ESTATE PLANNING WORKSHEET

THIS WORKSHEET ITSELF IS NOT A WILL

FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties. PRIVACY ACT STATEMENT: AUTHORITY 5 USC 301, Departmental Regulations; 10 USC 1044. SYSTEM OF RECORDS NOTICE: MJA00002. ROUTINE USE(S): Information provided is used to provide an administrative record for use by attorneys and clerical personnel directly involved in providing legal assistance, to manage internal counsel assignment, and for internal management of the office, to include generating periodic workload productivity and statistical reports.

MANDATORY/VOLUNTARY DISCLOSURE CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of requested information is voluntary, but failure to provide such information may limit the Legal Assistance Office's ability to provide assistance.

NOTE: Receiving services from a non-attorney at the Legal Assistance Office does not create an attorney-client relationship. In order to form an attorney-client relationship you must meet with an attorney.

	Date:
CLIENT NAME:	
LEGAL ASSISTANCE ATTORNEY:	

THIS WORKSHEET COVERS: (1) a Will, (2) an Advance Medical Directive, also known as a Living Will, (3) a Health Care (Medical) Power of Attorney, and (4) a Springing Durable General Power of Attorney, which all combined constitute an Estate Plan.

[Note: If you need a different type of Power of Attorney for present use, please inform the Legal Assistance office (e.g. child care, sell a car, handle financial affairs while deployed, etc.].

FOR ACTIVE DUTY MILITARY: Regarding disposition of Remains/Unpaid Pay and Allowances/Death Gratuity Form (DD93), and Servicemembers Group Life Insurance (SGLI) Beneficiary Designation Form (SGLV 8286): log onto the SGLI Online Enrollment System (SOES) on MilConnect or go to your unit Admin office to update/change beneficiaries on these forms.

If your spouse wishes to create an Estate Plan, he/she must fill out a separate will questionnaire. If you wish, the same attorney may see you and your spouse together; however, you and your spouse will each have separate Estate Plans and you both must sign a dual representation waiver.

Please ensure that the following questionnaire is filled out <u>completely</u> and <u>accurately</u> prior to your appointment date with a legal assistance attorney. If your questionnaire is not properly filled out, your appointment may need to be rescheduled. <u>Please double check all addresses and spellings</u>.

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WILL WORKSHEET

Please answer every question to the best of your ability before you see a legal assistance attorney. If you are unsure of how to answer, you can leave the question blank.

If you answer YES to any of the questions a. to f., please address these questions with a Legal Assistance Attorney. This <u>may</u> require specialized estate planning documents.

b.	Are you a resident of Louisiana, Puerto Rico, or Guam? Are you, your spouse or any beneficiary a NON-US citizen?	☐ Yes☐ Yes	□ No
c.	Do you own land, home, personal property or other assets in a foreign country?	□ Yes	□ No
d.	Do you own or hold a financial interest or ownership in a business or farm?	☐ Yes	□ No
e.	Do you have a custody or separation agreement or divorce decree that mentions pension, life insurance or other property rights?	□ Yes*	□ No
f.	Do you currently have a will, living will, living trust or durable power of attorney?	□ Yes*	□ No
	*If YES please bring the documents to your appointment		
owi	rement accounts, and other personal property or assets you (and your spouse, n. e estimated net value of my estate is:	if you are	married)
1. I	Name:	1 Female	
A	Address:		
Т			
1			
5	State of Domicile*:		

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^{* &}quot;Domicile" (also called "Legal Residence" in some states) refers to the place where a person intends to live and which he or she considers their permanent home. Typical indicators of a testator's domicile include having a residence in the state, owning real property in the state, registering to vote there, paying state income tax there, having a driver's license in the state, and other affirmative actions evidencing intent. Your Home of Record is not necessarily your domicile. If you are not sure, discuss it with your attorney.

2.		☐ Spouse of A		ber	_)			
3.	Are you a	U.S. citizen?	□ Yes □ No					
4.	Marital Status:		d never previous It was previously	•	another per	son		
	Current spo	ouse's name:				□ N	Male □	Female
	Address:							
	Telephone	Number: (-			
	Is your spo	ouse a U.S. citiz	en?	No				
5.	Enter the n	ame(s) of your	child(ren):					
		Name		Age	Gender	Natural	Step	Adopted
1	.)				M / F			
2	2)				M / F			
3	5)				M / F			
4					M / F			
5	5)				M / F			
	If you have Yes 🗖 No		en, do you wish	to treat the	m the same a	as your natu	ral chil	dren?
	If you have	_	do you wish to tr	eat them th	ne same as y	our natural	children	1?

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8. Estate Management. An "Executor" (in some states called a Personal Representative or Administrator) is the individual (or individuals) who will administer your estate upon your death. The Executor will be responsible for gathering all your belongings and assets, paying your debts and any taxes that you owe, and ensuring that the remainder of your estate is properly distributed to your intended beneficiaries. A successor Executor is a person who will serve in the event that the first named individual is unable or unwilling to serve. Any adult (18 or older) may serve as your Executor, although many states have a preference for or require an Executor to be a legal resident of the state where the will is taken to court. Therefore, you might want to select family members or responsible friends who are residents of the same state where you claim to be your legal residence or the state where you own real property.

Indicate the name of your Executor. Executor Relationship Would you like to name a **co-Executor**, to act jointly or independently (please select one) with the Executor named above? ■ No, I do not want to name a co-Executor ☐ Yes; to act JOINTLY with the Executor named above ☐ Yes; to act INDEPENDENTLY with the Executor named above Co-Executor Relationship Would you like to name a successor Executor, to act only if the Executor named above predeceases you, or fails to qualify for any reason, or resigns? ■ No, I do not want to name a successor Executor □ Yes **Successor Executor** Relationship FOR ATTORNEY USE ONLY Must the Executor be bonded? ☐ Yes ☐ No Must the Executor file an accounting with the court ("Supervised Estate")?

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Must standard fees be paid to bank or other corporate fiduciary acting as Executor?

Must the Executor waive fees?

☐ Yes ☐ No

☐ Yes ☐ No ☐ Yes ☐ No

- **9. Specific Bequests.** You may elect to make specific bequests of cash, real estate, or personal property to specific people or charities in your will (e.g., wedding ring to daughter, 1957 Chevy to friend, etc.). These bequests will be distributed <u>first</u> and may deplete your estate. Also, specific bequests might complicate your estate if the property given cannot be found at your death. Therefore, if you make any specific bequests, you should only give property that you are reasonably sure you will possess in your own name at the time of your death. If you make no specific bequest, all of your property will pass to your primary beneficiaries.
- a. <u>Real Property</u>. In most states, land that is titled as a joint tenancy or a tenancy by the entireties automatically passes to the surviving person(s) listed on the title in the event of your death, without regard to any disposition made in your will.

Do you own any real property (e.g. land/house) that you intend to dispose of in your will?

 \square Yes \square No (skip to b.)

Property 1

Address/Description	Ownership	Disposition
	☐ Single Owner ☐ Joint Tenancy (with ☐ Tenancy in Common (with ☐ Other (☐ All to my spouse ☐ As provided with regard to my residuary estate ☐ To one or more different beneficiaries:

If you named more than one beneficiary, shall the beneficiaries be:

□ Ten	ants	in c	ommo	on			
☐ Join	t ten	ants	s, with	n right (of s	urvivoı	ship
<i>٠</i> .	1.	1	C	.1		/ 1	

If a beneficiary dies before me, then to (please select one):

☐ Beneficiary's heirs OR	
☐ Other beneficiaries named above, equally OR	
☐ Real Property passes with the rest of estate OR	
☐ Alternate Beneficiary:	

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Property 2

Address/Description	Ownership	Disposition
	☐ Single Owner ☐ Joint Tenancy (with ☐ Tenancy in Common (with ☐ Other (☐ All to my spouse ☐ As provided with regard to my residuary estate ☐ To one or more different beneficiaries:
If you named more than or	ne beneficiary, shall the beneficiaries	be:
☐ Tenants in comm☐ Joint tenants, wi	non th right of survivorship	
If a beneficiary dies before	me, then to (please select one):	
	ies named above, equally OR asses with the rest of estate OR	
□ State that mortgages and simil real property from you□ State that real property passes	With respect to real property, do ar liens pass with the real property to free of mortgages and similar liens to you own other assets that you want s	the person receiving the the person receiving the
b. Personal Effects and Other	Tangible Personal Property.	
1. How do you intend to devi	se your personal effects or other tang	ible property?
☐ As per a schedul☐ With items i	h regard to my residuary estate e of specific bequests: not listed passing to my spouse (pleas not listed passing as part of my residu	v 1

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2. Indicate below any specific items you intend to give:

	Description		of Beneficiary / If beneficiary dies before me, then to: elationship
1.			☐ Beneficiary's heirs OR ☐ Gift passes with the rest of estate OR ☐ Alternate Beneficiary:
2.			☐ Beneficiary's heirs OR ☐ Gift passes with the rest of estate OR ☐ Alternate Beneficiary:
3.			☐ Beneficiary's heirs OR ☐ Gift passes with the rest of estate OR ☐ Alternate Beneficiary:
	c. <u>Cash</u> . Yo charitable organ or your cash b	u can also take cash out ization. If you make a case eneficiary predeceases you possess joint bank a	of your estate and give a cash gift to a specific person or h bequest and you do not possess the funds at your death, you, such cash bequest would fail to go into effect. Ecounts with your spouse, these accounts will NOT pass
	(1) Do <u>y</u>	you wish to make any cas	h bequests? □ Yes □ No
	(2) Indicate bel	ow any cash bequests yo	intend to give:
	Amount	Name of Beneficiary	/ Relationship If beneficiary dies before me, then to:
1. \$_			☐ Beneficiary's heirs OR ☐ Bequest passes with the rest of estate OR ☐ Alternate Beneficiary:
2. \$_			☐ Beneficiary's heirs OR ☐ Bequest passes with the rest of estate OR

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10. Residuary Estate. Your "residuary estate" is whatever property remains in your estate after your lawful debts, taxes, and expenses of administration (such as attorney fees) have been paid, and any specific bequests have been given.

a. How do you intend to devise your residuary estate?

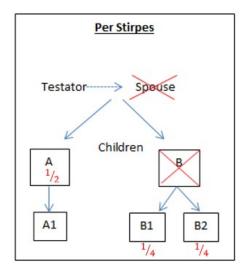
	 □ All to my spouse, then to my child(ren) if my spouse predeceases me (Skip to question 11) □ A minimum to my spouse, with the balance going to my children (Skip to question 11) □ Into a testamentary trust (Skip to question 11) □ Other (please fill b. below) b. If you wish to give your residuary estate to more than one person, indicate below to whom and what percentage each beneficiary will receive. The percentages must add up to 100 percent. You may designate a dollar amount, but percentages are easier to implement. 				
	Amount (%)	Name of Beneficiary / Relationship	If beneficiary dies before me, then to		
1.			 □ Beneficiary's heirs OR □ Other beneficiaries of the residuary estate, equally OR □ Alternate Beneficiary: 		
2			☐ Beneficiary's heirs OR ☐ Other beneficiaries of the residuary estate, equally OR ☐ Alternate Beneficiary:		
3.	%		☐ Beneficiary's heirs OR ☐ Other beneficiaries of the residuary estate, equally OR ☐ Alternate Beneficiary:		

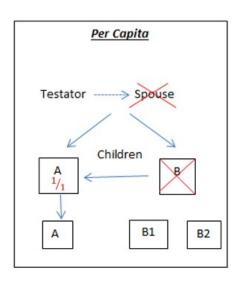
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- 11. How are the bequests to your child(ren) to be made? Your will should direct what happens to the bequests you make to your children if your children pre-decease you. You can leave your bequest "per stirpes" or "per capita".
 - Generally, in a "per stirpes" (also known as "by right of representation") distribution, the property is divided into as many equal shares as there are (i) surviving issue in the generation nearest to the deceased ancestor which contains one or more surviving issue, and (ii) deceased issue in the same generation who left surviving issue, if any. Each surviving member in such nearest generation is allocated one share. The share of a deceased issue in such nearest generation who left surviving issue shall be distributed in the same manner to such issue.
 - Generally, a disposition or distribution of property is "per capita" when it is made to class of persons (e.g., your children), each of whom is to take in his on right and equal portion of such property—"share and share alike." Note that in a "per capita" distribution, the surviving children of any deceased beneficiary will effectively be cut off.

Illustrative Example:

- (1) "I leave all to my spouse but if she fails to survive me then to my children A and B in equal shares per stirpes." [½ goes to A and ½ to B, but if B is also deceased, then B's share goes to B's children B1 and B2 equally (¼; ¼)]
- (2) "I leave all to my spouse but if she fails to survive me then to my children A and B in equal shares per capita. [½ goes to A and ½ to B, but if B is also deceased, then all goes to A and B's children receive nothing]





How should the bequest to your children to be made? (If you are not sure, leave blank and ask your attorney)

☐ Per stirpes ☐ Per capita

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12. Disinheriting. Is there anyone who you specifically your estate? □ Yes □ No (Please note that some states limit the ability to disinherit enchildren)	, ,
If yes, indicate the name and relation to you.	
Name of Person to be Disinherited	Relation to You
1	
2	_
3	
Would you like to add a provision in your will explaining value? If yes, please write the explanation below:	why you are disinheriting the person(s)
Would you like to disinherit a beneficiary who contests the	
13. Guardian. If you and the other parent of your child(minors, you may appoint a Guardian to take care of your m	, , , , , , , , , , , , , , , , , , , ,
PLEASE NOTE:	
 The Guardian of the minors should be a U.S. of the United States. 	citizen or a lawful permanent resident
 Most states require that the guardian does n credit/legal issues. 	ot have a criminal record or other
 Some states do not permit non-residents of the child by blood to serve as guardians of the purification of estate") and may require the guardian of a non-resident guardian in the w 	property (also called "Conservator" or lardian to post bond regardless of the
(1) Do you want to appoint a guardian?	
☐ Yes, one Guardian for any minor child(ren)☐ Yes, one Guardian and a successor guardian	
 □ Yes, two co-Guardians (with or without any su □ Yes, two co-Guardians (with or without any su □ No, I do not wish to appoint a Guardian under 	ccessors) acting INDEPENDENTLY
Parents should agree on the guardians for minor childre	en to avoid conflicting designations

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	Relationship	Is it a Co- Guardian or a Successor Guardian?
1.		
2		
3		
account or a trust. If neither of these beneficiaries of your estate, upon your asking to appoint guardians of the "estor the benefit of the children. This from the money.	our death someone will have to file a state" of the children before any of the	n petition with the countries funds can be release
your children's money if both you are for the people who will be caring for your children.	e in your will, you can choose the per nd the other parent die, which can say your children after your death. Even it but you do not want your future child	ve both time and mone
of their inheritance until they reach so	ome age older than 18, you can creat	
of their inheritance until they reach secrust for your children. (1) Please provide the age(s) y		te a custodial account o
of their inheritance until they reach so rust for your children. (1) Please provide the age(s) y free access to spend their s Some age under 21 (Sp ½ at 18 and ½ at 21 □ 1/3 at 21, 1/3 at 25, 1/3	you want any minor beneficiaries to rhare of the gifts you leave them. becify:	te a custodial account of
of their inheritance until they reach so rust for your children. (1) Please provide the age(s) y free access to spend their s Some age under 21 (Sp ½ at 18 and ½ at 21 □ 1/3 at 21, 1/3 at 25, 1/3 Some other disposition	you want any minor beneficiaries to rehare of the gifts you leave them. Decify:	te a custodial account of
of their inheritance until they reach so trust for your children. (1) Please provide the age(s) y free access to spend their so some age under 21 (Spulled at 18 and ½ at 21 legal 1/3 at 21, 1/3 at 25, 1/3 legal Some other disposition (2) Do you want to establish a beneficiary?	ome age older than 18, you can create you want any minor beneficiaries to rehare of the gifts you leave them. Decify:	te a custodial account reach before they have separate trusts for each

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(Specify: \$_____)

☐ Yes but only if it falls below a specific amount

(4) Who do you want to name as your Trustee/Custodian?

You should name a first choice (primary) and an alternate (backup) 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 18 years of age and should be U.S. citizens or Legal Permanent Residents. Note: to avoid arguments and possible court battles you should not name more than one person at a time to serve as custodian or trustee.

-			
	Alternate Custodian/Trustee	Relationship to you	_
☐ Pre-Residu	RNEY USE ONLY: Custodial Accordary Trust only Single ("Family Pot" Trustees/Conservators for different child	') Trust D Separate Trusts for	r each child
	ninated custodian or trustee post bond to	1 1 .	□ Yes □ No □ Yes □ No

15. Life Insurance Trusts for Minors. Life insurance does NOT pass through the will. The designated beneficiary on the life insurance/SGLI form is controlling and a separate designation cannot override the life insurance contract. If a minor is listed as a beneficiary on a life insurance policy, the policy amount will generally be paid to the child's court-ordered guardian. If you want to control who will receive and manage the funds for your children, you may create a testamentary life insurance trust for the benefit of your minor children.

A testamentary life insurance trust is a provision in your will that says, essentially, that if there are any life insurance policies existing that name the trust as the beneficiary, then the agent that you name in the will manages the funds for your minor child, spending the proceeds as he or she sees fit for the health, education, and welfare of the child. Such a trust is called "testamentary" because

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it is created by language in the last will and testament. The agent, or manager, who will manage the funds for your minor child is called the trustee. When your child reaches a specific age that you choose, the money will be given to them outright, and the trust will be dissolved. The trust ends when there is no more funds left in the trust.

	Alternate Trustee Relationship to you
	Primary Trustee Relationship to you
	You should name a first choice (primary) and an alternate (backup) 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 18 years of age and should be U.S. citizens or Legal Permanent Residents. Note: to avoid arguments and possible court battles you should not name more than one person at a time to serve as trustee.
	(3) Do you want the Trustee to have the power to dissolve the trust if it becomes uneconomical to maintain? Yes No Yes but only if it falls below a specific amount (Specify: \$)
	(2) Do you want to establish a single life insurance trust for all beneficiaries or separate trusts for each beneficiary? ☐ Single ☐ Separate
	□ Some age under 21 (Specify:) □ 21 □ 25 □ 30 □ ½ at 18 and ½ at 21 □ ½ at 21 and ½ at 25 □ 1/3 at 21, 1/3 at 25, 1/3 at 30 □ Some other disposition not listed above (Specify:)
	(1) Please provide the age(s) you want any minor beneficiaries to reach before they have free access to spend their share of the gifts you leave them.
b.	If you wish to establish a trust, answer the following:
a.	Do you want to create a testamentary life insurance trust? Yes No (Skip this section)

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(6) Indicate the name(s) of your minor life insurance trust beneficiaries.

	Beneficiary	Relationship
1		
2.		
3.		

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LIVING WILL AND SPRINGING POWER OF ATTORNEY FOR **HEALTH CARE**

A Living Will is a declaration that states which medical treatment should or should not be given to you to prolong your life, if you are terminally ill or in a vegetative state where your survival is not possible without the use of life support.

A Living Will (or Advanced Medical Directive) is often accompanied by a **Durable Power** of Attorney for Health Care which permits you to appoint another person (or persons) to make health care decisions on your behalf when you can no longer make such decisions yourself (this is called a "springing" Power of Attorney). The scope of the health agent's powers may be very broad (e.g., changing doctors or hospitals, authorizing certain medical treatment, or terminating all medical treatment).

You should note that a Living Will, although often prepared in conjunction with a last will and testament, is a separate document and is NOT a part of your will.

Do you want a living will?	
□ Yes	
□ No (Skip this section)	
For Female Clients only: If you want a living will, you can choose to limit the pow will during a pregnancy by indicating that no medical action can occur that would the viability of your fetus. Do you want your living will to contain an exception I during pregnancy? (Please note that living wills are automatically limited in case most states) Yes No	adversely impact limiting its scope
Do you want a Durable Power of Attorney for Health Care? Yes (continue to fill this page out) No (proceed to the next page)	
Whom do you want to designate as your health care agent? ☐ My spouse (common, but not required) ☐ Someone who is not my spouse, and who is named below	
Name:	
Address:	
Phone:	
Relation of your agent to you:	

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With regard to the appointment of a second agent to make health care decisions: A second agent is NOT to be designated
 A second agent is to be designated, and either agent can act independently A second agent is to be designated, and the agents must act jointly unless one is incapacitated A second agent is to be designated, and the second agent is to act as a successor only in the event the first is incapacitated
If you wish to designate a secondary agent, indicate below the name of your second agent.
Name:
Address:
Phone: Relation of your agent to you:
Is your agent authorized to donate your organs for transplant? ☐ Yes ☐ No
If yes, do you want to limit your agent's authority to only transplants, rather than giving your agent broad discretion to donate your organs or tissue for other medical, educational, or scientific purposes? Yes No
Do you want to exclude or limit the donation of particular organs? Yes (Specify:) No
Do you wish to express a preference to die at home rather than in a hospital? Yes No

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FUNERAL ARRANGEMENTS

Have you al	ready paid for your funeral arrangements?
	☐ Yes (Name and address of the funeral services you contacted:
	□ No
Do you wisł	h:
•	☐ To be cremated
	☐ To be buried
	☐ To be buried at a specific location:
	☐ To be buried at sea
	☐ To give your body for medical or scientific purposes
Do you wan	nt to be buried with full military honors?
	□ Yes
	□ No
	■ No Preference
	□ N/A

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SPRINGING DURABLE POWER OF ATTORNEY-FINANCIAL

(This is not the same document as the Durable Power of Attorney for Health Care)

A springing durable power of attorney is a reliable way to arrange for someone to make your financial decisions should you become unable to do so yourself. This power of attorney is called "springing" because it does not go into effect unless a doctor certifies that you have become incapacitated. It is also called "durable" because it remains in effect until it is revoked or becomes unnecessary. It allows you to keep control over your affairs unless and until you become incapacitated, when it springs into effect.

Do you want a	a Power of Attorney for Finances? Yes No (do not fill the rest of the page)
your spouse): Legal Name:	erney-in-fact (person who has the powers when you become incapacitated - usually
Address:	D. 1.4' 1'
Phone Number	r: Relationship:
	the appointment of a secondary attorney-in-fact:
With regula to	☐ A secondary attorney-in-fact is NOT to be designated
	☐ A secondary attorney-in-fact is to be designated, and either attorney-in-fact can
	act independently
	☐ A secondary attorney-in-fact is to be designated, and the attorneys-in-fact must
	act jointly unless one is incapacitated
	☐ A secondary attorney-in-fact is to be designated, and the secondary attorney-in-
	fact is to act as a successor only in the event the first is incapacitated
	The to to de de de de constant in the event the medianted
Secondary At	ttorney-in-fact:
	me:
Address:	
Phone Number	r: Relationship:
	TIAL IN THE BRACKETS FOR EACH POWER YOU WISH TO GRANT
TO YOUR A	GENT OR INITIAL THE BOX FOR "ALL OF THE ABOVE":
Γ] D _{ao} 1 I	Property (acquires, transfer, change title)
	ble Personal Property (acquires, transfers, maintains sells)
	ities (stocks, bonds, mutual funds)
[] Comn	nodity futures & options (commodity future contracts & put options
[] Finance	cial Institutions (open account, write checks, borrow \$, safe deposit boxes
[] Busin	ess Operations (partnership, sole proprietorship, business ventures)
[] Resign	nation from Fiduciary Positions (executor, trustee, attorney in fact guardian
	s & Legal Proceedings (litigate, arbitrate, defend lawsuit, bankruptcy)
[] Tax M	Matters (IRS proceeding, tax returns, refunds)
[] Estate	e, Trust & Other Beneficiary Transactions
[] Gover	rnment Benefits (social security, civil benefits, military benefits)
[All of	the above

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(For Active Duty only) Is the Power of Attorney to take effect if you are missing in action,		
captured, or a POW?		
□ Yes		
□ No		
EOD ATTODNEY LISE ONLY: All states honor 10 LLS C & 1044 Durable Springing		
FOR ATTORNEY USE ONLY: All states honor 10 U.S.C. § 1044 Durable Springing		
Powers of Attorney. If you are not preparing the POA under 10 U.S.C. § 1044 then you must check state law to confirm whether the POA may be a springing POA.		
• Is the Springing Durable General Power of Attorney to:		
□ Sell real property		
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		
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 the client's estate		
☐ Create an irrevocable income trust to qualify for Medicaid		
☐ 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		
☐ Discuss digital assets, such as Internet accounts, websites, social media, etc?		
• Compensation for Agent:		
□ Not discuss compensation		
☐ Reasonable compensation		
☐ Agent waives compensation		
• Liability for Agent:		
☐ No liability to 3 rd parties for negligence		
☐ Liability to 3 rd parties for negligence		

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