

# WILL WORKSHEET (No children)

## USE THIS ONLY IF YOU HAVE NO CHILDREN AND ARE NOT EXPECTING OR IN THE PROCESS OF ADOPTING A CHILD

**INSTRUCTIONS AND ALERTS:** This worksheet is a step-by-step question and answer process. Do not answer questions you do not understand. Leave them blank and your attorney will discuss them with you during the interview.

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

\*\*\*\*\*

**I. MILITARY STATUS:** What is your Military status that should be included in your Last Will & Testament?

- ☐ In the U.S. Armed Forces                      ☐ A dependent of someone in the U.S. Armed Forces  
☐ Retired from 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)

**II. STATE CONTACTS.** 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 you consider to be your permanent home regardless of absences due to military service. It is fact based and it is typically the place you intend to return to after your military service. Please answer the following questions to help us identify your state of domicile:

- 2.1. Name the state or territory where you are or would be registered to vote if you are not already registered to vote. \_\_\_\_\_
- 2.2. Name the state or territory you claim for STATE income tax purposes. \_\_\_\_\_
- 2.3. List each state in which you own real property/land. If none, write “none”.  
\_\_\_\_\_
- 2.4. List the state that issued your current driver’s license. \_\_\_\_\_
- 2.5. List every state or territory in which you currently have a vehicle registered.  
\_\_\_\_\_
- 2.6. List the state or territory of your current duty station. \_\_\_\_\_

ATTORNEY USE ONLY	
Domicile:	

### III. PERSONAL INFORMATION:

- 3.1. Your name (First Middle Last, Jr., Sr., III, etc.): \_\_\_\_\_
- 3.2. DoD ID Number (From CAC or Dependent/Retiree ID Card): \_\_\_\_\_
- 3.3. Your mailing address: \_\_\_\_\_
- 3.4. Your preferred phone number: \_\_\_\_\_
- 3.5. Your preferred email address for email correspondence from our legal office: \_\_\_\_\_
- 3.6. Are you a U.S. citizen or a Lawful Permanent Resident of the USA? ☐ Yes ☐ No

### IV. MARITAL/REGISTERED DOMESTIC PARTNERSHIP (RDP) STATUS AND INFORMATION

- 4.1. What is your marital status?  
☐ I am currently legally single (Skip to Q 4.4)  
☐ I am in a registered domestic partnership (RDP) and my partner's name is: \_\_\_\_\_  
☐ I am married and my spouse's name is: \_\_\_\_\_
- 4.2. Is your spouse/RDP a U.S. citizen or a Lawful Permanent Resident of the USA? ☐ Yes ☐ No
- 4.3. Does your spouse/RDP want to create a will at this time using substantially the same answers you are providing today in this worksheet?  
☐ Yes NOTE- your spouse/RDP will need to complete the Addendum for Spouse/RDP at Section XI of this package in addition to a personal copy of pages 16-17 of this package.  
☐ No
- 4.4. Were you ever previously married or in a prior RDP?  
☐ Yes ☐ No (Skip to Section V)
- 4.5. Should your estate plan confirm that the marriage/RDP was legally terminated? ☐ Yes ☐ No
- 4.6. Please list the name of your prior spouse/RDP below and select whether the termination was by death or court action: (Use an additional piece of paper to identify any additional prior spouses/RDPs.)  
  
Prior Spouse/Partner's Name \_\_\_\_\_  
Terminated on [date] \_\_\_\_\_ by ☐ court decree or ☐ by death of spouse/RDP.
- 4.7. Are there any separation agreements, property settlement agreements, pre-marital agreements, etc., that require you to distribute some of your assets for the benefit of a prior spouse/RDP or children of a prior relationship?  
☐ Yes. Please attach a copy of the agreement(s) to this worksheet for the attorney to review.  
☐ No

## V. DISINHERITANCE

5.1. Do you want to disinherit anyone? ☐ Yes (Please answer Q 5.1 a-c) ☐ No (Skip to Section VI)

a. If yes, state their full name and relationship to you:

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

b. You can state a reason for the disinheritance, but including a specific reason is not recommended and could subject your estate to contested litigation if the disinherited person feels they can prove your reason is inaccurate. If you still wish to state a reason, select only one of the following responses.

- ☐ For reasons deemed good and sufficient  
☐ Because the testator has provided significantly for him/her/them during his or her lifetime  
☐ Not for lack of love or affection  
☐ No further information provided.

c. Do you also want to disinherit this person's children and other descendants? ☐ Yes ☐ No

## VI. FUNERAL/BURIAL INSTRUCTIONS

6.1. Are you an active duty Service member, military Retiree or an honorably discharged Veteran of the U.S. Armed Forces who would like to have military funeral honors?

☐ Yes ☐ No

6.2. **An American Flag is available for Survivors of Service members, Retirees, Honorably Discharged Veterans and DoD Civilians Overseas (OPM Form 1825).** 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, but this cost is likely to increase over the years.

- ☐ I do not qualify for a VA American flag for my survivors.  
☐ I do not want American flags to be given to any survivors.  
☐ I only want the free flag to go to the person listed in Table 1.  
☐ I want American flags given to the following persons listed in Table 1.

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

## All Clients

- 6.3. Please select ONE option below concerning your wish to state your burial or cremation directions in your will?

**Cautionary Note for AD Members Only:** Please note that your Person Authorized to Direct Disposition of Human Remains (PADD) is designated on your DD-93 as the sole person responsible for your funeral arrangements. The DD-93 designation, or for those with no named PADD in the DD-93, the order of precedence stated in DoDI 1300.29, June 28, 2021, will override any designations made in the will so you must make sure your DD-93 and the answer below match each other. **Your attorney will guide you in making changes to your DD-93.**

- ☐ I do not want to state my wishes. (Skip to Section VII)
- ☐ I have a previously executed funeral or cremation or burial agreement with the following service: \_\_\_\_\_; telephone: \_\_\_\_\_.
- ☐ Cremate my body and scatter my ashes in or at (state the location) \_\_\_\_\_.
- ☐ Cremate my body and give my ashes to (name the person) \_\_\_\_\_ for ☐ disposal as privately discussed or ☐ to be scattered in or at (state the location): \_\_\_\_\_.
- ☐ Bury my body ☐ at (state the location) \_\_\_\_\_ or
- ☐ at a location chosen by my ☐ Executor or by my ☐ spouse or RDP.
- ☐ Other \_\_\_\_\_.

- 6.4. Please select ONE option below concerning your wishes or directions regarding arrangements for your memorial service or funeral.

- ☐ I want funeral arrangements made and carried out according to the custom and ceremony of the following religious or other denomination \_\_\_\_\_.
- ☐ I do not want any religious or denominational memorial service.
- ☐ I have no preference.
- ☐ None of the above, but I direct instead that \_\_\_\_\_.

## VII. INFORMATION ABOUT YOUR ASSETS AND DEBTS

- 7.1. **Asset and debt details:** The type of estate plan you need depends, to a large extent, on the total net (assets minus debts on the assets) value of your estate. Please check the box for all types of assets that you own, and fill in the additional requested information in Table 2 (to the best of your ability).

TABLE 2 ASSETS AND DEBTS				
Check Box If Owned	Asset Type	Are you a Sole owner or Joint owner	Estimated Value	Estimated Debt
<input type="checkbox"/>	Antiques/Art/Collectibles/Heirlooms		Value:	Debt:
<input type="checkbox"/>	Auto/Truck/Motorcycle Registered in the state of:		Value:	Debt:
<input type="checkbox"/>	Auto/Truck/Motorcycle Registered in the state of:		Value:	Debt:
TABLE 2 CONTINUED ON NEXT PAGE				

**TABLE 2 ASSETS AND DEBTS CONTINUED FROM PAGE 4**

<input type="checkbox"/>	Auto/Truck/Motorcycle Registered in the state of:		Value:	Debt:
<input type="checkbox"/>	Bank accounts (savings, checking, CDs, money market account)		Value:	
<input type="checkbox"/>	Boat Registered in the state of:		Value:	Debt:
<input type="checkbox"/>	Commercial Business or Family Farm Business (Sole proprietorship, LLC, etc.)		Value:	Debt:
<input type="checkbox"/>	Commercial life insurance (Not SGLI)		Value:	
<input type="checkbox"/>	Inheritance (Recent death, Revocable or Irrevocable Trust beneficiary)		Value:	
<input type="checkbox"/>	Investment (stock, mutual funds) accts		Value:	
<input type="checkbox"/>	Mobile/Motor Home (Not permanently affixed to land): Where registered:		Value:	Debt:
<input type="checkbox"/>	Pensions/IRAs/401ks/TSP		Value:	
<input type="checkbox"/>	Real Estate: Primary Residence Address:		Value:	Mortgage:
	Second Home/Condo Address:		Value:	Mortgage:
	Time Share Address:		Value:	Mortgage:
<input type="checkbox"/>	SGLI/SGLV/VGLI		Value:	
<input type="checkbox"/>	Tangible personal property (e.g. jewelry, clothes, household furnishings)		Value:	Debt:
<input type="checkbox"/>	Weapons: List State(s) in which registered.		Value:	
<input type="checkbox"/>	Other Unique Property (Specify)		Value:	
	<b>TOTALS</b>			

## VIII. DISTRIBUTION OF YOUR ESTATE

8.1. To whom would you like to give your assets (estate) when you pass away? Select only one response from the four options on the next page:

- ☐ **To my surviving spouse or RDP** 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 as listed in Table 3.
- ☐ **50% to my surviving spouse or RDP** as an outright distribution, and the balance to the persons listed in Table 3.
- ☐ **I am disinheriting my spouse or RDP who will receive 0% of my assets and** all of my assets shall go to the persons listed in Table 3. (NOTE TO ATTORNEY: EXPLAIN ELECTIVE SHARE)
- ☐ **I am single or unmarried with no children** and all of my assets shall go to the persons listed in Table 3.

TABLE 3 RESIDUARY ESTATE	
Beneficiary Full Name & Relationship to You	Percentage (must add up to 100)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
<b>TOTAL %</b>	

Distribution Type ATTORNEY USE ONLY
A. Per Capita (Traditional) <input type="checkbox"/>
B. Per Capita at Each Generation <input type="checkbox"/>
C. Per Capita with Representation <input type="checkbox"/>
D. Per Stirpes (Modern) <input type="checkbox"/>
E. Per Stirpes (Strict) <input type="checkbox"/>

**NOTE TO ATTORNEYS:**  
Read the specific jurisdictional practice notes to best explain the distribution options to your clients.

- 8.2. **You can give people specific gifts of unique or highly sentimental personal property in a few ways.** Instead of passing all of your assets to a beneficiary or beneficiaries as described in question 8.1, you can give people specific gifts of unique or highly sentimental property, with the remainder passing as you designated in response to question 8.1.

**Specifically,** some states allow use of a Tangible Personal Property Memorandum (TPPM) that you can prepare at a later date. The legal office would provide you with the template for the TPPM. Alternatively, we can include a section in your Last Will and Testament to give those items to the people you want to receive them. **For example,** I give my great grandfather's pocket watch to my son, Aaron Adams, or I give my 1968 red Corvette to my nephew, Brian Brooks. **Select the ONE**

**box below that best represents how you want to dispose of your specific special items of tangible personal property.**

- ☐ I do not want to make any specific personal property gifts. (Skip to Q 8.4)
- ☐ I will use a Tangible Personal Property Memorandum (TPPM). (Skip to Q 8.3)
- ☐ 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 (first choice) dies before me. I am aware that if all the named persons die with me or before me then the gift will instead pass with the rest of my estate at Q 8.1. After filling in Table 4 continue with Q 8.3.

<b>TABLE 4 TANGIBLE PERSONAL PROPERTY (DO NOT LIST REAL PROPERTY)</b>		
<b>Primary Beneficiary Name(s)</b>	<b>Alternate beneficiary Name(s)</b>	<b>Specific Description of property</b>
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.	

8.3. **Costs of Delivering Gifts to Beneficiaries:** There may be some expense involved with packing, shipping, insuring and delivering your tangible personal property, motor vehicles or other items in your 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.

8.4. **Specific Gifts of Real Estate (Real Property): CHOOSE ONLY ONE OF THE BELOW OPTIONS.**

- ☐ I do not own any real property (Skip to Q 8.6)
- ☐ I do not want to make any special gifts of real property, all real property will pass according to my desires in Q 8.1. (Skip to Q 8.6)
- ☐ I am married or in a RDP. I give 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 stated in Table 5 on the next page.
- ☐ I am married or in a RDP. I do not want to give any of my real property to my spouse or RDP. Instead my real property will go to the designated persons named in Table 5 on the next page.
- ☐ I am single or unmarried and all of my real property shall go to the designated persons named in Table 5 on next page.

TABLE 5 REAL PROPERTY		
Property Address	Primary Beneficiary = 1 Alternate Beneficiary = 2	Relationship to You
	1. 2.	1. 2.
	1. 2.	1. 2.
	1. 2.	1. 2.
	1. 2.	1. 2.

8.5. If you have any debt on the real property you own, you must decide whether you want the debt to be paid from your estate or to be paid by the recipient(s) (beneficiary) of the real property. 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. Keep in mind that this decision may impact the beneficiaries of those other assets because your executor may need to sell or use some of those assets to pay off the real property debt (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?

- ☐ The executor should pay the debt from my estate.
- ☐ The real property should pass to the 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 property I own.

8.6. **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 or transfer-on-death beneficiary designated. If you make a cash gift but do not have enough cash to satisfy the gift, some of your estate may have to be sold to satisfy the gift and will then reduce the total amount given to your other beneficiaries. Choose one answer below.

- ☐ I do not want to make any cash gifts.
- ☐ I want to make cash gifts to the person or people listed in Table 6 below.

TABLE 6 CASH GIFTS		
Beneficiary Full Name & Relationship to You	Amount	Source of this cash gift
1.		
2.		
3.		
4.		
5.		

8.7. In the event all of your named beneficiaries die before you or with you, how do you want your estate distributed? (Answers continued on next page.)

- ☐ To my next of kin according to the laws of the jurisdiction where my will is probated. Most



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

- ☐ To the people or charities named in the Table 7.

TABLE 7 ALTERNATE BENEFICIARIES	
Full Name of Individual & Relationship to You <u>or</u> Charity	Percentage (must add up to 100)
1.	
2.	
3.	
4.	
5.	
<b>TOTAL %</b>	

**8.8. Digital assets and electronic communications accounts** (i.e., email and social media)

Do you want your Executor/Personal Representative to have access to (Select only one):

- ☐ Only the catalogue of your accounts for closure purposes
- ☐ Both the catalogue and the actual content of the messages and communications within the account?

**IX. DESIGNATION OF EXECUTORS AND FIDUCIARY BONDS.**

- 9.1. In Table 8 on the next page, please name a 1st choice and if desired, up to two alternate persons over the age of 18 years who are U.S. Citizens or Lawful Permanent Residents of the USA to serve as (a) Executor or co-Executors (Personal Representative) who will be responsible for collecting your assets and distributing them after the Court has approved your nomination of them to serve as your Executor or Personal Representative. **Naming Co-Executors or Co-Personal Representatives is STRONGLY DISCOURAGED.**

TABLE 8 DESIGNATION OF EXECUTORS/PERSONAL REPRESENTATIVES		
	Name of Executor	Relationship to you (e.g., my sister, my uncle)
Executor		
Alternate Executor (optional)		
2 <sup>nd</sup> Alternate Executor (optional)		
	<b>Name of Co-Executors (STRONGLY DISCOURAGED)</b>	
Co-Executor 1		
Co-Executor 2		
1 <sup>st</sup> Alternate Co-Executor (optional)		
2 <sup>nd</sup> Alternate Co-Executor (optional)		

- 9.2. A bond protects the estate and those interested in it against losses caused by the Executor/Personal Representative/Trustee's bad acts or failure to act. A will can waive bond requirements for an executor and a trustee; however, regardless of the waiver provision, the probate court having jurisdiction over the probate proceeding may require a bond if it determines that a bond is necessary. You should carefully consider whether or not the bond requirement should be waived. Bonds must be paid up front by the Executor or Trustee from their own pockets, though they are reimbursed from your estate when the estate is closed or during interim accounting periods. This can be a burden to your Executor/Personal Representative/Trustee and your estate and could even cause them to decline from being appointed Executor/Personal Representative/Trustee.

With respect to a bond, do you wish to direct: (Please select one)

- ☐ No Executors (Personal Representative) or Trustees shall be required to give any bond or other security for the faithful performance of her, his, or its duties as Executor (Personal Representative) or Trustee, unless required by court.
- ☐ No bond or other security shall be required of the specified person for the faithful performance of his, her, or their duties as Executor (Personal Representative) or Trustee.
- ☐ Do not include.
- 9.3. The Executor (Personal Representative) and Trustees are entitled to receive reasonable compensation from your estate for their services unless you state you do not want them to get paid for their services. Do you want the Executor (Personal Representative) and Trustee to receive reasonable compensation for their services? ☐ Yes ☐ No
- 9.4. If any of your beneficiaries, now or in the future, become disabled such that they have special needs, do you give permission to your Executor (Personal Representative) to direct that disabled person's inheritance to a supplemental needs/benefits trust so that the person does not lose federal or state benefits for persons with special needs? ☐ Yes ☐ No (Skip to Section X)
- 9.5. If a supplemental needs/benefits trust is created, please identify where the balance of that trust should go when the disabled person passes away by selecting one of the following options.
- ☐ The balance (remainder) shall go to the surviving persons I named in Q 8.1
- ☐ The balance shall go to the persons or charities I named in Table 9.

**TABLE 9 SUPPLEMENTAL NEEDS ALTERNATE BENEFICIARY (REMAINDER BENEFICIARY)**

<b>Alternate Beneficiary Full Name &amp; Relationship To You</b>	<b>Percentage (Must add up to 100%)</b>
<b>TOTAL %</b>	

## X. ADDITIONAL CLAUSES

10.1. **No Contest Clause (Not available in FL).** 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. Including a “no-contest” clause is not recommended; the better option is to leave at least a nominal gift. Do you want to include a “no contest clause in your will?

☐ Yes ☐ No

10.2. **Simultaneous Death/Common Disaster Clause (MARRIED or in a RDP ONLY (For persons domiciled in all states EXCEPT LA, NV, PA, and VT):** In the event of simultaneous death, shall it be presumed that you survived your spouse/RDP?

☐ Yes ☐ No

## XI. ADDENDUM FOR SPOUSE OR RDP WHO WANTS A JOINT WILL INTERVIEW AND WANTS TO USE THE OTHER SPOUSE’S WILL INTERVIEW WORK SHEET.

11.1. Do you want to direct the executor to consult a previously executed agreement between you and a funeral home prior to making funeral arrangements?

☐ Yes. Provide the funeral home name and address below.

☐ No

Name of funeral home: \_\_\_\_\_

Address of funeral home: \_\_\_\_\_

11.2. Do you want to nominate a different Executor (Personal Representative) than those chosen by your spouse/RDP?

☐ Yes. Name the different person(s) you want to serve in this capacity in Table 10.

☐ No

**TABLE 10 DESIGNATION OF EXECUTORS/PERSONAL REPRESENTATIVES**

	<b>Name of Executor</b>	<b>Relationship to you (e.g., my sister, my uncle)</b>
<b>Executor</b>		
<b>Alternate Executor (optional)</b>		
<b>2<sup>nd</sup> Alternate Executor (optional)</b>		
	<b>Name of Co-Executors: STRONGLY DISCOURAGED</b>	
<b>Co-Executor 1</b>		
<b>Co-Executor 2</b>		
<b>1<sup>st</sup> Alternate Co-Executor (optional)</b>		
<b>2<sup>nd</sup> Alternate Co-Executor (optional)</b>		

11.3. Do you want to nominate a different trustee than the one(s) named by your spouse/RDP)

☐ Yes. Please provide the name(s) of those persons below

☐ No

Primary Trustee Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Successor Trustee: Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

11.4. Do you want to disinherit anyone that your spouse/RDP has not already disinherited?

☐ Yes (Please answer 11.4 a-c) ☐ No (Skip to 11.5)

a. If yes, state their full name and relationship to you:

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

b. You can state a reason for the disinheritance, but including a specific reason is not recommended and could subject your estate to contested litigation if the disinherited person feels they can prove your reason is inaccurate. If you still wish to state a reason, select only one of the following responses.

☐ For reasons deemed good and sufficient

☐ Because the testator has provided significantly for him/her/them during his or her lifetime

☐ Not for lack of love or affection

☐ No further information provided.

c. Do you also want to disinherit this person's children and other descendants? ☐ Yes ☐ No

11.5. Do you want to make any specific gifts that your spouse/RDP has not already made?

☐ Yes. Please list the personal property gifts and the persons to whom you want to give them below in Table 11.

☐ No (Skip to Q 11.6)

**TABLE 11 TANGIBLE PERSONAL PROPERTY (DO NOT LIST REAL 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.	

11.6. Do you want to make any cash gifts that your spouse/RDP has not already made?

☐ Yes. Please list the cash gifts and the persons to whom you want to give the gift below in Table 12.

☐ No (Skip to Q 11.7)

TABLE 12 CASH GIFTS		
Beneficiary Name(s)/Relationship	Amount	Source of this cash gift
1.		
2.		
3.		
4.		
5.		

11.7. Do you want to make any real property gifts that your spouse/RDP has not already made?

☐ Yes. Please list the real property gifts and the persons to whom you want to give the gift below in Table 13.

☐ No (Skip to Q 11.8)

TABLE 13 REAL PROPERTY		
Property Address	Primary Beneficiary = 1 Alternate Beneficiary = 2	Relationship to You
	1. 2.	1. 2.
	1. 2.	1. 2.
	1. 2.	1. 2.
	1. 2.	1. 2.

11.8. Do you want to name different residuary estate beneficiaries than were named by your spouse/RDP in Q. 8.1 (Table 3)?

☐ Yes. Please name those persons in Table 14 on the next page.

☐ No

TABLE 14 RESIDUARY ESTATE	
Beneficiary Full Name & Relationship to You	Percentage (must add up to 100)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
<b>TOTAL %</b>	

Distribution Type ATTORNEY USE ONLY
A. Per Capita (Traditional) <input type="checkbox"/>
B. Per Capita at Each Generation <input type="checkbox"/>
C. Per Capita with Representation <input type="checkbox"/>
D. Per Stirpes (Modern) <input type="checkbox"/>
E. Per Stirpes (Strict) <input type="checkbox"/>

**NOTE TO ATTORNEYS:**  
Read the specific jurisdictional practice notes to best explain the distribution options to your clients.

11.9. Do you want to name different alternate beneficiaries for your estate than those named by your spouse/RDP in Q 8.7 (Table 7) in case all of your named beneficiaries die before you?

- ☐ Yes. Please list the persons and their relationship to you in Table 15.  
☐ No (End of Will Interview)

TABLE 15 ALTERNATE BENEFICIARIES	
Full Name of Individual or Charity and relationship to You	Percentage (must add up to 100)
1.	
2.	
3.	
<b>TOTAL %</b>	

**END OF WILL INTERVIEW**

## ADVANCED MEDICAL DIRECTIVE – LIVING WILL

A directive to physicians allows you to define the scope or extent of medical treatment you would or would not want 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 (Once drafted, you will be able to make specific choices regarding specific medical intervention such as intravenous food and/or hydration and the withdrawal of other life prolonging measures)
    - ☐ No (Skip to Health Care Power of Attorney)
- ☐ **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.

### HEALTH CARE POWER OF ATTORNEY

Please keep in mind that generally your next of kin do not have legal authority to make health care decisions for you without YOU nominating and appointing then to do so in a WRITTEN DOCUMENT. In the absence of such written appointment, your family could be required to go through the expense of a court hearing to get permission to make these decisions. If you opt to also make a living will or health care directive to physicians, your agent under your health care power of attorney will be bound by your choices in those limited end of life circumstances, but may make any other health care decisions for you in the event you become incapacitated and unable to make decisions for yourself such as a traumatic brain injury, stroke, dementia, etc.

2. 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.**
  - ☐ Yes, I want to appoint an Agent. Please list the person(s) you want to nominate and appoint to serve as your health care agent to make health care decisions for you when you are incapable of doing so on your own in Table 16.
  - ☐ No (End of Advanced Medical Directive Interview, Skip to Springing Durable General Power of Attorney on page 17).

**TABLE 16 HEALTHCARE AGENT DESIGNATIONS**

	Name	Relationship to you (e.g., my sister, my uncle)	Phone Number
Primary Agent			
First Alternate			
Second Alternate			

### END OF ADVANCED MEDICAL DIRECTIVE AND HEALTH CARE POWER OF ATTORNEY INTERVIEW

## SPRINGING DURABLE 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 pay the expense of court costs and attorney fees, which is thousands in some jurisdictions, to petition a court for a guardianship or conservatorship to handle accounts that belong only to you or are registered in only your name if you become incapacitated or mentally incompetent. A “Springing” power of attorney means you can sign it now, but the document only becomes effective and can only be used in the event you become incapacitated and need someone to act on your behalf to manage your affairs such as access your bank account to pay your bills while you undergo medical treatment. It is the best backup plan you can have in place to authorize your family to help you if you are in an accident or have a medical condition that prevents you from being able to handle your own affairs.

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**.

- ☐ Yes. Please list the person(s) you want to nominate and appoint to serve as your financial agent to make financial decisions for you when you are incapable of doing so on your own in Table 17.
- ☐ No (End of Springing Durable Power of Attorney interview)

TABLE 17 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 ☐ N/A
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 SPRINGING DURABLE FINANCIAL POWER OF ATTORNEY INTERVIEW**