attorney will fill in the maximum age for the state during the interview.)

Client wants a  PRE-RESIDUARY ONLY  RESIDUARY ONLY  BOTH PRE-RESIDUARY AND RESIDUARY family pot trust that distributes 100% of these proceeds outright to the children when the youngest child reaches the age(s) of:  21 or  25 or  30

Client wants  PRE-RESIDUARY ONLY  RESIDUARY ONLY  BOTH PRE-RESIDUARY AND RESIDUARY individual trusts, for each minor child that distributes 100% of each child’s equal share outright to the child when the child reaches the age(s) of  21 or  25 or  ½ at 21 and ½ at 25 or  ⅓ at 21 and ⅓ at 25 and ⅓ at 30

**26. Residuary Estate** – Your “residuary estate” is what is left over after all specific gifts, and devises and pre-residuary gifts in Q 20-25 have been distributed and all debts, taxes and administrative costs, probate fees and court costs have been paid. **How would you like your residuary estate distributed?**

Outright to my surviving spouse or RDP, but if my spouse or RDP does not survive me then 100% of my residuary estate should go to my children. **Answer Q. 29.**

My children will receive 100% of my estate because I do not have a spouse or a RDP or I am disinherit my spouse or RDP. **Answer Q. 29.**

<b>TABLE 1-7 RESIDUARY ESTATE</b>	
<input type="checkbox"/> <u>I want to mix it up between multiple people:</u> I wish to give my residuary estate in unequal or equal shares to multiple people or charities in stated percentages. <b>(Continue with Q 29 after completing this table.)</b> Beneficiary Full Name	<b>Percentage (must add up to 100)</b>
1.	
2.	
3.	
4.	
5.	
6.	
<b>TOTAL MUST EQUAL 100%</b>	

27. In the event all of your designated beneficiaries die before you or with you, how do you want the remainder distributed?

To my intestate heirs (i.e., according to the laws of the jurisdiction where my will is probated, usually surviving spouse, descendants of yours, parents, descendants of your parents and finally descendants of your grandparents. If none exist, then possible the state in which your will placed for probate.)

To the people or charities named in the below table:

TABLE 1-8 RESIDUARY ESTATE ALTERNATE BENEFICIARIES	
Full Name of Individual or Charity	Percentage (must add up to 100)
1.	
2.	
3.	
4.	
TOTAL MUST EQUAL 100%	

28. With respect to **your digital assets and electronic communications** (such as email and social media accounts), you can give your executor access to just the catalogue (which is just identifying information, and should be a sufficient level of access for the executor to close accounts) or the catalogue and content (which would additionally give the executor access to the substance of the communications, including some potentially personal information).

I do not want anyone accessing my content or the catalogue (SKIP TO PAGE 15)

Both the catalogue and the content or  Just the catalogue (ANSWER Q 29)

My digital ID is

\_\_\_\_\_ @icloud.com

\_\_\_\_\_ @gmail.com

\_\_\_\_\_ @yahoo.com

\_\_\_\_\_ @ \_\_\_\_\_

29. If you have an Apple ID, your will needs to include specific language to enable your executor to access any Apple assets. Do you wish to include all digital assets and devices encompassed by your Apple ID(s)? YES  NO

\*\*\*\*\*CLIENT PLEASE SKIP TO PAGE 15 \*\*\*\*\*

**YOUR ATTORNEY WILL COMPLETE PAGES 12-14 WITH YOU DURING YOUR INTERVIEW.**

**\*\*ATTORNEY ONLY SECTION TO BE DISCUSSED AND COMPLETED ONLY DURING CLIENT INTERVIEW\*\***

**DESIGNATION OF EXECUTORS, TRUSTEES, GUARDIANS AND FIDUCIARY BONDS:**

In the below table have the client name a person over the age of 18 years who is a U.S. Citizen or Lawful Permanent Resident to serve as (a) Executor or co-Executors (Personal Representative); (b) Trustee or co-Trustees; (c) Guardian of the Person of a minor or co-guardians of the person of a minor; and (d) Guardian of the estate of a minor or co-Guardians of the estate of a minor; and (e) whether any child must become the beneficiary of a Special or Supplemental Needs Trust.

TABLE 1-9 DESIGNATION OF EXECUTORS				
ATTORNEY ONLY (a)	Name of Executor	Relationship to you (e.g., my sister, my uncle)	Do you want to waive bond?	Is the bond reimbursable from the estate
Executor			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
1 <sup>st</sup> Alternate Executor			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2 <sup>nd</sup> Alternate Executor			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Name of Co-Executors		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Co-Executor 1			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Co-Executor 2			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
1 <sup>st</sup> Alternate Co-Executor			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2 <sup>nd</sup> Alternate Co-Executor			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

TABLE 1-10 DESIGNATION OF TRUSTEES				
ATTORNEY ONLY (b)	Name of Trustee	Relationship to you (e.g., my sister, my uncle)	Do you want to waive bond?	Is the bond reimbursable from the estate
Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
1 <sup>st</sup> Alternate Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2 <sup>nd</sup> Successor Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Name of Co-Trustees			
Co-Trustee 1			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Co-Trustee 2			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
1 <sup>st</sup> Alternate Co-Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2 <sup>nd</sup> Alternate Co-Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**TABLE 1-11 GUARDIAN OF THE PERSON OF A MINOR**

<b>ATTORNEY ONLY (c)</b>	<b>Name Guardian of the Person of a Minor</b>	<b>Relationship to you (e.g., my sister, my uncle)</b>	<b>Do you want to waive bond?</b>	<b>Is the bond reimbursable from the estate</b>
<b>Guardian of the Person of a Minor</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>1<sup>st</sup> Alternate Guardian of the Person of a Minor</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>2nd Alternate Guardian of the Person of a Minor</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<b>Name of Co-Guardians of the Person of a Minor</b>			
<b>Co-Guardian 1</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Co-Guardian 2</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>1<sup>st</sup> Alternate Co-Guardian</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>2<sup>nd</sup> Alternate Co-Guardian</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**TABLE 1-12 GUARDIAN OF THE PROPERTY OF A MINOR**

<b>ATTORNEY ONLY (d)</b>	<b>Name Guardian of the Property of a Minor</b>	<b>Relationship to you (e.g., my sister, my uncle)</b>	<b>Do you want to waive bond?</b>	<b>Is the bond reimbursable from the estate</b>
<b>Guardian of the Property of a Minor</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>1<sup>st</sup> Alternate Guardian of the Property of a Minor</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>2nd Alternate Guardian of the Property of a Minor</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<b>Name of Co-Guardians of the Property of a Minor</b>			
<b>Co-Guardian (Property) 1</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Co-Guardian (Property) 2</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>1<sup>st</sup> Alternate Co-Guardian Property</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>2<sup>nd</sup> Alternate Co-Guardian Property</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**\*\*ATTORNEY ONLY – ATTORNEY WILL COMPLETE THIS SPECIAL OR SUPPLEMENTAL NEEDS TRUSTS PAGE AFTER DISCUSSION DURING THE CLIENT INTERVIEW\*\***

**30.** Does client authorize the Trustee to direct a disabled beneficiary's inheritance to a supplemental needs/benefits trust? YES  NO  (SKIP TO Q. 32)

**31.** If a special or supplemental needs trust is created, who does client wish to receive the remainder of the assets at the beneficiary's death?

- The people chosen in Q. 26 –Q 27 (Skip to Q. 32)
- The following person or people:

<b>TABLE 1-13 SUPPLEMENTAL NEEDS BENEFICIARY</b>	
<b>Beneficiary Full Name</b>	<b>Percentage (must add up to 100%)</b>
<b>TOTAL</b>	<b>100% WITHOUT ROUNDING</b>

**ATTORNEY ONLY - OTHER PROVISIONS**

**Executor and Trustee Compensation**

**32.** Does client authorize individual executors and trustee(s) to receive reasonable compensation for their services? YES  NO

**No-Contest**

**33.** A “no-contest” clause is used to deter a beneficiary from challenging the validity of your will in court. If you include a no-contest clause, any beneficiary who challenges your will could forfeit any gift you made to them under your will if the court recognizes and enforces these clauses. Do you wish to include a “no contest clause in your will? YES  NO

**34. MARRIED OR IN AN RDP ONLY:** In the event of simultaneous death,  client be deemed to have survived spouse/RDP or  spouse/RDP shall be deemed to have survived client or  spouse/RDP and client's estate shall be equally divided between their named beneficiaries.

**END OF WILL INTERVIEW**

## Directive to Physicians - Living Will - Questionnaire

A directive to physicians allows you to define the scope or extent of medical treatments you would or would not want administered to you if at some time in the future you become terminally ill or permanently unconscious. Its purpose is to speak for you when due to illness or accident you cannot speak for yourself and **your medical doctor has determined that you have a terminal illness or irreversible condition or a permanent vegetative state from which there is no reasonable medical probability of your recovery.**

**NOTICE:** If you decline to provide this guidance your next-of-kin may be required to petition a court for permission to make these decisions.

1. Do you want us to draft a directive to physicians to discuss what care you want if you have one of the above-mentioned conditions?    YES  (Check all boxes that apply to you below in Q.2)  
NO  (Skip to Page 16.)

2. If your treating physician or another consulting physician has determined that there is *no reasonable medical probability of your recovery from such condition which of the following items do you want your doctors and agents to comply with?*

I do not want my life prolonged by medical intervention/procedures if despite the treatment or procedures there is no reasonable medical or scientific likelihood that: (i) I would not have to live with intractable pain for the rest of my life, (ii) I would not be substantially dependent upon others in order to accomplish the basic life functions of eating, communicating, or maintaining personal hygiene, (iii) I would be able to regain substantive cogitative communication, and interactive faculties, or (v) where in the opinion of my agent, the burden of such sustaining life procedures or treatments outweighs the potential benefits for me.

I do not want life prolonging procedures or active treatment for new reversible conditions, e.g., newly discovered cancer (chemotherapy or radiation) heart attack, or pneumonia, when the application of such procedures would only serve to prolong artificially the process of dying.

I do not want to be placed on or continue use of a ventilator or other mechanical device, or heart or lung resuscitation including internally implanted devices, or dialysis, blood transfusions if use of such items would only serve to prolong artificially the process of dying.

I do want maximum comfort care and pain alleviation to include hydration and food as long as it does not prolong the process of dying. I specifically authorize my health care surrogate to direct the withholding of artificially provided nourishment or fluids, or other treatment if he or she determines that withholding or withdrawing is in my best interests. I do not however mandate such withdrawal or withholding. (Males Skip to P. 16; Females answer the next question.)

FEMALES ONLY: If I am pregnant, I want all natural and artificial life saving measures employed and all efforts made to deliver my child safely, even if those measures hasten my own death.

**ADVANCE DIRECTIVE OR HEALTH CARE POWER OF ATTORNEY**

Please keep in mind that no next of kin have legal authority to make health care decisions for you without YOU FORMALLY IN WRITING nominating and appointing them to do so. In the absence of your affirmative appointment, your family will likely have to go through the expense of a court hearing to get permission to make these decisions.

1. Would you like to appoint an agent to **make health care decisions if you are unable to do so yourself as a result of illness or incapacity.**

- No (Skip to Next Section at Page 18 - “Durable General Power of Attorney”).**
- I choose to Appoint an Agent: I nominate and appoint the following person(s) to serve as my health care agent to make health care decisions for me when I am incapable of doing so on my own:**

<b>TABLE 2-1 HEALTH CARE AGENTS</b>			
	<b>Name</b>	<b>Relationship to you (e.g., my sister, my uncle)</b>	<b>Phone Number</b>
<b>Primary Agent</b>			
<b>First Alternate</b>			
<b>Second Alternate</b>			

2. I authorize my Health Care Agent to make the following health care decisions for me and to access my medical records and provide for my well-being as follows: (Select all that apply.)

**RECORDS:**

- My health care (HC) agent shall have access to my past, present and future medical & mental health care information, charges & payments in any form, oral, written, recorded. My HC agent may execute any consents necessary to receive the same. I intend for my Agent to be treated as I would be with respect to my rights regarding use and disclosure of my individually identifiable health information or medical records. This release authority applies to all information governed by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. § 1320d, and 45 C.F.R. pts. 160–164.
- I authorize any covered health care provider, any insurance company, and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services to release to my Agent, without restriction, all of my individually identifiable health information and medical records as above noted, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse.



The authority given my Agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

**POWER MY AGENT WILL HAVE UNDER THIS HC POWER OF ATTORNEY**

Retain, compensate and discharge any health care professionals my Agent deems necessary to examine, evaluate or treat me, whether for emergency, elective, recuperative, convalescent or other care.

Admit me to any health care facility recommended by a qualified health care professional, for physical or mental care or treatment, and remove me from such institution at any time, even if contrary to medical advice.

Maintain me in a family residence or apartment (home), retain or discharge attendants, companions, nurses, sitters or other persons who provide care for me.

May if recommended by my attending physician, contract for institutional health care (hospital, nursing home, retirement facility, hospice, or other) on my behalf.

May consent on my behalf to tests, treatment, medication, surgery, organ transplant or other procedures, and to revoke that consent, even if contrary to medical advice.

May consent on my behalf to a course of treatment for chemical dependency, whether suspected or diagnosed, and to revoke such consent.

May consent on my behalf to pain relief procedures, even if they are unconventional or experimental, even if their use may risk addiction, injury or foreshortening my life.

May refuse or discontinue intravenous or parenteral feeding, misting, and endotracheal or nasogastric tubes, if advised that no undue pain will be caused to me.

May release from liability any health care professional or institution that acts on my behalf in reliance on my Agent.

May hire, discharge, direct and compensate "care" companions as may be necessary for my health, recreation, travel, and general well-being.

May take steps to maintain my religious affiliation and accessibility with its clergy, members and other representatives, to the extent my health permits.

My health care agent may arrange and contract for my memorial service including appropriate arrangements and instructions for disposition of my body. My Agent shall comply with such known written instructions as I may have or leave.

May make an anatomical gift of my body or parts of my body consistent with my directions to my agent.

My agent may Apply on my behalf for private, public, government, or veterans' benefits to defray the cost of health care.

## FINANCIAL POWER OF ATTORNEY

You are strongly encouraged to have us create at least a Springing Durable Financial Power of Attorney to handle your financial affairs in periods in which you are personally unable to make your own financial decisions. If you do not appoint an agent to handle your financial affairs your next of kin will likely be required to petition a court to handle accounts that belong only to you or are registered in only your name if you become incapacitated or mentally incompetent.

**1. Would you like to appoint an agent to handle your finances if you are unable to do so yourself as a result of illness or incapacity.**

- No (Skip to Page 19)**
- Yes, and I nominate and appoint the following person(s) to serve as my financial agent to make financial decisions for me when I am incapable of doing so on my own. (After filling in the table below, Skip to Page 19)**

TABLE 3-1 FINANCIAL POWER OF ATTORNEY AGENTS			
	Name	Relationship to you (e.g., my sister, my uncle)	Phone Number
<b>Primary Agent</b>			
<b>First Alternate</b>			
<b>Second Alternate</b>			

**\*\*\*THIS SECTION IS ONLY FOR THE ATTORNEY DISCUSSION DURING CLIENT INTERVIEW\*\*\***

2. DPOA becomes  effective immediately or  only after attending physician declaration of incompetence or incapacity.
3. Power of Attorney is **durable**? YES  NO
4. Agent  is entitled to reasonable compensation  is not entitled to compensation  don't discuss agent compensation
5. POA valid if client is missing in action or a prisoner of war? YES  NO  NA
6. Agent gifting while I am incapacitated/incapacitated:
- for estate planning purposes to any organization or persons, and/or
  - gifts, grants, transfers to any persons or organizations, and/or
  - payments for education and medical care for spouse, children, other descendants or
  - only to these persons:
7. Should agent be appointed as conservator of your estate if need arises? YES  NO

**END OF FINANCIAL POWER OF ATTORNEY DOCUMENT**

**STANDBY GUARDIAN FOR MINOR CHILDREN**

**(1)** In most states you are able to appoint a **standby guardian or agent** to care for your minor or disabled children in the event of your incapacity or death and the immediate need for care, custody and control of your minor children until a court of competent jurisdiction can properly appoint your permanent guardian to take possession of the children. ***This is a temporary guardianship.*** Do you wish to appoint a temporary standby guardian or agent?

- No. (Return this document to the nearest RLSO.)
- Yes, I have nominated the following STAND-BY Guardians below.

TABLE 4-1 STANDBY GUARDIAN FOR MINOR CHILDREN				
ATTORNEY ONLY (d)	Name Guardian of the Person of a Minor	Relationship to you (e.g., my sister, my uncle)	Do you want to waive bond?	Is the bond reimbursable from the estate
Guardian of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
1 <sup>st</sup> Alternate Guardian of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2nd Alternate Guardian of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**(2)** The above named guardian’s power or authority will be: (Select all that apply)

- Takes effect if both myself and the other parent or legal guardian are missing in action, a prisoner of war, or otherwise unable to care for the child due to absence or illness or death and after a court adjudicates me as being incapacitated and after a written determination by a physician who has examined me that I am no longer able to care for my children
- The same authority I have as a parent/legal guardian ***without limitation***
- Limited to the ability to provide medically necessary dental & health care, daycare, and enroll in after school extra-curricular events
- Includes lawful discipline of my children in a reasonable manner and all other acts as required or necessary for the child’s safe shelter, support & general welfare
- Includes the ability to enroll the children in schools or educational institutions as are necessary for each child’s proper education

**You have finished the questionnaire. After you have sent the completed questionnaire to your servicing RLSO legal assistance office you will be contacted by an attorney or paralegal to set up a consultation.**