

TURN IN ON MONDAYS AND FRIDAYS AT 7:30 AM

**WILL WORKSHEET FOR PERSONS WHO HAVE NO BIOLOGICAL OR ADOPTED CHILDREN
AND WHO ARE NOT EXPECTING OR IN THE PROCESS OF ADOPTING A CHILD**

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 & 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: _____

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 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 chose 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 all states/territories in which you OWN real property (if none, please write "none".)

(f) In which state/territory are you currently stationed? _____

ATTORNEY DECISION ON DOMICILE: _____

3. Print your full legal name and include suffixes, e.g., 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 am married to _____ or I am in a registered domestic partnership (RDP) with _____ and my spouse or RDP is not a U.S. citizen or my spouse or RDP is a U.S. citizen.
- I am single or divorced, a/k/a/ legally unmarried and I am not in a registered domestic partnership (RDP).
9. I certify that I do not have, or anticipate having, a biological or adopted child or a step-child. I am aware that if I do have or adopt children in the future I will need to update my estate plan.
INITIAL HERE: _____
10. Were you ever previously married or did you ever have a prior RDP?
 YES (Answer Q 10 a-c) NO (Skip to Q 11)
- (a) If yes, do you want to make a statement in your estate plan to clarify the marriage or 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 legal assistance office with a copy of the agreement(s) before your consultation with the attorney.
- No

11. Do you want to disinherit anyone? YES (Please answer 11 a-c) NO (Skip to Q 12)

- (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

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

13. (Service members, 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 given to any survivors.

I want American Flags given to the following persons:

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

14. (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 previously executed 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) _____. (Continues next page)

- (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 _____.

15. (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 or other denomination _____.
- (b) I direct that my funeral include a non-religious memorial service.
- (c) None of the above, but I direct instead that _____.

INFORMATION ABOUT YOUR ASSETS

16. 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
- \$1 million to \$1.99 million including any life insurance on my life
- \$2 million or more including any life insurance on my life

17. 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 1-2 ASSETS AND DEBTS				
	Asset	Are you a (S) Sole Owner (J) Joint Owner	Physical Address (Only required for real property, mobile homes, or weapons)	
<input type="checkbox"/>	Antiques/Art/Collectibles/Heirlooms		Total Value:	Debt:
<input type="checkbox"/>	Auto/Truck/Motorcycle registered in state of:		Total Value:	Debt:
<input type="checkbox"/>	Auto/Truck/Motorcycle registered in state of:		Total Value:	Debt:
<input type="checkbox"/>	Auto/Truck/Motorcycle registered in state of:		Total Value:	Debt:
	TOTALS		TOTAL SUM:	TOTAL SUM:

TABLE 1-2 ASSETS AND DEBTS (CONT.)

	Asset	Are you a (S) Sole Owner (J) Joint Owner	Physical Address (Only required for real property, mobile homes, or weapons)	
<input type="checkbox"/>	Auto/Truck/Motorcycle registered in state of:		Total Value:	Debt:
<input type="checkbox"/>	Bank accounts (savings, checking, money market account)		Total Value:	
<input type="checkbox"/>	Boat registered in state of:		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:	
<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) registered in state of:		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, car, truck, artwork, collectibles)		Total Value:	Debt:
<input type="checkbox"/>	Weapons (include where located/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:	
	TOTALS		TOTAL SUM:	TOTAL SUM:

DISTRIBUTION OF YOUR ESTATE

18. 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 tangible personal property gifts. (Skip to Q. 19)
- I will use a Tangible Personal Property memorandum (TPPM). (Skip to Q. 19)
- 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 die with me or before then the gift fails and will pass under the residue (remainder) of my estate at Q 23. After filling in the below table continue with Q. 19.

TABLE 1-3 TANGIBLE PERSONAL PROPERTY

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.	

19. Costs of Delivering Gifts to Beneficiaries: Please note that 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 result in a disproportionate impact on the 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.

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

20. Specific Gifts of Real Estate: CHOOSE ONLY ONE OF THE OPTIONS Below.

- I do not own any real property (Skip to Q 22)
- 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. (Skip to Q 21)
- I am married or in a RDP. All of my real property to my spouse or RDP if he/she survives me.** If my spouse or RDP does not survive me then all my real property shall pass as follows in the below table:
- I am single or unmarried and all of my real property shall go to the persons I will list in the below table:**

TABLE 1-4 REAL ESTATE		
Property	1 st & 2 nd Alternate Beneficiary	Relationship to You
Primary Residence	1. 2.	
Second Home/Condo	1. 2.	
Time Share	1. 2.	
Other:	1. 2.	

- AVAILABLE ONLY TO MARRIED PERSONS OR PERSONS IN RDPS: None to my spouse or RDP.** All to the persons named in the below table:

TABLE 1-5 REAL ESTATE MARRIED PERSON (CANNOT NAME SPOUSE OR DOMESTIC PARTNER HERE)		
Property	Primary Beneficiary, 1 st Alternate, 2 nd Alternate	Relationship to You
Primary Residence	1. 2. 3.	
Second Home/Condo	1. 2. 3.	
Time Share	1. 2. 3.	
Other:	1. 2. 3.	

21. If you have any debt on the real estate you own, you must decide whether you want the debt to be paid from your estate or whether you want the recipient(s) of the real estate to pay the debt. If you want the debt to be paid from your estate, make sure you have enough other assets to cover the amount of the debt, and realize the impact this may have on the beneficiaries of those other assets (i.e., it will decrease the value of the assets they receive). Who should be responsible for paying any debt owed on your real estate?

- 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.

22. **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.		

23. Residuary Estate: Your “residuary estate” consists of those items left over in your estate after all specific gifts and devises in Q 19-22 have been distributed and all debts, taxes, administrative costs, and probate fees have been paid. Usually assets in the residuary estate are best distributed outright which results in the least expense to your estate. How would you like your residuary estate distributed? **Select only one response from amongst tables 1-7, 1-8, or 1-9.**

To my surviving spouse or registered domestic partner as an outright distribution, but if my spouse or registered domestic partner does not survive me then I wish to distribute 100% of my residuary estate listed in the below table:

I am single or unmarried with no children and all of my real property shall go to the persons I will list in the below table:

TABLE 1-7 RESIDUARY ESTATE	
Beneficiary Full Name	Percentage (must add up to 100)
1.	
2.	
3.	
4.	
5.	
SUM	

(a) 50% to my surviving spouse or registered domestic partner as an outright distribution, and the balance of my residuary estate as follows:

TABLE 1-8 RESIDUARY ESTATE 50% TO SPOUSE	
Beneficiary Full Name	Percentage (must add up to 100)
1.	
2.	
3.	
4.	
5.	
SUM	

(b) 0% to my surviving spouse or registered domestic partner (CONFIRM DISINHERITANCE of spouse/RDP at Q 12), and the balance of my residuary estate as follows:

TABLE 1-9 RESIDUARY ESTATE DISINHERIT SPOUSE	
Beneficiary Full Name	Percentage (must add up to 100)
1.	
2.	
3.	
4.	
5.	
SUM	

24. 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. Most jurisdictions distribute as follows: to the surviving spouse, then to your descendants, parents, descendants of your parents, and, finally, to the descendants of your grandparents. If none exist, then the remainder will likely be distributed to the state in which your will was placed for probate.)

To the people or charities named in the following table:

TABLE 1-10 ALTERNATE BENEFICIARIES	
Full Name of Individual or Charity	Percentage (must add up to 100)
1.	
2.	
3.	
4.	
5.	
SUM	

25. 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 12)

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

My digital ID is

_____ @icloud.com (Apple)

_____ @gmail.com (G-mail)

_____ @yahoo.com (Yahoo)

_____ @_____ (Other)

26. 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 12*****

YOUR ATTORNEY WILL COMPLETE PAGE 11 WITH YOU DURING YOUR INTERVIEW.

****CLIENT DOES NOT COMPLETE THIS SECTION. ATTORNEY COMPLETES THIS SECTION WITH CLIENT DURING THE WILL INTERVIEW****

DESIGNATION OF EXECUTORS, TRUSTEES, GUARDIANS AND FIDUCIARY BONDS:

27. 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).

TABLE 1-11 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 st Alternate Executor			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2 nd 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 st Alternate Co-Executor			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2 nd Alternate Co-Executor			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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

No-Contest

29. 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

30. 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 13)

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 cognitive 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 decision.

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 (End of Interview, Skip to Next Section at Page 15 - “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:**

TABLE 2-1 HEALTHCARE AGENT DESIGNATIONS			
	Name	Relationship to you (e.g., my sister, my uncle)	Phone Number
Primary Agent			
First Alternate			
Second Alternate			

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. (Continues Next Page)

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 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 (END OF DOCUMENT)

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, END OF DOCUMENT)

TABLE 3-1 FINANCIAL POA AGENT DESIGNATIONS			
	Name	Relationship to you (e.g., my sister, my uncle)	Phone Number
Primary Agent			
First Alternate			
Second Alternate			

*****THIS SECTION WILL BE FILLED OUT BY THE ATTORNEY 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 entitled to reasonable compensation 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 principal is incapacitated/incompetent:

- estate planning purposes to any organization or persons
- gifts, grants, transfers to any persons or organizations
- payments for education and medical care for spouse, children, other descendants
- only to these persons:

7. Should agent be appointed conservator of client's estate if need arises? YES NO

END OF FINANCIAL POWER OF ATTORNEY DOCUMENT