

WILL WORKSHEET (With children)
USE THIS WORKSHEET IF YOU HAVE, ARE EXPECTING, OR IN THE PROCESS OF ADOPTING CHILDREN

INSTRUCTIONS AND DISCLAIMERS: 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 XII of this package (pages 11-15) in addition to a personal copy of pages 16-18 of this package.
- ☐ No
- 4.4. Were you ever previously married or in a prior RDP? ☐ Yes ☐ No (Skip to Q 5.1)
- 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. INFORMATION ABOUT YOUR CHILDREN

5.1. I have the following children and/or step-children

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

5.2. Do you want to treat your any of your step-children as your own children for inheritance purposes?

☐ Yes ☐ No ☐ N/A

If yes, list the number for those step children from the above table in this line: _____

VI. DISINHERITANCE

- 6.1. Do you want to disinherit anyone? ☐ Yes (Please answer 6.1a-c) ☐ No (Skip to Q 7.1)
- 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

VII. FUNERAL/BURIAL INSTRUCTIONS

- 7.1. 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
- 7.2. **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 2.
- ☐ I want American flags given to the following persons listed in Table 2.

TABLE 2 FLAG DISTRIBUTION

Name	Relationship to you
1.	
2.	
3.	
4.	

All Clients

- 7.3. 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 Q 8.1)
- ☐ 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) _____ or ☐ at a location chosen by my ☐ Executor or by my ☐ spouse or RDP.

☐ Other (please specify): _____

7.4. 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 _____.

VIII. INFORMATION ABOUT YOUR ASSETS AND DEBTS

8.1. **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 3 (to the best of your ability).

TABLE 3 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:
<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:

TABLE 3 CONTINUED ON NEXT PAGE

TABLE 3 CONTINUED FROM PAGE 4

<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:	
	TOTALS	\$ 0	\$ 0

IX. DISTRIBUTION OF YOUR ESTATE

9.1. To whom would you like to give your assets (estate) when you pass away? Select only one response from the five options:

- ☐ **To my surviving spouse/RDP** as an outright distribution, but if my spouse/RDP does not survive me then to my children. If neither my spouse nor any of my children survive me then I want my estate to go to the persons listed in Table 4 (you may list a class of beneficiaries like “my grandchildren”).
- ☐ **50% to my surviving spouse/RDP** as an outright distribution, and the balance to my children, but if my spouse/RDP fails to survive me then all to my children. If both my spouse/RDP and all my children fail to survive me then I want my estate to go to the persons listed in Table 4.
- ☐ **I am disinheriting my spouse/RDP who will receive 0% of my assets** and all of my assets shall go to my children. If all my children fail to survive me then I want my estate to go to the persons listed in Table 4. NOTE TO ATTORNEY: EXPLAIN ELECTIVE SHARE.
- ☐ **Nothing to my spouse/RDP or my children** whom I am disinheriting and instead all of my assets shall go to the persons listed in Table 4. NOTE TO ATTORNEY: EXPLAIN ELECTIVE SHARE
- ☐ **I am unmarried/single and I am disinheriting all my children.** All of my assets shall go to the persons listed in Table 4.

TABLE 4 RESIDUARY ESTATE

Beneficiary Full Name	Percentage (must add up to 100)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
Total %	0

Distribution**ATTORNEY USE ONLY**

Per Capita (Traditional)	<input type="checkbox"/>
Per Capita at Each Generation	<input type="checkbox"/>
Per Capita with Representation	<input type="checkbox"/>
Per Stirpes (Modern)	<input type="checkbox"/>
Per Stirpes (Strict)	<input type="checkbox"/>

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

9.2. **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 9.1, you can give people specific gifts of unique or highly sentimental property, with the remainder passing as you designated in response to question 9.1.

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 on next page 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 9.4)
- ☐ I will use a Tangible Personal Property Memorandum (TPPM). (Skip to Q 9.3)
- ☐ 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 9.1. After filling in Table 5 continue with Q 9.3.

TABLE 5 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.	

9.3. **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.

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

- ☐ I do not own any real property (Skip to Q 9.6)
- ☐ **All of my real property to my surviving spouse or RDP if he/she survives me.** If my spouse or RDP does not survive me then all my real property goes to my surviving children whom I have not otherwise disinherited. If my spouse/RDP and all my children fail to survive me then to the persons I have listed in Table 6 below.
- ☐ All my real property to my surviving children whom I have not otherwise disinherited, in equal shares **and none to my surviving spouse or RDP.**
- ☐ **None for my spouse/RDP/children.** All of my real property to one or more other persons who are not my spouse/RDP or my children whom I have named in Table 6 below.
- ☐ I want to give **different people different pieces of real property.** I have listed each property & the specific people who will receive them in Table 6 below.
- ☐ **I do not want to make a specific gift of any real property.** I just want it to pass with all the rest of my estate in Q 9.1.

TABLE 6 REAL PROPERTY		
Property Address	Primary Beneficiary = 1 Alternate Beneficiary = 2	Relationship to You
	1.	1.
	2.	2.
	1.	1.
	2.	2.
	1.	1.
	2.	2.

- 9.5. 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 estate 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 estate I own.
- 9.6. **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. (Skip to Q 9.7)
 - ☐ I want to make cash gifts to the people listed in Table 7.

TABLE 7 CASH GIFTS		
Beneficiary Name(s)	Amount	Source of this cash gift
1.		
2.		
3.		
4.		
5.		

9.7. **Testamentary Trusts and Custodial Accounts for Your Minor Children Who Have No Surviving Parent to Care for Them or Because You Want a Person Other Than Their Surviving Parent To Handle Their Inheritance From You.**

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

Money for Your Minor Children after Your Death. Service members who pass away leave behind a \$100,000 death gratuity, up to \$400,000 SGLI, unpaid pay and allowances, commercial life insurance, other financial assets with designated beneficiaries, and potentially the proceeds from the sale of real property and other assets the Service members own or have an interest in at the time of their deaths. You, and your spouse or RDP jointly if you have one, must decide how you want those assets to be managed and by whom. Typically, this is done through either a trust or a custodial account. You must name an adult as either a Trustee or Custodian who will be responsible for managing your minor children's inheritance and other monthly benefits as a result of your death. **Your attorney will discuss the children's money management options with you during your interview at which time he or she will complete the "Attorney Use Only" section on the next page.**

In the meantime, please consider whether you want a court to supervise the person who will handle your minor children's money which requires a testamentary trust or whether you prefer to just nominate an adult to serve as a custodian of a bank account for the benefit of your minor children until the children reach the age of majority and can then take control of his or her own money.

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☐ Client wants **custodial accounts** that distribute 100% of these proceeds outright to their minor children when such child reaches _____ years of age.

The maximum age allowed by law in this jurisdiction is (_____) for custodial accounts

☐ Client wants the following **testamentary trusts**:

☐ ONLY A PRE-RESIDUARY TRUST

☐ ONLY A RESIDUARY TRUST

☐ BOTH PRE-RESIDUARY AND RESIDUARY

Client wants trust funds held in a:

☐ Family pot trust that is kept in trust until the youngest child reaches the age(s) of:

☐ 21 or ☐ 25 or ☐ 30

OR

☐ Individual trusts, for each minor child that distributes 100% of each such child's equal share outright to the child when the child reaches the age(s) of:

☐ 21 or ☐ 25 or ☐ 30 or ☐ ½ at 21 and ½ at 25

☐ ⅓ at 21 and ⅓ at 25 and ⅓ at 30

9.8. In the event all of your named beneficiaries die before you or with you, how do you want your estate distributed?

☐ 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 will likely be distributed to the state in which your will was placed for probate.

☐ To the people or charities named in the Table 8.

TABLE 8 ALTERNATE BENEFICIARIES

Full Name of Individual & Relationship to You <u>or</u> Charity	Percentage (must add up to 100)
1.	
2.	
3.	
4.	
5.	
TOTAL %	0

9.9. **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.

X. DESIGNATION OF EXECUTORS, TRUSTEES/CUSTODIANS, GUARDIANS AND FIDUCIARY BONDS:

10.1. In Table 9 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 an Executor or co-Executors (Personal Representative(s)) 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 9 DESIGNATION OF EXECUTORS/PERSONAL REPRESENTATIVES		
	Name of Executor	Relationship to you (e.g., my sister, my uncle)
Executor		
Alternate Executor (optional)		
2 nd Alternate Executor (optional)		
	Name of Co-Executors (STRONGLY DISCOURAGED)	
Co-Executor 1		
Co-Executor 2		
1 st Alternate Co-Executor (optional)		
2 nd Alternate Co-Executor (optional)		

10.2. In Table 10 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 Trustee or co-Trustee or Custodian/Co-Custodian who will be responsible for the money and other assets you are leaving to any minor children or adult disabled children who cannot handle their own finances. **Naming Co-Trustees or Co-Custodians is STRONGLY DISCOURAGED.** Please note your attorney will fill out the last column after discussing your options with you during your interview.

TABLE 10 DESIGNATION OF TRUSTEES/CUSTODIANS			ATTORNEY USE ONLY
	Name of Trustee	Relationship to you (e.g., my sister, my uncle)	Does client want to waive bond?
Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>
1 st Alternate Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>
2 nd Successor Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>
	Name of Co-Trustees		
Co-Trustee 1			YES <input type="checkbox"/> NO <input type="checkbox"/>
Co-Trustee 2			YES <input type="checkbox"/> NO <input type="checkbox"/>
1 st Alternate Co-Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>
2 nd Alternate Co-Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>

10.3. Your minor children may also be eligible for dependent indemnity compensation, social security benefits, Veterans' Administration benefits and other potential sources of regular recurring income if you die while they are still your dependents. These funds can be used for their regular living expenses without spending down the life insurance, death gratuity and unpaid pay and allowances that you designate to put into trust or custodial accounts for your minor children in Q 9.7. You will need to designate a Guardian over these assets as well. This person can be the same person you named in Q 10.2. **Naming Co-Guardians is STRONGLY DISCOURAGED.** Select one option on next page. Please note your attorney will fill out the last column after discussing your options with you during your interview.

- ☐ I want the people who will have physical custody of my children to ALSO handle any of my children's monthly benefits.
- ☐ I want the people I previously named as trustees or custodians in Q 10.2 to handle any monthly benefits.
- ☐ I wish to name a separate guardian of the monthly benefits. (List guardians in Table 11)

TABLE 11 GUARDIAN OF THE PROPERTY OF A MINOR OR ADULT DISABLED CHILD			ATTORNEY USE ONLY
	Name Guardian of the Property of a Minor	Relationship to you (e.g., my sister, my uncle)	Does client want to waive bond?
Guardian of the Property of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
1 st Alternate Guardian of the Property of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
2nd Alternate Guardian of the Property of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
	Name of Co-Guardians of the Property of a Minor		
Co-Guardian (Property) 1			YES <input type="checkbox"/> NO <input type="checkbox"/>
Co-Guardian (Property) 2			YES <input type="checkbox"/> NO <input type="checkbox"/>
1 st Alternate Co-Guardian Property			YES <input type="checkbox"/> NO <input type="checkbox"/>
2 nd Alternate Co-Guardian Property			YES <input type="checkbox"/> NO <input type="checkbox"/>

10.4. In Table 12 below, 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 the guardian of the person of any minor children or adult disabled children. A guardian of the person is usually the adult with whom the child will permanently reside and who will be making health, education and welfare decisions for the child. The Guardian of the person can be the same individual you nominated as a trustee or a custodian or a guardian of the property in Q 10.2. Individuals serving as Guardians are always subject to court approval. Please note that most states require that the guardian not have a criminal record. Also, some states do not permit non-residents of that state who are not related to the child by blood to serve as guardians/conservators under any circumstances. This person will be responsible for the care, custody and control of the minor children or the adult disabled child. **Naming Co-Guardians is STRONGLY DISCOURAGED.** Your attorney will discuss this further during your interview. Please note your attorney will fill out the last column after discussing your options with you during your interview.

TABLE 12 GUARDIAN OF THE PERSON OF A MINOR OR ADULT DISABLED CHILD			ATTORNEY USE ONLY
	Name Guardian of the Person of a Minor	Relationship to you (e.g., my sister, my uncle)	Does client want to waive bond?
Guardian of the Person of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
1 st Alternate Guardian of the Person of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
2nd Alternate Guardian of the Person of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
TABLE 12 CONTINUED ON NEXT PAGE			

TABLE 12 CONTINUED FROM PAGE 10

	Name of Co-Guardians of the Person of a Minor		
Co-Guardian 1			YES <input type="checkbox"/> NO <input type="checkbox"/>
Co-Guardian 2			YES <input type="checkbox"/> NO <input type="checkbox"/>
1 st Alternate Co-Guardian			YES <input type="checkbox"/> NO <input type="checkbox"/>
2 nd Alternate Co-Guardian			YES <input type="checkbox"/> NO <input type="checkbox"/>

10.5. 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 to direct that disabled beneficiary's inheritance to a supplemental needs/benefits trust so that the beneficiary does not lose federal or state benefits for persons with special needs? ☐ Yes ☐ No

10.6. If a supplemental needs/benefits trust is created, please identify the persons the balance of that trust should go to when the disabled beneficiary passes away in Table 13.

TABLE 13 SUPPLEMENTAL NEEDS ALTERNATE BENEFICIARY

Beneficiary Full Name	Percentage (must add up to 100% without rounding)
TOTAL %	0

10.7. **Executor and Trustee Compensation.** Should your individual executors and trustee(s) to receive reasonable compensation for their services managing your estate and that of your children?

☐ Yes ☐ No

XI. ADDITIONAL CLAUSES

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

☐ Yes ☐ No

11.2. **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

XII. ADDENDUM FOR SPOUSE/RDP WHO WANTS A JOINT WILL INTERVIEW AND WANTS TO USE THE OTHER SPOUSE'S WILL INTERVIEW WORKSHEET.

12.1. 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: _____

12.2. Do you want to name different residuary estate beneficiaries than were named by your spouse/RDP in Q 9.1 (Table 4)?

☐ Yes. Please name those persons in Table 14 below.

☐ No. Skip to 12.3

TABLE 14 RESIDUARY ESTATE	
Beneficiary Full Name	Percentage (must add up to 100)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
TOTAL %	0

Distribution ATTORNEY USE ONLY	
Per Capita (Traditional)	<input type="checkbox"/>
Per Capita at Each Generation	<input type="checkbox"/>
Per Capita with Representation	<input type="checkbox"/>
Per Stirpes (Modern)	<input type="checkbox"/>
Per Stirpes (Strict)	<input type="checkbox"/>

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

12.3. Do you want to nominate a different Executor/Personal Representative than those chosen by your spouse/RDP in Q 10.1 (Table 9)?

☐ Yes. Name the different person(s) you want to serve in this capacity in Table 15.

☐ No

TABLE 15 DESIGNATION OF EXECUTORS/PERSONAL REPRESENTATIVES		
	Name of Executor	Relationship to you (e.g., my sister, my uncle)
Executor		
Alternate Executor (optional)		
2 nd Alternate Executor (optional)		
	Name of Co-Executors: STRONGLY DISCOURAGED	
Co-Executor 1		
Co-Executor 2		
1 st Alternate Co-Executor (optional)		
2 nd Alternate Co-Executor (optional)		

12.4. Do you want to nominate a different trustee who will be responsible for the money and other assets you are leaving to any minor children or adult disabled children who cannot handle their own finances than the one(s) named by your spouse/RDP in Q 10.2 (Table 10)?

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

☐ No

Primary Trustee Name and Relationship to you: _____

Successor Trustee Name and Relationship to you: _____

12.5. Do you want to disinherit anyone that your spouse/RDP has not already disinherited in Q 6.1?

☐ Yes. Please answer 12.5 a-c

☐ No. Skip to 12.6

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 responses below.

☐ 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

12.6. Do you want to make any specific gifts of tangible personal property that your spouse/RDP has not already made in Q 9.2 (Table 5)?

☐ Yes. Please list the personal property gifts and the persons to whom you want to give them below in Table 16.

☐ No. Skip to 12.7

TABLE 16 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.	

12.7. Do you want to make any real property gifts that your spouse/RDP has not already made in Q 9.4 (Table 6)?

☐ Yes. Please list the real property gifts and the persons to whom you want to give the gift below in Table 17.

☐ No. Skip to 12.8

TABLE 17 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.

12.8. Do you want to make any cash gifts that your spouse/RDP has not already made in Q 9.6 (Table 7)?

- ☐ Yes. Please list the real property gifts and the persons to whom you want to give the gift below in Table 18.
- ☐ No. Skip to 12.9

TABLE 18 CASH GIFTS		
Beneficiary Name(s)	Amount	Source of this cash gift
1.		
2.		
3.		
4.		
5.		

12.9. Do you want to name different alternate beneficiaries for your estate than those named by your spouse/RDP in Q 9.8 (Table 8) in case all of your named beneficiaries die before you?

- ☐ Yes. Please list your alternate beneficiaries for your estate below in Table 19.
- ☐ No. Skip to 12.10

TABLE 19 ALTERNATE BENEFICIARIES	
Full Name of Individual & Relationship to You <u>or</u> Charity	Percentage (must add up to 100)
1.	
2.	
3.	
4.	
5.	
TOTAL %	0

12.10. Do you want to name different Trustees/Custodians for money you leave to your minor child(ren) or adult disabled child(ren) than those named by your spouse/RDP in Q 10.2 (Table 10)?

- ☐ Yes. Please list your alternate beneficiaries for your estate Table 20 below.
- ☐ No. Skip to 12.11

TABLE 20 DESIGNATION OF TRUSTEES/CUSTODIANS			ATTORNEY USE ONLY
	Name of Trustee	Relationship to you (e.g., my sister, my uncle)	Does client want to waive bond?
Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>
1 st Alternate Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>
2 nd Successor Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>
	Name of Co-Trustees		
Co-Trustee 1			YES <input type="checkbox"/> NO <input type="checkbox"/>
Co-Trustee 2			YES <input type="checkbox"/> NO <input type="checkbox"/>
1 st Alternate Co-Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>
2 nd Alternate Co-Trustee			YES <input type="checkbox"/> NO <input type="checkbox"/>

12.11. Do you want to name different Guardians over the property you leave to your minor child(ren) or adult disabled child(ren) than those named by your spouse/RDP in Q 10.3 (Table 11)?

☐ Yes. Please list your alternate beneficiaries for your estate Table 21 below.

☐ No. Skip to 12.12

TABLE 21 GUARDIAN OF THE PROPERTY OF A MINOR OR ADULT DISABLED CHILD			ATTORNEY USE ONLY
	Name Guardian of the Property of a Minor	Relationship to you (e.g., my sister, my uncle)	Does client want to waive bond?
Guardian of the Property of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
1 st Alternate Guardian of the Property of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
2 nd Alternate Guardian of the Property of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
	Name of Co-Guardians of the Property of a Minor		
Co-Guardian (Property) 1			YES <input type="checkbox"/> NO <input type="checkbox"/>
Co-Guardian (Property) 2			YES <input type="checkbox"/> NO <input type="checkbox"/>
1 st Alternate Co-Guardian Property			YES <input type="checkbox"/> NO <input type="checkbox"/>
2 nd Alternate Co-Guardian Property			YES <input type="checkbox"/> NO <input type="checkbox"/>

12.12. Do you want to name different Guardians of the person of a minor child or adult disabled child than those named by your spouse/RDP in Q 10.4 (Table 12)?

☐ Yes. Please list your alternate beneficiaries for your estate Table 22.

☐ No. (End of Will Interview)

TABLE 22 GUARDIAN OF THE PERSON OF A MINOR OR ADULT DISABLED CHILD			ATTORNEY USE ONLY
	Name Guardian of the Person of a Minor	Relationship to you (e.g., my sister, my uncle)	Does client want to waive bond?
Guardian of the Person of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
1 st Alternate Guardian of the Person of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
2 nd Alternate Guardian of the Person of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
	Name of Co-Guardians of the Person of a Minor		
Co-Guardian 1			YES <input type="checkbox"/> NO <input type="checkbox"/>
Co-Guardian 2			YES <input type="checkbox"/> NO <input type="checkbox"/>
1 st Alternate Co-Guardian			YES <input type="checkbox"/> NO <input type="checkbox"/>
2 nd Alternate Co-Guardian			YES <input type="checkbox"/> NO <input type="checkbox"/>

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 them 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 23.

☐ No (End of Advanced Medical Directive Interview, Skip to Springing Durable General Power of Attorney on page 17).

TABLE 23 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 24.

☐ No (End of Springing Durable Power of Attorney Interview, Skip to Temporary or Emergency Guardian for Minor Children on page 18).

TABLE 24 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

TEMPORARY OR EMERGENCY GUARDIAN FOR MINOR CHILDREN

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

☐ Yes, I have nominated the following Temporary or Emergency Guardians in Table 25 below.

☐ No. (End of Questionnaire. Return this document to the nearest RLSO.)

TABLE 25 STANDBY GUARDIAN FOR MINOR CHILDREN			ATTORNEY USE ONLY
	Name Guardian of the Person of a Minor	Relationship to you (e.g., my sister, my uncle)	Does client want to waive bond?
Guardian of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
1 st Alternate Guardian of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>
2 nd Alternate Guardian of a Minor			YES <input type="checkbox"/> NO <input type="checkbox"/>

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

☐ Take effect if both myself and the other parent or legal guardian are missing in action, a prisoner of war, or otherwise unable to care for the child due to absence or illness or death and after a court adjudicates me as being incapacitated and after a written determination by a physician who has examined me that I am no longer able to care for my children

☐ The same authority I have as a parent/legal guardian ***without limitation.***

☐ Limited to the ability to provide medically necessary dental & health care, daycare, and enroll in after school extra-curricular events.

☐ Include lawful discipline of my children in a reasonable manner and all other acts as required or necessary for the child's safe shelter, support & general welfare.

☐ Include the ability to enroll the children in schools or educational institutions as are necessary for each child's proper education.

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