

# Estate Planning Packet for Single Individuals



**Minnesota National Guard  
Office of the Staff Judge Advocate  
Legal Assistance Program**

This packet was last modified on 12 September 2023.

## INSTRUCTIONS

### THIS ESTATE PLANNING PACKET IS TAILORED TO INDIVIDUALS WHO ARE SINGLE.

**1. Packet Overview.** Estate planning is a process under which your property and assets are given to others upon your death. It may also include the preparation of documents that permit others to make financial and medical decisions for you in the event you become incapacitated. Every estate plan is different. This estate planning packet helps you provide the information needed by our attorneys to provide you advice on your estate planning and prepare your estate documents.

#### **2. Instructions.**

a. We recommend you read the following legal assistance facts sheets before completing this packet: "Will," "Health Care Directive," and "Power of Attorney." You can access these fact sheets at the following website: <https://minnesotanationalguard.ng.mil/legal/>.

b. All individuals must complete the Legal Assistance (Estate Planning) Client Card. The information in this card will be used to determine your eligibility for legal assistance and prepare estate documents for you. It may also be used to prepare statistical reports.

c. The services you are requesting will determine which worksheets you complete. Complete the applicable worksheets to the best of your ability and ensure all requested information (e.g., full names, complete street addresses) is provided.

d. If you are requesting a will, completion of the Composition and Value of Estate Worksheet is optional but highly recommended. Estate planning creates a process in which your property and assets are given to others upon your death. There are many ways to transfer property to family and beneficiaries upon one's death. Every estate plan is different and will likely include a unique combination of various methods of transfer, which may include joint ownership of assets; designation of beneficiaries; and a will. Many people are surprised to learn that a will may not actually control certain assets and may not be the best way to pass assets in any given case. To better assist you in your estate planning, it is important that we know what kind of property you own and exactly how you own it (how it is titled) and the value of your estate. Completing this worksheet will enable your assigned attorney to better assist you in your estate planning.

e. Please write your answers legibly if you are unable to type in your answers. Submit your completed forms and worksheet(s) as follows:

(1) MNNG members who are deploying will bring a printed copy to their scheduled SRP.

(2) JFHQ Service members, non-MNNG Service members, retired Service members, and DoD Civilians submit their completed estate planning packet and verification of eligibility for legal assistance via encrypted email, DoD SAFE, or password protected PDF to [ng.mn.mnarng.mbx.sja-legal-assistance@army.mil](mailto:ng.mn.mnarng.mbx.sja-legal-assistance@army.mil) or mail a hardcopy to: Minnesota National Guard Legal Assistance Office, 600 Cedar Street, St. Paul, MN 55101.

(3) All other MNNG Service members submit their completed estate planning packet in accordance with their servicing legal office's policy or as described in paragraph (2) above.

**3. Process.** Legal assistance is a "first come, first served" service with the exception that priority is given to deploying military personnel. Attorney availability, geographical limitations, and complexity of your estate planning will determine if services can be provided. We do not have a full-time attorney dedicated to legal assistance, so many of these requests are handled by traditional attorneys during drill weekend. Once an attorney is assigned, they will contact you to schedule a date and time to review your packet. You will be able to ask the attorney any questions you have during this appointment. You must bring an identification card with you to all appointments, even when in uniform.

**LEGAL ASSISTANCE (ESTATE PLANNING) CLIENT CARD****DATA REQUIRED BY THE PRIVACY ACT OF 1974****AUTHORITY:** Title 10, USC, Section 1044.**PRINCIPAL PURPOSE:** The purpose of this form is to assist the attorney in preparing legal documents for the client, and to prepare statistical reports on legal assistance services provided during the year. The information on this form is protected by the attorney-client privilege and may be released only in accordance with law or with approval of the client.**ROUTINE USES:** Information on this form will be used to provide legal advice and to prepare legal correspondence and documents for the client, and to prepare statistical reports.**DISCLOSURE:** Voluntary. However, nondisclosure may preclude the legal assistance desired by the client.**CITATION:** SORN # A0027-3 DAJA.**CLIENT INFORMATION****1. Client First Name****2. Client Middle Name****3. Client Last Name****4. Client Category** Service Member Family Member of Service Member Retired Service Member Family Member of Retired Service Member DoD Civilian Other**5. Client DoD ID****6. ID Card Expiration Date****7. Military Organization of Client or Sponsor****8. Client Phone Number****9. Pay Grade****10. Client Email Address****11. Client Address (include street, city, county, state, and zip code):****12. Marital Status:** Divorced Widow None of above**13. Are you deploying?** Yes No**14. Select Services Requesting:** Will Health Care Directive Power of Attorney**FOR LEGAL ASSISTANCE OFFICE USE ONLY**

## COMPOSITION AND VALUE OF ESTATE WORKSHEET

### COMPLETING THIS WORKSHEET IS OPTIONAL

#### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC, Section 1044.

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**CITATION:** SORN # A0027-3 DAJA.

#### REAL PROPERTY

In this section, list any real property you own. Real property (or real estate property) is land and, any interests in land, and immovable property fixed to the land. Examples of real property include a primary residence, a second home for vacation, investment real estate, a farm, or a condominium.

The following explanations of terms are provided to assist you with answering questions in this section.

**Joint Tenancy with Rights of Survivorship.** Ownership by two or more individuals who have equal rights to the property while alive and survivorship rights at death. Rights of survivorship means that when one owner dies the entire ownership interest transfers to the surviving owners. The other co-owner will become the sole owner of the asset, regardless of the distributions made in the deceased co-owner's will.

**Transfer on Death Deed.** A deed that automatically transfers property to a designated beneficiary upon the death of the real property owner without probate. The beneficiary does not have access or rights of ownership to the real property until the death of the real property owner.

1. Address or Legal Description: \_\_\_\_\_

Is this property a joint tenancy with rights of survivorship? \_\_\_\_ Yes \_\_\_\_ No

Title Owner(s) Name: \_\_\_\_\_

Is there a transfer on death deed for this property? \_\_\_\_ Yes \_\_\_\_ No

2. Address or Legal Description: \_\_\_\_\_

Is this property a joint tenancy with rights of survivorship? \_\_\_\_ Yes \_\_\_\_ No

Title Owner(s) Name: \_\_\_\_\_

Is there a transfer on death deed for this property? \_\_\_\_ Yes \_\_\_\_ No

3. Address or Legal Description: \_\_\_\_\_

Is this property a joint tenancy with rights of survivorship? \_\_\_\_ Yes \_\_\_\_ No

Title Owner(s) Name: \_\_\_\_\_

Is there a transfer on death deed for this property? \_\_\_\_ Yes \_\_\_\_ No

#### BANK ACCOUNTS / CASH

The following explanations of terms are provided to assist you with answering questions in this section.

**Joint Account.** A joint owner or co-owner means that both owners have the same access to the account. As an owner of the account, both co-owners can deposit, withdraw, and close the account.

**Payable on Death Beneficiary.** Individual(s) other than the owner or co-owner, designated by the owner(s) of the account to receive the balance of funds when the last owner on the account passes away. Generally, the payable on death arrangement takes precedent over the distributions specified within a will.

1. Account Type: \_\_\_\_\_

Is this account a joint account? \_\_\_\_ Yes \_\_\_\_ No

Account Owner(s) Name: \_\_\_\_\_

Does the account have a payable on death beneficiary designation? \_\_\_\_ Yes \_\_\_\_ No

2. Account Type: \_\_\_\_\_

Is this account a joint account? \_\_\_\_ Yes \_\_\_\_ No

Account Owner(s) Name: \_\_\_\_\_

Does the account have a payable on death beneficiary designation? \_\_\_\_ Yes \_\_\_\_ No

3. Account Type: \_\_\_\_\_

Is this account a joint account? \_\_\_\_ Yes \_\_\_\_ No

Account Owner(s) Name: \_\_\_\_\_

Does the account have a payable on death beneficiary designation? \_\_\_\_ Yes \_\_\_\_ No

**INVESTMENT AND RETIREMENT ACCOUNTS (include TSP, IRAs, and any investment accounts)**

1. Account Type: \_\_\_\_\_

Account Owner(s) Name: \_\_\_\_\_

Name(s) of Designated Beneficiary: \_\_\_\_\_

2. Account Type: \_\_\_\_\_

Account Owner(s) Name: \_\_\_\_\_

Name(s) of Designated Beneficiary: \_\_\_\_\_

3. Account Type: \_\_\_\_\_

Account Owner(s) Name: \_\_\_\_\_

Name(s) of Designated Beneficiary: \_\_\_\_\_

**LIFE INSURANCE**

1. Type of Life Insurance: \_\_\_\_\_

Is this insurance a joint life insurance? \_\_\_\_ Yes \_\_\_\_ No

Insured Individual(s) Name: \_\_\_\_\_

Name(s) of Designated Beneficiary: \_\_\_\_\_

2. Type of Life Insurance: \_\_\_\_\_

Is this insurance a joint life insurance? \_\_\_\_ Yes \_\_\_\_ No

Insured Individual(s) Name: \_\_\_\_\_

Name(s) of Designated Beneficiary: \_\_\_\_\_

3. Type of Life Insurance: \_\_\_\_\_

Is this insurance a joint life insurance? \_\_\_\_ Yes \_\_\_\_ No

Insured Individual(s) Name: \_\_\_\_\_

Name(s) of Designated Beneficiary: \_\_\_\_\_

### PERSONAL PROPERTY OF SIGNIFICANT VALUE

The following explanations of terms are provided to assist you with identifying and listing personal property of significant value in this section.

**Personal Property.** Any asset that an individual or entity owns and that is not considered real property. Personal property can be divided into two major categories: tangible and intangible.

**Tangible Personal Property.** Personal property that can be touched and is moveable. Cars, furniture, recreational vehicles, and jewelry are examples of tangible personal property.

**Intangible Personal Property.** Personal Property that does not have a physical existence or that may not be felt, weighed, or relocated. For the most part, "intangible" property refers to property rights rather than to physical items. Copyright, trademark, patents, and intellectual property are examples of intangible personal property.

**Transfer on Death Beneficiary.** Individual(s) other than the owner or co-owner, designated by the owner(s) of the property to receive the property when the last owner on the property passes away. The beneficiary does not have access or rights of ownership to the property until the death of the property owner.

1. Description of Item: \_\_\_\_\_

Is this property jointly owned by persons who have the right of survivorship? \_\_\_\_ Yes \_\_\_\_ No

Title Owner(s) Name: \_\_\_\_\_

Does the title have a transfer on death beneficiary designation? \_\_\_\_ Yes \_\_\_\_ No

2. Description of Item: \_\_\_\_\_

Is this property jointly owned by persons who have the right of survivorship? \_\_\_\_ Yes \_\_\_\_ No

Title Owner(s) Name: \_\_\_\_\_

Does the title have a transfer on death beneficiary designation? \_\_\_\_ Yes \_\_\_\_ No

3. Description of Item: \_\_\_\_\_

Is this property jointly owned by persons who have the right of survivorship? \_\_\_\_ Yes \_\_\_\_ No

Title Owner(s) Name: \_\_\_\_\_

Does the title have a transfer on death beneficiary designation? \_\_\_\_ Yes \_\_\_\_ No

### DEBTS (list all debt other the mortgages)

The following explanations of terms are provided to assist you with answering questions in this section.

**Creditor.** An entity or person that lends money or extends credit to another party.

**Debtor.** An entity or person that owes money to another party.

1. Type of Debt: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Name of Debtor(s): \_\_\_\_\_

2. Type of Debt: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Name of Debtor(s): \_\_\_\_\_

3. Type of Debt: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Name of Debtor(s): \_\_\_\_\_

**CONTINUATION OF ASSETS AND DEBTS**

**VALUE OF ENTIRE ESTATE (assets minus debts): \$**

## WILL WORKSHEET – SINGLE INDIVIDUALS

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC, Section 1044.

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**ROUTINE USES:** Information on this form will be used to provide legal advice and to prepare legal correspondence and documents for the client, and to prepare statistical reports.

**DISCLOSURE:** Voluntary. However, nondisclosure may preclude the legal assistance desired by the client.

**CITATION:** SORN # A0027-3 DAJA.

### PERSONAL INFORMATION

1. First Name

2. Middle Name

3. Last Name

4. Previously married?  Yes  No

5. U.S. Citizen?  Yes  No

6. Do you wish to include your city, county, and state of residence in your will?  Yes  No (If yes, complete a and b immediately below. If no, skip to question 7 in this section.)

a. City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

b. Select whether you are  currently residing at or  a resident of the location.

7. The value of my estate (assets minus debts) is:  under \$1,000,000  over \$1,000,000

8. Do any of your intended beneficiaries of your will have a disability that qualifies them (or will qualify them in the future) for any federal or state benefits because of their disability?  Yes  No

(If you have a beneficiary (or potential beneficiary) with a disability, it's important to put together a carefully crafted estate plan to make sure any inheritance is structured so the disabled person won't disqualify for any benefits.)

### DECLARATION ON MARRIAGE

1. Do you wish to make a declaration in the Preamble in your will that you are currently unmarried?  Yes  No

2. Do you wish to make a declaration in the Preamble of your will regarding a prior marriage, if applicable?  Yes  No (If yes, complete applicable questions immediately below. If no, skip to the "Information about Children" section.)

a. Previous Marriage Declaration Details:

You were previously married. No further information is to be given about the marriage. (If selected, do NOT complete questions b and c immediately below.)

You were previously married. Information is to be given about the former spouse's name and how and when the marriage was terminated. (If selected, complete question b and c immediately below.)

b. Prior Spouse Name: \_\_\_\_\_

c. You were previously married:

but his or her spouse died. Date of Death: \_\_\_\_\_

but that marriage was terminated. Termination Date: \_\_\_\_\_



**INFORMATION ABOUT CHILDREN** \_\_\_\_\_ Not Applicable

1. Name of Child:	Age	Date of Birth	Biological, Stepchild, or Adopted

**2. Do you wish to declare your children in your will?** \_\_\_\_\_ Yes \_\_\_\_\_ No *(If yes, complete questions a and b immediately below. If no, skip to the "Disinheritance" section.)*

**a.** Do you wish for the declaration to include your adopted and stepchild(ren)? \_\_\_\_\_ Yes \_\_\_\_\_ No

**b.** Do you wish to make a declaration which states that any reference to your children shall be to your named children (and stepchildren, if applicable) and to any children afterborn or adopted by you? \_\_\_\_\_ Yes \_\_\_\_\_ No

**DISINHERITANCE**

The following explanations of terms are provided to assist you with answering questions in this section.

**Disinherit.** The act of purposely excluding a person from receiving assets as a beneficiary under your will. Typically, the person is a family member who would otherwise inherit under the intestate laws (State laws of your primary residence when you pass away that govern distribution of assets if you pass away without a valid will).

**Heir at law.** A person, including a surviving spouse, who is eligible to inherit your assets if you pass away without a will. Your heirs at law are determined by state intestacy laws of your primary residence when you pass away. Each state defines heir at law differently. "Heir" and "beneficiary" are not synonymous, although they may refer to the same individual in a particular case.

**1. Do you wish to disinherit one or more living heirs at law?** \_\_\_\_\_ Yes \_\_\_\_\_ No *(If yes, complete questions 2 through 5 below in this section. If no, skip to the "Funeral Arrangements" section.)*

2. Name of Heir to be Disinherited:	Relationship (e.g., daughter):

**3. What is the reason for disinheritance?**

\_\_\_\_\_ For reasons deemed good and sufficient.

\_\_\_\_\_ Because you have provided significantly during their lifetime.

\_\_\_\_\_ Not for lack of love or affection.

\_\_\_\_\_ No further information provided.

\_\_\_\_\_ Other (Specify): \_\_\_\_\_

**4. Do you wish to include language in your will that states the decision to disinherit your heir(s) was intentional and not made by mistake?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**5. Do you wish to include in your will the reason for disinheritance?** \_\_\_\_\_ Yes \_\_\_\_\_ No

## FUNERAL ARRANGEMENTS

1. Do you have an executed agreement between you and a funeral home that you wish to direct your personal representative to consult prior to making funeral arrangements? \_\_\_ Yes \_\_\_ No (If yes, complete a and b immediately below. If no, skip to question 2.)

a. Name of Funeral Home: \_\_\_\_\_

b. Funeral Home Address: \_\_\_\_\_

2. Do you desire burial with military honors? \_\_\_ Yes \_\_\_ No \_\_\_ Not Applicable. If yes, do you wish to include instructions specifying who will receive an American Flag as a part of your military honors?

\_\_\_ Yes. Name of Individual: \_\_\_\_\_

\_\_\_ No.

3. Please select one of the following on how you would like to be buried/cremated:

\_\_\_ Option 1: I do not wish to memorialize my wishes for a cremation or burial.

\_\_\_ Option 2: I wish my body be cremated and the ashes scattered in or at \_\_\_\_\_.  
(Specific Location)

\_\_\_ Option 3: I wish my body be cremated and the ashes given to \_\_\_\_\_.  
(Name of Individual)

\_\_\_ Option 4: I wish my body be cremated and the ashes given to \_\_\_\_\_  
and scattered in or at \_\_\_\_\_.  
(Name of Individual)  
(Specific Location)

\_\_\_ Option 5: I wish my body be buried at \_\_\_\_\_.  
(Specific Location)

\_\_\_ Option 6: I wish my body be buried at a location chosen by the personal representative.

\_\_\_ Option 7: Other (specify): \_\_\_\_\_

4. Do you wish to include instructions regarding your preference for a religious or non-religious ceremony? \_\_\_ Yes \_\_\_ No

If yes, select one of the following:

\_\_\_ Option 1: That my funeral includes a non-religious memorial service.

\_\_\_ Option 2: That arrangements for your funeral may be made and carried out according to the custom and ceremony of \_\_\_\_\_.  
(Religion or Other Denomination)

\_\_\_ Option 3: Other (specify): \_\_\_\_\_

## ESTATES TAXES & GENERATION-SKIPPING TRANSFER TAX

The following explanations of terms are provided to assist you with answering questions in this section.

**Estate Taxes.** A tax imposed when a person passes away on the transfer of assets. There is a federal estate tax, and several states collect a local estate tax.

**Generation-Skipping Transfer Tax.** A tax on assets that are left directly to grandchildren and generations below grandchildren ("skip" a generation). This tax was designed to prevent families from avoiding the estate tax for one or more generations by making bequests directly to grandchildren and generations below grandchildren.

**1. Do you wish to provide specific instructions for apportionment of estate taxes (select one option only):**

\_\_\_\_ **Option 1:** taxes on property not passing under this will (non-probate property) should be apportioned to and paid from such property by those succeeding to such property.

\_\_\_\_ **Option 2:** estate taxes on items devised in this will (probate property) should be paid from the residue of my estate without apportionment.

\_\_\_\_ **Option 3:** estate taxes on specific devises, life insurance, cash, cash equivalents, retirement and employee benefits payable after death should be paid from the residue of my estate without apportionment and the right of the estate to recover such taxes should be waived.

\_\_\_\_ **None of the Above.**

\_\_\_\_ **I don't know what this means and want to talk about it with an attorney.**

**2. Do you wish to include an optional provision directing the payment of any generation-skipping transfer tax from the property generating the tax? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ I don't know what this means and want to talk about it with an attorney.**

**GIFTS**

In this section, you can identify personal property, real property, or cash to be given to individuals or charities. However, these gifts will be provided out of your estate FIRST before your primary beneficiaries receive anything and may deplete any property they would have received if no specific gifts were given. Specific gifts might also complicate your estate if the property given cannot be found at your death. Therefore, if you make any specific gifts, 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 do not want to provide any gifts, skip to the "Tangible Personal Property" section.

The following explanations of terms are provided to assist you with answering questions in this section.

**Personal Property.** Your assets which can be touched and are moveable. Cars and furniture are examples of tangible personal property.

**Real Property (or Real Estate Property).** Land, any interests in land, and immovable property fixed to the land. Examples of real property include a primary residence, a second home for vacation, investment real estate, a farm, or a condominium.

**1. Do you wish to make a specific gift of personal property in your will? \_\_\_\_ Yes \_\_\_\_ No (If yes, complete information immediately below. If no, skip to question 2 in this section.)**

Personal Property # 1.

Description: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

If the beneficiary listed above does not survive you, this gift shall:

\_\_\_\_ **Option 1:** Lapse.

\_\_\_\_ **Option 2:** Go to a Contingent Beneficiary. (If selected, complete contingent beneficiary information immediately below.)

Contingent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Personal Property # 2.

Description: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

If the beneficiary listed above does not survive you, this gift shall:

\_\_\_ **Option 1:** Lapse.

\_\_\_ **Option 2:** Go to a Contingent Beneficiary. *(If selected, complete contingent beneficiary information immediately below.)*

Contingent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2. Do you wish to make a specific devise of real property?** \_\_\_ Yes \_\_\_ No *(If yes, complete a and b immediately below. If no, skip to question 3.)*

**a.** Please select one of the following options: *(Complete the requested information under your selected option before completing b. Each option is separated by a dash line.)*

\_\_\_ **Option 1:** I wish to devise one or more specific piece(s) of real property to one or more designated person.

Property Address/Legal Description: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Property Address/Legal Description: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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\_\_\_ **Option 2:** I wish to devise all my interests in real property.

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**b.** Any mortgage or other claim on the property is:

\_\_\_ To be discharged using funds from my Residuary Estate so that no liability is borne by the devisee.

\_\_\_ Not to be paid or discharged out of any other part of my estate, and the devisee shall take the devise subject to the encumbrance.

**3. Do you wish to make a specific cash gift?** \_\_\_ Yes \_\_\_ No *(If yes, complete a through c immediately below. If no, skip to the "Tangible Personal Property" section.)*

**a.** Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

**b.** Gift Type and Amount:

\_\_\_ Dollar Amount: \$ \_\_\_\_\_

\_\_\_ Percentages of Your Estate: \_\_\_\_\_ %

**c.** If the beneficiary does not survive you, then:

\_\_\_ This gift shall lapse.

\_\_\_ You will give this sum to a contingent beneficiary. *(If selected, complete contingent beneficiary information immediately below.)*

Contingent Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

## TANGIBLE PERSONAL PROPERTY

The following explanations of terms are provided to assist you with answering questions in this section.

**Tangible Personal Property.** Your assets which can be touched and are moveable. Cars and furniture are examples of tangible personal property.

**Personal Representative.** A person you appoint who is responsible for carrying out the legal and financial wishes stated in your will, including the payment of debts, sale of assets, and distributions to beneficiaries. This person plays the same role as an administrator if you pass away without a valid will.

**1. Do you wish to make a declaration that you intend to prepare a memorandum distributing items of tangible personal property?** \_\_\_ Yes \_\_\_ No. **If yes,** do you wish to make a declaration that if no tangible personal property memorandum is found within a certain number of days, it shall be presumed that no such memorandum exists?

\_\_\_ Yes. Number of days: \_\_\_\_\_

\_\_\_ No.

**2. Who do you wish to give all tangible personal property not otherwise disposed of to?** (Select only one option below and complete requested information under your selected option. Each option is separated by a dash line.)

\_\_\_ **Option 1:** A class of beneficiaries (i.e., your children).

Beneficiary Class: \_\_\_\_\_

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\_\_\_ **Option 2:** Multiple Beneficiaries.

Beneficiary 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary 3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary 4 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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\_\_\_ **Option 3:** A single Beneficiary.

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**3. Select the person(s) you want to pay for packing, shipping, insuring, and delivery of tangible personal property to beneficiaries:**

\_\_\_ Personal Representative, Paying as an Administration Expense.

\_\_\_ Recipient of Tangible Personal Property.

## RESIDUARY ESTATE

The following explanations of terms are provided to assist you with answering questions in this section.

**Residuary Estate (or Residual Estate or Residue).** The portion of your assets that are left over after paying off your estate's debts, taxes, and expenses and after distributing any specific gifts of real or personal property. The residue is used as a catchall term in the will to include all assets that were not already covered in the will. In the typical will, the residue will comprise the bulk of the estate.

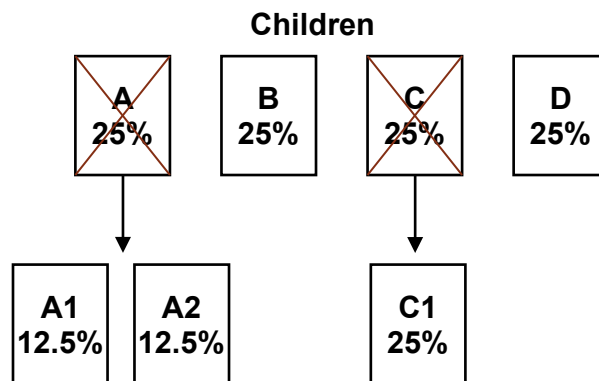
**Descendants.** An individual's children, grandchildren, and more remote persons who are related by blood or because of legal adoption. An individual's spouse, stepchildren, parents, grandparents, brothers, or sisters are not included. The term "descendants" and "issue" have the same meaning.

**Trust.** The term trust used in this section is in reference to a testamentary trust. A testamentary trust established in your will to come into operation after the will has been probated and the assets have been distributed to it in accordance with the terms of the will.

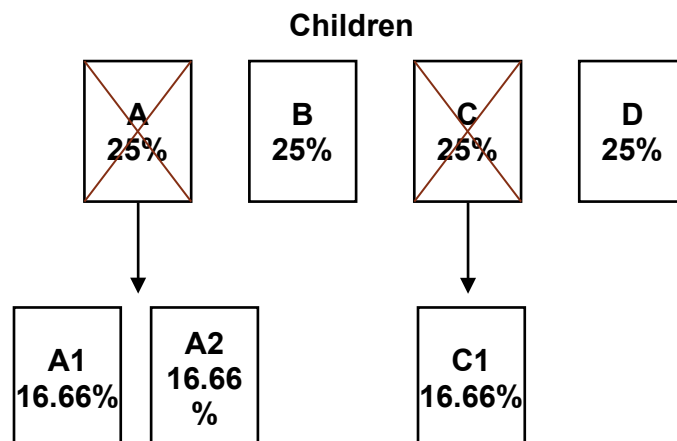
**Pot Trust.** A pot trust is a type of trust that lists out multiple beneficiaries for a single pool of assets.

**Staged Distribution.** A planning strategy for testamentary trusts which requires beneficiaries to receive their inheritance over time, in stages, rather than all at once. There are many different reasons why you may want to choose Staged Distribution, but it is especially recommended if you have minor kids, so that they don't potentially receive a bulk sum of assets at an early age when they are prone to misuse the proceeds.

**Per stirpes.** A distribution per stirpes means that the beneficiary is entitled to the share of the estate that his or her deceased ancestor would have received had that ancestor lived. If a bequest is made to your four children (A, B, C and D) per stirpes, and all your children survive you, the bequest will be divided into four equal shares and each child will receive 25% of your bequest. If one of your children predeceases you (let us say it is Child A), leaving two surviving children, A1 and A2, then A1 and A2 will divide the 25% share that their deceased parent, A, would have received had the parent lived. In this situation, A1 and A2, your grandchildren, will each receive 12.5% of the bequest. If a second child (let us say it is Child C) also predeceases you, but leaves only one surviving child, C1, then C1 will receive the entire 25% share that his or her parent, C, would have received had the parent lived. Your two surviving children, B and D, will each receive 25% of the bequest. The diagram immediately below shows this distribution.



**Per capita at each generation.** A distribution by representation achieves a hybrid result, in that each generation of beneficiaries will share the bequest equally. If a bequest is made to your four children (A, B, C and D) by representation, and all four children survive you, the bequest will be divided into four equal shares and each child will receive 25% of the bequest. If one of your children predeceases you (let us say it is Child A), leaving two surviving children, A1 and A2, and C also predeceases you, leaving one surviving child, C1, then the by representation designation would change the share of the bequest that each beneficiary would receive. Here, A and C would have each received 25% of the bequest had he or she survived you. The 50% share that A and C would have received is now divided equally among your three grandchildren, A1, A2 and C1, with each grandchild receiving a 16.66% share. Your two surviving children, B and D, will each receive 25% of the bequest. The diagram immediately below shows this distribution.



1. Does your residual estate include property of any nature over which you may have any power of appointment or testamentary disposition, including any lapse disposition? \_\_\_\_ Yes \_\_\_\_ No

2. How would you like your residuary estate to be disposed of? (Select only one option and complete information immediately under selected option. Each option is separated by a dash line.)

\_\_\_\_ **Option 1:** You wish to distribute the residuary estate outright to your living children and to the descendants of a deceased child. Your residuary estate shall be divided into equal separate shares for each child, to be divided:

\_\_\_\_ per capita at each generation.

\_\_\_\_ per stirpes.

-----  
\_\_\_\_ **Option 2:** You wish to direct the residuary estate to a pot trust when one or more of the beneficiaries are under the stated age. (If selected, complete a through c immediately below and the "Trustee & Trust Administration" section in this worksheet.)

a. Do you wish to provide the following additional guidance for the exercise of Trustee's discretion: "Not to limit my Trustee, but to provide guidance for the exercise of the Trustee's discretion, it is my intention that my children be nurtured, raised to maturity, and given the highest degree of education their aspirations and abilities allow. My Trustee's discretion shall also include the expenditure of funds required to allow my children to be cared for in a comfortable and convenient manner."? \_\_\_\_ Yes \_\_\_\_ No

b. Age of Common Share Trust Termination: \_\_\_\_\_

c. Upon termination, the residuary estate shall be divided into shares for each child, to be divided:

\_\_\_\_ per capita at each generation.

\_\_\_\_ per stirpes.

-----  
\_\_\_\_ **Option 3:** You wish to direct the assets into equal separate share trusts for their children. (If selected, complete a through c immediately below and the "Trustee & Trust Administration" section in this worksheet.)

a. Upon termination, the residuary estate shall be divided into shares for each child, to be divided:

\_\_\_\_ per capita at each generation.

\_\_\_\_ per stirpes.

b. Trustee shall pay to Beneficiary, from time to time, principal from the trust (select distribution standard below) even though the distribution may terminate the trust.

\_\_\_\_ for any reason whatsoever, as the Trustee shall determine in the Trustee's sole discretion.

\_\_\_\_ as the Trustee may deem advisable to provide adequately for the health, support, maintenance, and education of such beneficiary.

c. Do you wish to use staged distribution?

\_\_\_\_ Yes. Age of Mandatory Income Distribution: \_\_\_\_\_ Age of Final Distribution: \_\_\_\_\_

\_\_\_\_ No. Age of Mandatory Income Distribution: \_\_\_\_\_

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**OPTION 4 IS ON THE NEXT PAGE**

\_\_\_ **Option 4:** You wish to dispose of their residuary estate to two or more beneficiaries in:

\_\_\_ equal shares.

\_\_\_ unequal shares.

**a. Beneficiaries Designation:** *(If unequal shares selected, fill in amount (e.g., 20%). If equal shares selected, leave amount blank.)*

Beneficiary 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

Beneficiary 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

Beneficiary 3: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

Beneficiary 4: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

**b. How do you wish for the residuary estate to be distributed to the beneficiary?**

\_\_\_ outright. *(If selected, complete c and d immediately below. DO NOT complete e through g.)*

\_\_\_ in trust. *(If selected, complete e through g immediately below and the "Trustee & Trust Administration" section in this worksheet. DO NOT complete c and d.)*

**c.** If any of the Beneficiaries do not survive you by \_\_\_\_\_ (optional) days, the share of such Beneficiary shall be divided among the surviving Beneficiaries.

**d.** The predeceased beneficiary's share shall be divided:

\_\_\_ equally.

\_\_\_ in proportion to their respective shares in my Residuary Estate.

**e.** Trustee shall pay to Beneficiary, from time to time, principal from the trust (select distribution standard below) even though the distribution may terminate the trust.

\_\_\_ for any reason whatsoever, as the Trustee shall determine in the Trustee's sole discretion.

\_\_\_ as the Trustee may deem advisable to provide adequately for the health, support, maintenance, and education of such beneficiary.

**f.** Do you wish to use staged distribution?

\_\_\_ Yes. Age of Mandatory Income Distribution: \_\_\_\_\_ Age of Final Distribution: \_\_\_\_\_

\_\_\_ No. Age of Mandatory Income Distribution: \_\_\_\_\_

**g.** Trustee shall pay the balance of the trust assets to the Beneficiary's then-living issue or your then-living issue:

\_\_\_ per capita at each generation.

\_\_\_ per stirpes.

**3. In the event no person designated in your will is living, so that the disposition of any portion of your estate is not provided for the will, such property shall be distributed:**

\_\_\_ to the persons to whom and in the shares and proportions in which your estate would have been distributed under intestacy law.

\_\_\_ to the designated individuals and/or charities.



## PERSONAL REPRESENTATIVE

The following explanations of terms are provided to assist you with answering questions in this section.

**Personal Representative.** A person you appoint who is responsible for carrying out the legal and financial wishes stated in your will, including the payment of debts, sale of assets, and distributions to beneficiaries. This person plays the same role as an administrator if you pass away without a valid will. Since your personal representative will handle your assets, you should always pick someone you trust.

**Digital Assets.** Electronic records such as photos or videos and, also, an online user account and information associated with an online user account. For example, social media accounts such as Facebook and Twitter would be considered digital assets.

**1. Do you wish to nominate and appoint:** *(Select only one option and complete information under selected option. Each option is separated by a dash line.)*

\_\_\_ **Option 1:** a primary personal representative (with option to appoint to successor personal representative).

Primary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Successor Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

-----  
\_\_\_ **Option 2:** co-personal representatives who may or may not be required to act together. *(If selected, complete a through c immediately below.)*

**a. Co-Representatives Designation:**

Co-Representative Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Co-Representative Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**b. If either of the first and second co-personal representatives shall be unable or unwilling to serve:**

\_\_\_ the remaining co-personal representative may act alone.

\_\_\_ you nominate and appoint the following successor co-personal representative:

Successor Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**c. If both co-personal representatives shall be unable or unwilling to serve, do you wish to appoint two successor co-personal representatives?** \_\_\_ Yes \_\_\_ No. **If yes,** complete successor information immediately below.

Successor Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Successor Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2. Should the individual personal representative be entitled to or receive any compensation for their services?** \_\_\_ Yes \_\_\_ No

**3. Would you like your will to state that the personal representative will not be required to give any bond or other security for the faithful performance of their duties as your personal representative, unless required by court?** \_\_\_ Yes \_\_\_ No

**4. Regarding digital assets, do you wish to allow your Personal Representative to access the content (i.e., the substance of the communication) of any electronic communication in addition to the catalogue (i.e., identifying information) of the communication?** \_\_\_ Yes \_\_\_ No

## SUPPLEMENTAL BENEFITS TRUST

The following explanation of term is provided to assist you with answering questions in this section.

**Supplemental Benefits Trust.** A trust established for the benefit of a disabled individual that is designed to allow the disabled individual to be eligible for government financial aid by limiting the use of trust assets for purposes other than the beneficiary's basic care.

**1. Do you wish to enable Trustee to direct a disabled beneficiary's inheritance to a supplemental benefits trust?**  Yes  No *(If yes, complete questions 2 and 3 and the "Trustee & Trust Administration" section. If no, skip to the "Trustee & Trust Administration" section if applicable or the "No Contest" section if not applicable.)*

**2. Beneficiary Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**3. Do you wish to authorize Trustee to make distributions from trust income and principal for food and shelter?**  Yes  No

## TRUSTEE & TRUST ADMINISTRATION

**COMPLETE THIS SECTION ONLY IF YOU SELECTED OPTION 2, 3, OR "IN TRUST" UNDER OPTION 4 IN THE "RESIDUARY ESTATE" SECTION, OR IF YOU ANSWERED YES TO QUESTION 1 IN THE SUPPLEMENTAL BENEFITS TRUST.**

The following explanations of terms are provided to assist you with answering questions in this section.

**Trustee.** Someone you appoint to carry out the instructions of the trust you establish in your will. This person will hold the title to the property and manages the property for the benefit of your designated beneficiaries. The Trustee has a duty to manage the trust's assets in the best interests of the beneficiaries. Frequently, it is the person who has the duty and authority to spend money from the trust on your children's education, health, and support. Since your trustee will handle your beneficiaries' assets, you should always pick someone you trust.

**Successor Trustee.** A person who becomes the trustee for the trust you establish in your will should your first choice in trustee passes away, resigns, or otherwise becomes unable to act.

**Co-Trustee.** Persons who share responsibilities for managing a trust you establish in your will. Co-Trustees are not the same as a Successor Trustees. Co-Trustees duties are immediate, while a Successor Trustee only acts if your Primary Trustee is unable or unwilling to perform their duties.

**1. Do you wish to appoint:** *(Select only one option and complete information under option selected. Options are separated by a dash line.)*

**Option 1:** Trustee and a successor Trustee.

Trustee Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Successor Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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 **Option 2:** Co-Trustees.

Co-Trustee Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Co-Trustee Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2. Do you wish to give the Trustee the right to refrain from making an otherwise required distribution when it would not be in the beneficiary's best interests to make such distribution?**  Yes  No

**3. Do you have any retirement accounts that will be administered under the will?**  Yes  No

**4. The Trustee shall have the power, in the Trustee's discretion, to terminate any trust created under this will whenever the fair market value of the trust falls below \$\_\_\_\_\_.**

**5. Do you wish to include a declaration stating that continuing administration shall be uneconomical if the Trustee determines that, with reference to the trust fee schedules then in effect for corporate fiduciaries in the area in which the trust is being administered, the trust would be subject to the minimum trust administration fees of those fiduciaries, regardless of the value of the trust?**

\_\_\_\_ Yes \_\_\_\_ No

### **NO CONTEST**

The following explanation of term is provided to assist you with answering the question in this section.

**No-Contest Clause.** A no-contest clause is to deter beneficiaries from challenging your wishes as memorialized your will. A beneficiary who challenges the terms of your forfeits any bequests they have in your will. In some states, no-contest clauses are unenforceable if the contesting individual had probable cause for instituting the proceeding. This clause would only deter an individual who is a beneficiary under the will. An heir-at-law who has been completely omitted as a beneficiary and who seeks to challenge the will would not be deterred by a no-contest clause since they stand to receive nothing from the will unless they pursue legal action.

**Do you wish to include a clause discouraging beneficiaries from contesting the probate and validity of your will or associated trusts?** \_\_\_\_ Yes \_\_\_\_ No

**If yes,** should the clause include the contesting beneficiaries' issue as well? \_\_\_\_ Yes \_\_\_\_ No

# HEALTH CARE DIRECTIVE WORKSHEET

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC, Section 1044.

**PRINCIPAL PURPOSE:** The purpose of this form is to assist the attorney in preparing legal documents for the client, and to prepare statistical reports on legal assistance services provided during the year. The information on this form is protected by the attorney-client privilege and may be released only in accordance with law or with approval of the client.

**ROUTINE USES:** Information on this form will be used to provide legal advice and to prepare legal correspondence and documents for the client, and to prepare statistical reports.

**DISCLOSURE:** Voluntary. However, nondisclosure may preclude the legal assistance desired by the client.

**CITATION:** SORN # A0027-3 DAJA.

### PERSONAL INFORMATION

1. First Name

2. Middle Name

3. Last Name

### HEALTH CARE AGENT

The following explanation of term is provided to assist you with completing this section.

**Health Care Agent.** An individual you appoint to make medical decisions for you if you become unable to communicate them yourself. Your Health Care Agent will follow the instructions you provide in your Health Care Directive to ensure your wishes and values are honored. Your Health Care Agent will:

- Make medical decisions on your behalf any time you lose the ability to communicate them yourself, not just at the end of life.
- Advocate on your behalf with doctors and medical staff for the care you would choose for yourself.
- Communicate with family members and loved ones regarding your treatment decisions when they are acting on your behalf.

**Do you wish to appoint a health care agent?**  Yes  No (If yes, complete a through c immediately below with your designated health care agent's information. If no, skip to the "Beliefs and Values" section.)

a. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

b. Phone Number: \_\_\_\_\_

c. Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

### ALTERNATE HEALTH CARE AGENT

The following explanation of term is provided to assist you with completing this section.

**Alternate Health Care Agent.** An individual you appoint if your first agent unavailable or unwilling to make medical decisions for you if you become unable to communicate them yourself.

**Do you wish to appoint an alternate health care agent?**  Yes  No (If yes, complete a through c immediately below with your designated alternate health care agent's information. If no, skip to the "Beliefs and Values" section.)

a. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

b. Phone Number: \_\_\_\_\_

c. Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

## BELIEFS AND VALUES

**You wish to include the following statements regarding beliefs and values (select all that apply):**

If the time comes when I can no longer take part in decisions for my own future and my own medical care, I desire that this statement stand as an expression of my wishes and directions, made while I am still of sound mind.

I ask that medication be administered to me to alleviate pain and suffering (including physical, emotional, psychological or spiritual pain or suffering), even though this may shorten my life.

None of the Above

## INSTRUCTIONS FOR HEALTH CARE

**You wish to include the following statements regarding instructions for health (select all that apply):**

I believe that my health care should be directed toward preserving my self-determination, well-being, and dignity. I do not believe in the futile prolongation of life when there is no reasonable hope for recovery, nor in the unwanted and unnecessary prolongation of pain and suffering.

It is my desire to have all appropriate and reasonable medical treatments that may improve my medical condition or prolong my life for as long as I am able to care for myself or have realistic hopes of regaining my ability to care for myself in the medical opinion of the attending physician.

I express the desire that my life be prolonged to the greatest possible extent without regard for my physical or mental condition, chance of recovery, likelihood of suffering, or expense, and authorize my health care agent to consent to whatever medical procedures are necessary to accomplish this end. Regardless of my condition, it is my desire to receive nutrition and hydration in all ways possible.

If I should have an incurable injury, disease, or illness, which in the opinion of my health care providers, to a reasonable medical certainty, is a terminal condition, and if the application of life sustaining procedures would serve only to artificially prolong the moment of my death, and if my health care providers determine that my death is imminent, whether or not life sustaining procedures are utilized, then I desire that all life sustaining procedures (including nutrition and hydration, unless necessary for my comfort or alleviation of pain) be withheld or removed.

If I should have an incurable injury, disease, or illness, which in the opinion of my health care providers, to a reasonable medical certainty, is a terminal condition, and if the application of life sustaining procedures would serve only to artificially prolong the moment of my death, and if my health care providers determine that my death is imminent, whether or not life sustaining procedures are utilized, then I desire that all life sustaining procedures (including nutrition and hydration, unless necessary for my comfort or alleviation of pain) be withheld or removed. In addition, if I should be in a comatose state, which in the opinion of my health care provider, to a reasonable medical certainty, is a permanent and irreversible condition (that is, there is no reasonable possibility that I will regain consciousness), and if the application of life sustaining procedures would result only in a mere biological existence, devoid of cognitive function, irreversibly unable to interact with my environment, with no reasonable hope for return to normal functioning, then I desire that all life sustaining procedures (including nutrition and hydration, unless necessary for my comfort or alleviation of pain) be withheld or removed.

If in my health care agent's judgment, the burdens of the proposed treatment, service, or procedure outweigh the expected benefits, then I desire that all life sustaining procedures (including nutrition and hydration, unless necessary for my comfort or alleviation of pain) be withheld or removed. If in my health care agent's judgment, the extension of my life would result in a mere biological existence, devoid of cognitive function, irreversibly unable to interact with my environment, with no reasonable hope for return to normal functioning, then I desire that all life sustaining procedures (including nutrition and hydration, unless necessary for my comfort or alleviation of pain) be withheld or removed. It is my desire that my health care agent consider relief from suffering, preservation or restoration of function, and the quality, dignity as well as extent of the life being preserved when decisions are made concerning life sustaining care, treatment, services, and procedures. In making the decision to withhold or remove treatment, my health care agent shall ask the question: "Is the proposed treatment a reasonable aid to recovery or merely a prolongation of inevitable

death?" The determination of what is "reasonable," an "aid to recovery," and "merely a prolongation of inevitable death" shall be made exclusively by my health care agent.

None of the Above

## FEARS

**You wish to include the following statements regarding fears (select all that apply):**

The thought of having no reasonable hope for recovery, being unable to communicate my wishes, and being kept alive by artificial means, including artificially administered sustenance, for a long period of time (such as months, years, or decades) is horrifying to me and would be even more horrifying to my family who would know that I would never want artificial means to keep me alive under these circumstances, especially because of the terrible emotional burden such a degrading existence would place on my family and friends.

I fear that I will not be able to say goodbye to the important people in my life, including my spouse, children, parents, grandchildren, and my main priority is to be kept alive in whatever state so that I may do so.

None of the Above

## FAITH

**What are your spiritual or religious beliefs and traditions?**

## FUNERAL ARRANGEMENTS

**1. Do you wish to include further instructions regarding your preference for a religious ceremony?**

Yes  No (If yes, complete questions 2 through 6 in this section. If no, skip to the "Lifestyle" section.)

**2. Religious or Other Denomination:**

**3. Faith Community (e.g., Mount Sinai Congregation):**

**4. City of Faith Community:**

**6. Type of Ceremony (select all that apply):**

Funeral

Memorial

Burial

## LIFESTYLE

**You wish to include the following statements regarding lifestyle (select all that apply):**

I would like to live out my last days at home, if doing so does not jeopardize the chance of my recovery to a meaningful life, and if it does not impose undue burden upon my family. If it is not possible for me to remain at home, I would prefer to be cared for at a hospice, hospice residential home, or long-term care facility, rather than a hospital.

Quality of life is more important to me than length of life. If my attending physician decides that I am in a "terminal condition" (which means an incurable or irreversible condition, for which the administration of medical treatment will serve only to prolong the process of my dying), I want to be allowed to die naturally with dignity and self-respect, and to avoid being a burden to myself and to others. I want those who follow my instructions to be free from remorse in observing my wishes.

None of the Above

## FAMILY

### You wish to include the following statements regarding family (select all that apply):

I know the decision about a "terminal condition," extraordinary measures," or "heroic measures" is not a simple matter. Once this document comes into effect, I ask all those chosen to make decisions on my behalf to not feel that they are responsible for my getting better or worse and that my health care agents, my doctors and nurses, and any others concerned with my care will not feel any responsibility for my death if it arrives as a result of their following my instructions.

I do not want treatment given just to make my family and doctor and nurses feel better.

None of the Above

## WISHES

### 1. You wish to include the following statements regarding dying (select all that apply):

Only those measures which will assist in maintaining my self-determination, comfort, and dignity. I do want aggressive management of pain and suffering, even if large doses of narcotics and sedatives are necessary, and even when these medications could hasten my death, as long as the primary intention of giving the medications is to relieve my pain and suffering. In the balance between minimizing pain and suffering, and the possible risk of harmful side effects, I strongly request that my physician and health care agent err on the side of aggressive management of pain and suffering. Except as stated above, if I am dying, I do not want any medical treatment of any kind, including artificially administered sustenance. I feel confident that my health care agents know me well enough to apply my wishes on artificially administered sustenance in most circumstances.

To stop or withhold all treatments that extend my life. This includes, but is not limited to, tube feedings, IV (intravenous) fluids, respirator/ventilator (breathing machine), cardiopulmonary resuscitation (CPR), and antibiotics.

All treatments recommended by my health care team. This includes, but is not limited to, tube feedings, IV (intravenous) fluids, respirator/ventilator (breathing machine), cardiopulmonary resuscitation (CPR), and antibiotics. I want treatments to continue until my health care team and agent agree such treatments are harmful or no longer helpful.

None of the Above

### 2. You wish to include the following statements regarding unconscious (select all that apply):

If I am irreversibly unconscious, comatose, or vegetative, I would want all appropriate and medically indicated life-supporting treatment or procedures.

I would want artificial nutrition and hydration to be continued, along with medications that will bring me comfort and relief from my symptoms.

If I am irreversibly unconscious, comatose, or vegetative, I direct that all artificial life support be discontinued, but that appropriate pain relief medications be provided.

You may start a trial of therapy or treatment to be given for a reasonable time to be determined by my agent and my physicians. This therapy may include all treatments necessary to restore me to a reasonable quality of life, to help make me more comfortable or to otherwise benefit me. Should it be determined that such treatments are futile, I would then want such treatments and all artificial life supports discontinued, even if this will result in my death.

I feel it is the quality of life that is important. If I am comatose or in a persistent vegetative state, it is my sincere belief that I no longer have any quality of life and I am better off dead.

I specifically reject artificial nutrition and hydration of any kind if I am irreversibly unconscious, comatose, or vegetative.

**OPTIONS CONTINUE ON THE NEXT PAGE**

I want my agent to decide whether I should have artificial nutrition and hydration if I am irreversibly unconscious, comatose, or vegetative.

If I am in a terminal condition and cannot express my wishes, I wish to be allowed to die naturally and not be kept alive by artificial means or heroic measures. I do not want any medical treatment that will not substantially improve my condition or help me recover but will only postpone the moment of my death.

None of the Above

**3. You wish to include the following statements regarding being dependent (select all that apply):**

I want pain control and provision for comfort.

I do not want treatment given just to make my family and doctor and nurses feel better.

If surgery, medications, or time might make a difference and as long as they may legally be withdrawn/disconnected if there is no change within one month, then you may do whatever you deem appropriate (for one month only).

None of the Above

**4. You wish to include the following statements regarding pain relief (select all that apply):**

I ask that medication be administered to me to alleviate pain and suffering (including physical, emotional, psychological or spiritual pain or suffering), even though this may shorten my life.

I ask that medication not be administered to alleviate pain and suffering (including physical, emotional, psychological, or spiritual pain or suffering), because I do not want my life shortened and want an opportunity to say good-bye to my loved ones. I am willing to endure some pain in order to prolong my life.

If there is no reasonable hope for recovery, I do want aggressive management of pain and suffering, even if large doses of narcotics and sedatives are necessary, and even when these medications could secondarily cause respiratory depression, coma, or death, as long as the primary intention of giving the medications is to relieve my pain and suffering. In the balance between minimizing pain and suffering and the possible risk of harmful side effects, I strongly request that my physician and health care agents err on the side of the aggressive management of pain and suffering.

In all circumstances, I want my doctors to keep me comfortable and free of pain as is reasonably possible, including the administration of pain-relieving drugs and surgical or medical procedures calculated to relieve my pain, even if it exceeds accepted protocol or may hasten my death. My goal is to avoid discomfort, pain, and suffering to the maximum extent possible, especially if there is no reasonable hope of recovery.

None of the Above

**5. Do you wish to include the following statements (select all that apply):**

I wish to receive home health care if at all possible.

I prefer not to be sent to a hospital to die.

If I am dying and if a choice is possible and reasonable, I would prefer to receive my care  at a hospital  at a nursing home  through a hospice  from other health care providers.

None of the Above

**PHYSICIAN**

**Physician Name:**

**HEALTH CARE PROVIDER**

**Where would you like to receive health care?**



## ORGAN DONATION

**You wish to include the following statements regarding organ donation (select all that apply):**

Upon my death, I wish to donate my organs. I understand that to become an organ donor, I must be declared brain dead. My organ functions maybe maintained artificially on a breathing machine, (i.e., artificial ventilation), so that my organs can be removed.

I do not wish to become an organ donor upon my death.

I have agreed in another document or on another form to donate some or all of my organs when I die.

I have not agreed in another document or on another form to donate some or all of my organs when I die.

None of the Above

## OTHER WISHES

**Do you have any other wishes you would like to express?**  Yes  No. **If yes, specify other wishes:**

# POWER OF ATTORNEY WORKSHEET

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC, Section 1044.

**PRINCIPAL PURPOSE:** The purpose of this form is to assist the attorney in preparing legal documents for the client, and to prepare statistical reports on legal assistance services provided during the year. The information on this form is protected by the attorney-client privilege and may be released only in accordance with law or with approval of the client.

**ROUTINE USES:** Information on this form will be used to provide legal advice and to prepare legal correspondence and documents for the client, and to prepare statistical reports.

**DISCLOSURE:** Voluntary. However, nondisclosure may preclude the legal assistance desired by the client.

**CITATION:** SORN # A0027-3 DAJA.

### PERSONAL INFORMATION

1. First Name

2. Middle Name

3. Last Name

### ATTORNEY-IN-FACT DESIGNATION

The following explanations of terms are provided to assist you with answering questions in this section.

**Attorney-in-Fact.** A person you appoint who is legally empowered to can take any action on your behalf as permitted in your power of attorney. This person is also referred to as your "agent."

**Co-Attorney-in-Fact.** This term is used when you name more than one agent who can exercise powers independently or jointly depending on your designation. They are also referred to as your "co-agents."

**Successor Attorney-in-Fact.** A successor attorney-in-fact is not the same as designating a co-attorney in fact. A successor attorney-in-fact serves in the event your primary agent (or co-agents) is unable or unwilling to serve.

**CAUTION:** Every act performed by your agent within the authority of the power of attorney is legally binding upon you. You should only appoint a person as an agent who is trustworthy, responsible, honest, and diligent person.

#### 1. You wish to designate the following individual as your attorney-in-fact:

a. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

b. Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

#### 2. Do you wish to appoint a co-attorney in fact? \_\_\_\_ Yes \_\_\_\_ No (If yes, complete a through c immediately below. If no, skip to question 3.)

a. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

b. Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

#### c. Your co-attorneys in fact must exercise powers as follows:

\_\_\_\_ The attorneys-in-fact may independently exercise the powers granted.

\_\_\_\_ The attorneys-in-fact must jointly exercise the powers granted.

**3. Do you wish to appoint a successor attorney-in-fact?** \_\_\_\_ Yes \_\_\_\_ No *(If yes, complete a and b immediately below. If no, skip to "Attorney-in-Fact's Powers and Authority" section.)*

a. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

b. Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

### ATTORNEY-IN-FACT'S POWERS AND AUTHORITY

**CAUTION:** A power of attorney is one of the strongest legal documents that you can give to another person. Every act performed by your agent within the authority of the power of attorney is legally binding upon you. Limit the power you give away to only that necessary. There is less opportunity for abuse when only limited powers are given. In addition, limit the duration of your power of attorney. Don't set the expiration date longer than you will need your agent's services.

**1. Do wish to provide your attorney-in-fact with the authority to make gifts?** \_\_\_\_ Yes \_\_\_\_ No

**2. You grant your attorney-in-fact the following powers (select all that apply):**

\_\_\_\_ Real Property Transactions

\_\_\_\_ Tangible Personal Property Transactions

\_\_\_\_ Bond, Share and Commodity Transactions

\_\_\_\_ Banking Transactions

\_\_\_\_ Business Operating Transactions

\_\_\_\_ Insurance Transactions

\_\_\_\_ Beneficiary Transactions

\_\_\_\_ Gift Transactions

\_\_\_\_ Fiduciary Transactions

\_\_\_\_ Claims and Litigation

\_\_\_\_ Family Maintenance

\_\_\_\_ Benefits from Military Service

\_\_\_\_ Records, Reports, and Statements

\_\_\_\_ All of the powers listed above and all other matters other than health care decisions.

**3. If selected, is the power regarding real property limited to one piece of property?** \_\_\_\_ Yes \_\_\_\_ No *(If yes, complete a and b immediately below. If no, skip to question 4.)*

a. County real property is located: \_\_\_\_\_

b. Legal description of real property: \_\_\_\_\_

**4. Do you want the power of attorney continue to be effective even if you become disabled, incapacitated, or incompetent?** \_\_\_\_ Yes \_\_\_\_ No

**5. Do you wish to include a termination date?** \_\_\_\_ Yes \_\_\_\_ No. **If yes, date:** \_\_\_\_\_

**6. An accounting from your attorney-in-fact:**

\_\_\_\_\_ is not required unless the client requests it, or the accounting is otherwise required by law.

\_\_\_\_\_ is regularly required. (*If selected, complete a through c immediately below.*)

**a. Frequency:**

\_\_\_\_\_ Monthly

\_\_\_\_\_ Quarterly

\_\_\_\_\_ Annual

**b. Person to Receive Accountings:** \_\_\_\_\_

**c. Address of Person to Receive Accountings:** \_\_\_\_\_