

**FOR OFFICE USE ONLY:**

Date Rec'd \_\_\_\_\_

Date Drafted \_\_\_\_\_

DI Index # \_\_\_\_\_

Date Executed \_\_\_\_\_

## NAVAL LEGAL SERVICE COMMAND (NLSC) STANDARDIZED WILL WORKSHEET

**NOTE: THIS PACKAGE *ITSELF* IS NOT A WILL.** AN INITIAL APPOINTMENT WITH AN ATTORNEY IS REQUIRED TO DISCUSS YOUR WORKSHEET. AFTER THE INITIAL MEETING, YOUR WILL AND ANY ACCOMPANYING DOCUMENTS WILL BE PREPARED AND A SECOND APPOINTMENT WILL BE MADE FOR YOU TO SIGN YOUR DOCUMENTS.

### PRIVACY ACT STATEMENT

Individuals seeking legal assistance are requested to provide personal information. The authority for soliciting and maintaining this information is found in 5 U.S.C. Section 301 and 44 U.S.C. Section 3101. The information you provide will be used by the personnel of this legal office to assign an attorney to you, to prepare estate-planning documents and to provide periodic workload productivity and statistical reports. The information you are requested to provide is solicited on a voluntary basis; however, failure to provide the requested information could result in this office being unable to provide the services requested.

This worksheet covers: a Will, an Advance Medical directive (also known as a living will or declaration), a Health Care Power of Attorney, a Springing Durable "Financial" Power of Attorney (only effective when you become disabled or incapacitated), Disposal of remains/unpaid pay and allowances/death gratuity beneficiary form (DD93), and Servicemembers Group Life Insurance (SGLI) beneficiary designation form (SGLV 8286).

### I. INFORMATION ABOUT YOURSELF AND YOUR FAMILY

#### A. PERSONAL INFORMATION

Your Name (First, Middle, Last)	SSN (Last Four Only)	Date of Birth
Home Address (Number, Street)	City	State      Zip
E-mail Where Draft Can be Mailed	Command	Branch of Service      Rank

Please answer the following questions: If you answer **YES** to any of the questions 1 through 5, please address these questions with a Legal Assistance Attorney because this **may** require specialized estate planning documents.

1. Are you are a resident of **Louisiana or Guam**? If "Yes" **STOP here; see the clerk immediately after fully completing this worksheet.**  Yes    No
2. Did you or your spouse acquire any property while residing in a community property State? (AZ, CA, TX, ID, LA, NM, NV, WA, WI)  Yes    No
3. Are you, your spouse or any beneficiary a NON-U.S. citizen?  Yes    No
4. Do you have a custody or separation agreement or divorce decree that mentions pension, Life insurance or other property rights?  Yes    No
5. Do you currently have a will, living will, living trust or durable power of attorney?  Yes    No

\*If so, please bring the documents on questions 4-5 to your appointment

**6. STATE CONTACTS: Your documents must be drafted for a particular State. To help us identify the correct State, please indicate the State that best describes where you have the following contacts/connections:**

- |  |  |
|--|--|
| a. State of current duty station? _____          | e. State in which you hold a driver's license? _____ |
| b. State where you own real estate? _____        | f. State where your vehicle is registered? _____     |
| c. State where you file income tax? _____        | g. State where you plan to retire? _____             |
| d. State where you are registered to vote? _____ |  |

**FOR ATTORNEY USE ONLY:**

State of Residency for Drafting Will \_\_\_\_\_

Attorney: You must have the client describe his or her assets for you to confirm his or her valuation for QUESTION 7 Below.

**7. NET VALUE OF ALL THINGS I OWN :** After subtracting out all the debt owed on your home(s) and vehicle(s), what is the approximate dollar value of your estate (including your spouse if you are married) of all home(s), vehicle(s), and other property (i.e. guns, household furnishings, computers, televisions, all savings, checking, retirement accounts, and insurance on your life (and your spouse's life if you are married)? **AFTER PAYING OFF ANY EXISTING DEBTS WHAT WOULD SOMEBODY GET FOR EVERYTHING YOU OWN IF THEY TRIED TO SELL IT NOW? PLEASE COMPLETE THE ESTATE ASSETS WORKSHEET ON PAGE 13.**

**I CERTIFY THAT THE ESTIMATED NET VALUE OF MY ESTATE INCLUDING MY LIFE INSURANCE AND ANY LIFE INSURANCE OF MY SPOUSE IS \$ \_\_\_\_\_**

**B. FAMILY INFORMATION:**

8. Check one box only:

- Single, never previously married     Married     Divorced     Separated/about to divorce     Widowed

**If single, SKIP TO QUESTION 12**

**If you were ever married, please complete QUESTIONS 9-13 below:**

9. If you have ever been married, how many times have you been married? \_\_\_\_\_

10. If you are divorced or previously married, please list the full name(s) of your prior spouse(s); how the marriage ended, where the marriage ended and the date of the end of your marriage below:

**Marriage Information:**

Full Name (First, Middle, Last)	How the marriage ended (e.g. divorce, death)	Where marriage ended (City, State)	Date marriage ended (Month and Year)
<b>CURRENT SPOUSE</b> a. _____			
<b>1 ST PRIOR SPOUSE</b> b. _____			
<b>2ND PRIOR SPOUSE</b> b. _____			

11. If you have an ex-spouse, are there any alimony or support obligations due after your death, as stated in your divorce decree?  Yes  No

12. Do you have any children?  Yes → How many natural/biological children do you have? \_\_\_\_\_  
How many adopted children do you have? \_\_\_\_\_  
How many stepchildren do you have? \_\_\_\_\_

No children → **SKIP TO QUESTION 14**

13. Please identify your children on the following table. This means all children that you have together with your spouse (if applicable) and all children that you have from any other relationships. You will discuss with the legal assistance attorney whether or not all these children will be receiving property.

Full Name (First, Middle, Last) Indicate Whether Child Is a Jr., I, II, etc.	Sex M/F	Date of Birth	Full name of other parent	Status B-biological A-Adopted S-Stepchild
a.				
b.				
c.				
d.				

14. Are you (or your spouse) pregnant or expecting a child?  Yes  No
15. In case you have children in the future, do you want to plan for them now?  Yes  No
16. If you have stepchildren, do you want to leave any part of your estate to your stepchildren?  Yes  No
17. If your adult children have adopted children, will your adopted grandchildren be treated the same as biological grandchildren under this estate plan?  Yes  No
18. If your adult children have step-children, will your step-grandchildren be treated the same as biological grandchildren under this estate plan?  Yes  No

## II. HOW YOU WANT TO DISTRIBUTE YOUR ESTATE

19. **REAL ESTATE:** Who do you want to give your real property to? This includes homes, condos, pieces of land, time shares, etc. You must discuss with your legal assistance attorney ALL land in which you have an ownership interest.

- (a) I do not own/ have any real estate (homes, land, time shares) → **SKIP TO QUESTION 22**
- (b) If I own any real estate: when I die, I want to give all real estate to my spouse, if living; otherwise to my children equally; (If you checked this box please select (1) or (2) below)
- (1) If any of your children die before you die, that deceased child's share goes to that child's children, your grandchildren (per stirpes). **OR**
- (2) If any of your children die before you die, that deceased child's share is divided among your remaining living children with **nothing** going to your grandchildren (per capita).

**OR**

- (b) If I own any real estate when I die I want it to go to the following person(s) that I have listed on the next page:

### PRIMARY BENEFICIARIES FOR REAL ESTATE:

Full Name of Person (First, Middle, Last)	Relationship to You	Which Property/Address
a.		
b.		
c.		

### ALTERNATE BENEFICIARIES FOR REAL ESTATE:

Who do you want to receive your real estate if you outlive the beneficiaries you've named above?

Full Name of Person (First, Middle, Last)	Relationship to You	Which Property/Address
a.		
b.		
c.		

21. With respect to real estate, do you want the will to (**check ONLY one**):

- Be silent regarding mortgages and similar liens
- State that mortgages and similar liens pass with the real estate to the person receiving the real estate from you (*this option is the recommended option and means that the person receiving the real estate is also responsible for the remaining debt on the real estate*).
- State that real estate passes free of mortgages and similar liens to the person receiving the real estate from you, because you own other assets that you want sold to pay off the liens at your death (*if you select this option, your estate must be large enough to PAY OFF the mortgage before any other bequests or gifts can be made*)

22. **SPECIAL GIFTS OF PERSONAL PROPERTY (OPTIONAL):** If you choose not to fill out this section, your personal property passes to those who are receiving all of your estate in section D below. Use this section ONLY if you have unique items /heirlooms/ personal property that you want to give SPECIFICALLY to one or more individuals, OR if you want to give a cash gift to a specific person or charitable organization. NOTE: If you make a cash gift, some of your property may have to be sold off to satisfy these gifts, which will reduce the total amount given to your other beneficiaries.

**A. SPECIFIC BEQUESTS:** For example: wedding ring to your daughter.

Description of Gift:	Name of Beneficiary and Relationship to You:	If Beneficiary dies before me, then to: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary: _____
Description of Gift:	Name of Beneficiary and Relationship to You:	If Beneficiary dies before me, then to: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary: _____
Description of Gift:	Name of Beneficiary and Relationship to You:	If Beneficiary dies before me, then to: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary: _____

**B. CASH BEQUESTS:** (Person OR Organization) For example: \$500 to your child's school. NOTE: This is not where you name the person or people who will receive any part of your life insurance.

Dollar Amount and source of funds:	Name/Address:	If Beneficiary dies before me, then to: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary: _____
Dollar Amount and source of funds:	Name/Address:	If Beneficiary dies before me, then to: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary: _____

23. **WHERE THE REST OF YOUR PROPERTY WILL GO** (This section MUST be completed and is NOT OPTIONAL). Who do you want to receive the rest of your estate (after any specific bequests or cash bequests are fulfilled)? This includes non-tangible property like household goods, checking or savings accounts where you failed to name a pay on death beneficiary and stocks and bonds that are only in your name. **Please check one:**

- ALL to my surviving spouse, but if my spouse dies before me or with me, then all to my surviving children, OR if any children of mine die with me or before me, to my children's surviving children. (Per Stirpes)
- ALL to my surviving spouse ONLY and nothing to any of my children who may survive me. If my spouse dies with me or before me then to someone other than my children (you are leaving nothing to your children/ grandchildren)
- NONE to my current spouse (or ONLY the minimum amount to REQUIRED by the law), with the remainder going to my children, or to my children's surviving children, if any children of mine dies with me or before me.

[PLEASE SEE MORE OPTIONS ON THE FOLLOWING PAGE]

[No current spouse] ALL to my surviving children, or to my children’s surviving children, if any children of mine dies with me or before me. (Per Stirpes)

[No current spouse] ALL to my children who survive me and nothing to my surviving grandchildren if any of my children die before me or with me; however if ALL of my children die before me or with me, then to my surviving grandchildren . (Per Capita)

ALL to ONLY ONE PERSON as listed below who is NOT my spouse, a child, or a grandchild of mine:

**Beneficiary’s full name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

ALL to TWO OR MORE PERSONS as listed below in Box “A” (percentages must total 100 percent):

**A: PRIMARY BENEFICIAIRES:**

Full Name of Person (First, Middle, Last)	Relationship to You	Percentage

**B. ALTERNATE BENEFICIARIES: If the person(s) named above die(s) with you or before you who is your next choice to receive the balance of your estate?**

Full Name of Person (First, Middle, Last)	Relationship to You	Percentage

**FOR ATTORNEY USE ONLY:** Discuss the pros and cons of custodial accounts, pre-residuary and residuary trusts for minor children with your client if applicable. Remember to ask whether the trustee should have the power to liquidate a trust (if so at what level); and whether the beneficiaries should be able to remove the trustee. If your client has a blended family situation discuss split trusts and whether the client wants to have different people serving as trustee(s) of the split trusts.

Single (“Family Pot” Trust)  Separate Trusts [These Trustees are the persons named as Trustees in QUESTION 25 for children from current relationship]

Split trusts or different trustees/conservators for different children [Often used for blended families; if applicable have client identify Split Trust Trustee(s) for the children from the prior relationship here]

**PRIMARY Custodian/Trustee of the Pre-residuary or Residuary Trust or UGMA/UTMA Accounts**

Full Name(First, Middle, Last)	Relationship to you	U.S. Citizen or LPR/State of Residency

**ALTERNATE Custodian/Trustee of the Pre-residuary or Residuary Trust or UGMA/UTMA Accounts**

Full Name(First, Middle, Last)	Relationship to you	U.S. Citizen or LPR/State of Residency

**III. CUSTODIAL ACCOUNTS, TRUSTS & SPECIAL CONSIDERATIONS FOR GIFTS TO MINOR CHILDREN**

**24. [For parents of minor children] If you are the parent of minor child(ren), you must discuss the pros and cons of setting up a Trust/Custodial Account with your legal assistance attorney.** Generally single parent service members want to leave their SGLI and death gratuity to their children outright or in trust. Married service members with children generally want to leave their SGLI proceeds and other insurance proceeds to their spouses outright, with the expectation that their spouses will use these funds for the benefit of their children. However, in the event that your current spouse dies with you or before you, or if you are a single parent, it is highly recommended to have a Trust or a Uniform Gift to Minors Act (UGMA) or Uniform Transfer to Minors Act (UTMA) Custodial Account set up for minor children.

Minor children and mentally incompetent adult children cannot receive assets and money outright. Instead the money must be placed either in a (UGMA (UTMA) **custodial account** or a **testamentary trust**. If neither of these actions are taken, and your children are named as beneficiaries of your estate, SGLI proceeds, death benefits, or any other insurance policies, upon your death someone will have to file a petition with the probate court to ask the court to appoint them as guardians of the “estate” of the children before any of the funds can be released for the benefit of your children. By appointing a **custodian** or **trustee** in your will, you can choose the person you want to handle your children’s money if both you and the other parent die and save both time and money for the people who will be caring for your children after you die.

**NOTE:** If you do not have minor children or adult disabled children but you do not want your future children to have full control of their inheritance until they reach some age older than age 18, then you can also create a custodial account or testamentary trust for your children.

**Do you want to have your SGLI benefits (currently \$400,000) or other death benefits such as your death gratuity of \$100,000 and your unpaid pay and allowances and any other life insurance on your life paid into a testamentary trust or a custodial account for the benefit of your minor children? (If you are married this only applies if your current spouse dies with you or before you or if you are leaving nothing or as little as legally possible to a current spouse. If you are a single parent this is recommended course of action for you).**

Yes If “YES” please tell us what age(s) you want your child(ren) to reach before they are given free access to spend this money. **Make sure you and the attorney talk about the differences between a trust and a custodial account. After completing this section you must answer QUESTION 25.**

- Some age under 21 (Specify) \_\_\_\_\_
- 21       ½ at 21 and ½ at 25       ⅓ at 21, ⅓ at 25, and ⅓ at 30
- Some age(s) not listed above (Specify) \_\_\_\_\_

No ----→ **IF ACTIVE DUTY SKIP to QUESTION 26  
IF DEPENDENT OR RETIREE SKIP TO QUESTION 27**

**25.** You must name a FIRST CHOICE person and a BACK-UP person whom you trust other than your current spouse to handle this money for these minor children. You should also select a backup person in case the court refuses to appoint your first choice, or in case your first choice is not available. The people you choose must be U.S. citizens or Legal Permanent Residents.

**First Choice Custodian/Trustee of the children’s inheritance:**

Full Name(First, Middle Initial, Last)	Relationship to you	Address and Telephone number

**Alternate Custodian/Guardian of the children’s inheritance:**

Full Name(First, Middle Initial, Last)	Relationship to you	Address and Telephone Number

**FOR ATTORNEY USE ONLY:** Are you creating a Trust  or a Custodial Acct   
**ASK THE CLIENT WHETHER HE OR SHE**  
 Wants the nominated custodian or trustee(s) to post bond to cover any children's property?  Yes  No  
 Wants the nominated custodian or trustee to file an accounting with the court upon request of the children?  Yes  No  
 Has children from a prior marriage or relationship and someone other than those chosen by the client is appointed by the Court (e.g. a prior spouse), must that guardian post bond?  Yes  No

**26. FOR ACTIVE DUTY ONLY:** Your SGLI, UNPAID PAY AND ALLOWANCES and DEATH GRATUITY are a very large part of your estate as mentioned above. You should make sure that your Pay on Death Beneficiary designations are current and that they are updated to reflect your new estate plan. This section is designed to make sure that your SGLI and Death gratuity and Unpaid pay and Allowances designations are current.

**FOR ATTORNEY USE ONLY: (SGLI) (DEATH GRATUITY) (UNPAID PAY AND ALLOWANCES) (PADD)**

Name of Beneficiary	Relationship to	Share	Lump Sum or 36
<b>Principal</b>			
1.			
2.			
3.			
<b>Contingent</b>			
1.			
2.			
3.			

Death Gratuity: Spouse and eligible children are erroneously said to be designated by law as the beneficiary of the death gratuity (\$100,000) in the Page 2 (NAVPERS 1070/602). Explain error in NAVPERS 1070/602 such that client is aware that any beneficiary can be named pursuant to 10 U.S.C. § 1477 and a new DD-93 designates recipients of unpaid pay and allowances plus death gratuity.

Client counseled on SGLI and Death Gratuity  Draft New SGLI  Draft New DD-93

**ATTORNEY: IF DRAFTING A NEW DD-93:**

**PADD:** \_\_\_\_\_ **(Relationship:)** \_\_\_\_\_ **(Phone)** \_\_\_\_\_  
**Address:** \_\_\_\_\_

DOES CLIENT WANT THE DD-93 TO MIRROR THE SGLI FOR BOTH THE DEATH GRATUITY AND THE UNPAID PAY AND ALLOWANCES? \_\_\_\_ YES \_\_\_\_ NO

If "NO," who does the client want the Death Gratuity to go to? \_\_\_\_\_

If "NO," who does the client want the unpaid pay and allowances to go to? \_\_\_\_\_

**27.** List any minor child or adult disabled child who has or may have a physical or mental disability and is receiving or may be eligible to receive government benefits, such as Medicaid, and Supplemental Security Income (SSI). If you have any disabled children, your will should include a "supplemental needs trust" to protect the person's government benefits. Please provide the following information:

<b>Name of Disabled Person:</b>	<b>Relationship to You?</b>
<b>Type of Disability:</b>	<b>Property, Percentage of Estate or \$ Amount:</b>
<b>Name of Trustee (Must be US Citizen):</b>	<b>State where Trustee lives:</b>
<b>Name of Alternate Trustee (Must be US Citizen):</b>	<b>State where Alternate Trustee lives:</b>

**28. DISINHERITANCE**

Disinheritance allows you to exclude family members, potentially even your current spouse, from receiving any benefit from your will. Most State laws prohibit a person from completely disinheriting a spouse and allow that spouse to take an “elective share”.

(a) Do you wish to disinherit (exclude) a family member?  Yes  No (**SKIP TO QUESTION 29**)  
 If you answered “yes”, please provide the following:

Full Name (First, Middle, Last)	Relationship to you
1.	
2.	
3.	

**29. EXECUTOR OR PERSONAL REPRESENTATIVE**

An executor or personal representative is a person you nominate in your will to locate your will and take it to court to identify your assets and notify people and creditors of your death and talk to the court where needed. Your executor should be someone you trust, **who is at least 18 years old and either a US citizen or a resident LPR**. Some States have limits on who may serve in this role and laws regarding who can be the executor vary greatly from State to State. To avoid arguments and possible court battles do not name more than one person at a time to serve as an executor or personal representative.

**Primary Executor/Personal Representative (Normally your current spouse)**

Full Name(First, Middle, Last)	Relationship to you	Address
1.		

**Alternate Executor/Personal Representative**

Full Name(First, Middle, Last)	Relationship to you	Address
2.		
3.		

**FOR ATTORNEY USE ONLY:**

ASK IF THE PR/EXEC MUST BE BONDED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ASK IF THE PR/EXEC MUST FILE AN ACCOUNTING WITH THE COURT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ASK IF PR/EXEC MUST WAIVE FEES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ASK IF STANDARD FEES MUST BE PAID TO BANK ACTING AS PR/EXEC	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**30. GUARDIAN OF THE CHILDREN:** You should name a guardian of the person to care for and raise any minor children or adult disabled children of whom you and your current spouse are the legal custodians so that the court knows who you would prefer to raise your children when you are no longer able to do so. You can also name a guardian of the person to care for any minor children or adult disabled children of whom you and another person (who is not your current spouse) are the legal custodians. The guardian(s) of the person will care for your minor children **ONLY** in the event the other legal custodian dies before you or the other legal custodian is declared unfit by a court.

**SPECIAL CONCERNS BEFORE YOU SELECT THIS PERSON:** The court **might decide to** appoint someone **different** than the person you nominate in your will to act as guardian of the person based on the best interests of the children. **Discuss your nominations with your attorney.**

**Do you wish to name a guardian for your children in the event that both you and the biological parent or legal guardian (if one exists) are deceased OR you are deceased and the other legal parent is declared unfit by the court?**

Yes  No (If you say no, then the Court has no guidance from you about who you prefer to raise your children.)



**Primary Guardian(s) To Care for and Raise My Children**

Full Name(First, Middle, Last)	Relationship to you	Address
1.		

**Alternate Guardian(s) To Care for and Raise My Children**

Full Name(First, Middle, Last)	Relationship to you	Address
2.		
3.		

**31. GUARDIAN OF ADDITIONAL MONTHLY BENEFITS LIKE SOCIAL SECURITY, DEPENDENT INDEMNITY COMPENSATION your child may receive as result of your death.** If the persons you select to raise your children above are not the same persons whom you have named to handle their inheritance and life insurance (previously discussed in **QUESTION 25**), please select which persons should handle the children’s monthly social security benefits and monthly veteran’s administration benefits:

**PLEASE NOTE:**

1. **The Guardian/Custodian of the property of minors should be a U. S. citizen** or a lawful permanent resident of the United States. Similarly, most States require that the guardian not have a criminal record.
2. Some States **do not permit non-residents of that State who are not related to the child by blood to serve** as guardians/conservators of the property and may require the guardian to post bond regardless of the nomination of a non-resident guardian in the will.
3. Your children may become eligible for social security benefits and military dependent benefits in addition to any life insurance proceeds that you leave. The court **may not allow a non-resident alien or a foreign national** to control a minor child’s estate.

- I want the people named here, in **QUESTION 30** (above), to **ALSO** handle their monthly benefits
- I want the other people I named as trustees or custodians **in QUESTION 25** to handle these monthly benefits.

**Note: This ends the will portion of this worksheet. Please fill out the remainder of the worksheet to obtain other important documents.**

**32. DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

This document names someone to make medical care decisions for you if you are too sick to make your own decisions or have an accident that causes you to be incapacitated. If you are incapacitated, medical professionals will need someone to legally authorize or decline certain medical or psychological treatment for you because you cannot make your own medical decisions.

The power of attorney for medical care gives the person you designate as your agent the authority to make a wide range of medical decisions on your behalf, including termination of life support in some States. It also gives your agent access to your medical information and authority to fully participate with your treating physicians with respect to the care provided to you. Accordingly, the person you designate to be your agent should be someone you trust with life and death decisions.

If you do not create this document and you are in a medical situation where these decisions need to be made, it is very likely that a court hearing for a CONSERVATORSHIP OF THE PERSON or a GUARDIANSHIP OF THE PERSON will have to occur before the decisions can be made by anyone. A court hearing on this matter can be very costly; therefore creating a Power of Attorney for Health Care now can save significant money and prevent other inconveniences to your family.

Do you want a POA for health care?  Yes  No

Primary Agent	Alternate Agent
Name/Relationship	Name/Relationship
Full Address	Full Address
Phone Number	Phone Number

**33. ORGAN DONATION WHEN YOU DIE:**

- a. Do you want to authorize the donation of organs for transplantation?  Yes  No
- b. Do you want to authorize donation of organs and tissue for medical, educational, and scientific purposes? (Note: your loved ones may not receive your body for burial)  Yes  No
- c. Do you authorize these donations even if the hospital wants to charge your estate for the medical procedures to remove them and transplant them?  Yes  No
- c. If you wish to omit certain organs for donation please list here: \_\_\_\_\_

**34. PLACE OF DEATH:** If you are near death and your medical professionals suggest hospice or indicate that there is no hope left, do you wish to express a desire to die at home or in a hospice rather than in the hospital if possible?

Yes  No

**35. DISPOSITION OF REMAINS:** Please select your preferred method:

- a. Funeral Arrangements:  Burial  Cremation  Full Donation
- b. Full military honors?  Yes  No

**36. LIVING WILL/ADVANCED MEDICAL DIRECTIVE/DECLARATION**

A living will is not part of your last will and testament. In some States, it also is not part of the Durable Power of Attorney for Health Care. A living will is more accurately called a Natural Death Act Declaration. This document states that in the event you have a terminal, incurable medical condition and your life is only being prolonged by means of artificially provided life support, and if you cannot communicate your desires at that point, the living will “speaks for you” so your doctors know, and can act upon, your desires regarding the termination of artificial life support.

You can limit the type of life-prolonging treatment administered during the dying process. Your attorney will discuss your right to expand or limit medical services that might be provided; while still retaining the right to terminate life support pursuant to the living will.

Many people mistakenly believe that their next of kin have the legal right to make this decision regardless of whether there is a formal document signed by them authorizing such decisions. However, this is not the case. If you do not have this document, then the only person who has the legal authority to make a decision about whether to remove you from life support or not will be a judge after a court hearing.

**Do you want a living will?**  Yes  No

**37. FLORIDA RESIDENTS ONLY:** Do you want to name a separate agent (called a surrogate in Florida) for your living will (if not, your agent will be the same as for your health care power of attorney below)?  Yes  No

If yes, identify by name, address, and phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**38. FEMALE CLIENTS ONLY:** You can chose to limit the power of your living will during a pregnancy indicating that no medical actions can occur that would adversely impact the viability of your fetus. Do you want your living will to contain an exception limiting its scope during pregnancy?  Yes  No

**39. SPRINGING DURABLE GENERAL POWER OF ATTORNEY**

Your will allows you to dispose of your property after your death. While you are alive, you have the right to decide what happens to your property so long as you are of sound mind. Because you are of sound mind right now, you can legally appoint someone to handle your financial and property management affairs if you ever become incapacitated for any reason, whether through illness or accident, or if a court order revokes your legal right to manage your own money and appoint a guardian or conservator.

If you do not appoint an agent under this type of document, then whoever decides to try to handle your affairs in the event of your incapacitation, (including your spouse), will need to go to court to have you declared incompetent to handle your own financial affairs. To protect yourself, you can appoint an agent for yourself through this springing power of attorney.

If you choose to create a springing durable general power of attorney, remember to name someone whom you trust as your attorney-in-fact. Your attorney-in-fact will have great authority over your affairs. Not only can he or she keep your affairs in order, but he or she has the ability to abuse this document at your expense for his or her own gain.

**a. Do you want a Springing Durable Power of Attorney?**  Yes -> Please answer QUESTION 39 b-d  
 No -> Please SIGN THE NEXT PAGE. Your worksheet is complete.

**b. Do you want the same person(s) you named as your medical agent(s) to also serve as your agent for the Springing Durable Power of Attorney?**

Yes -> Please SIGN THE NEXT PAGE, your worksheet is complete  
 No -> Please complete parts c-d on the next page

**c. Who do you wish to appoint as your agent?**

Agent	Alternate Agent
Name/Relationship	Name/Relationship
Full Address	Full Address

**d. If you are unable to take care of yourself and a court needs to appoint a guardian or conservator to take care of you, do you want the court to appoint the person(s) named above as your guardian or conservator?**  Yes  No

**FOR ATTORNEY USE ONLY:**

Is the Springing Durable General Power of Attorney to:

- Sell real property if client owns any at the time
  - Create an irrevocable income trust to qualify for Medicaid
  - Disclaim (refuse to accept a gift from another estate or refuse to accept an insurance policy for which client has been designated the beneficiary) if doing so will benefit client's estate
  - Make a gift of any asset in client's estate to himself or herself
  - Make a gift of any asset in client's estate to beneficiaries only
  - Deal with IRA, retirement and pension plans on client's behalf
  - Prepare (or have a tax person prepare) and file client's income taxes for client
- Compensation for Agent:  Not discuss compensation     Reasonable compensation     Agent waives compensation
- Liability for Agent:  No liability to 3<sup>rd</sup> parties for negligence     Liability to 3<sup>rd</sup> parties for negligence

**I authorize the attorney or his or her designee to contact me at the e-mail address listed at page one and to send a draft of my documents for my review to that same e-mail address**

**CLIENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**YOUR TOTAL ESTATE ASSETS WORKSHEET**

When we assist you in planning your estate, it is important that we know what kind of property you own and exactly how you own it (how it is titled). Each State has different rules as to how property passes, and we can only help you and your family if you take the time to gather the necessary information. If the total value of your assets is more than *one million dollars* call our office: we will request additional information to do more advanced estate planning. Add additional sheets as necessary. If some of the below assets do not apply to you, just print "NONE" in the spaces and move on.

1. Do you (or your spouse) own a home or any other real estate? If so, bring a copy of the deed(s) to your appointment.

Description and Address	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Purchase Price	Market Value	(-)Mortgage	(=) Equity
Total Net Value in Q 1 :					

2. Do you (or your spouse) own any other titled property such as a car, boat, etc.?

Description	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Market Value	(-)Loan Bal	(=) Equity
Total Net Value in Q 2:				

3. Do you (or your spouse) have any checking accounts or interest bearing accounts (savings, money market, CD's)?

Name of Bank and type of account (savings, checking, etc.)	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Approx. Balance
Total Value in Q 3:		

4. Do you (or your spouse) own any investments such as stocks or mutual funds (do *not* include IRAs)?

Name of Investment or Brokerage Account	Titled in Whose Name Indicate if Joint or Beneficiary and name	Current Value
Total Value in Q 4:		

5. Do you (or your spouse) have any retirement accounts? (401K, IRAs, Thrift Savings Plan?)

IRA/Plan Owner (H or W)	Description of Plan or IRA	Who is designated as beneficiary if owner dies?	Current Value
Total Value in Q 5:			

6. Do you (or your spouse) have any **COMMERCIAL** life insurance policies and/or annuities?

Name of Company	Who is insured	Who owns the Policy	1 <sup>st</sup> Beneficiary	2 <sup>nd</sup> Beneficiary	Death Benefit
Value of your SGLI or VGLI: _____ Spouse SGLI _____			Total Value of Policies in Q 6:		