FOR OFFICE USE ONLY: ATTY: _____ STATE: _____ DL INDEX #: _____ EXEC. SCHEDULED:_____
DATE REC'D: _____ DATE DRAFTED: _____ DATE EXECUTED: _____
☐ MTI ☐ DUAL ☐ HCPOA ☐ DPOA ☐ SDPOA ☐ AMD/LW ☐ PRT ☐ RT ☐ SNT ☐ CST ☐ SGLI ☐

NAVAL LEGAL SERVICE COMMAND (NLSC)
STANDARDIZED WILL WORKSHEET

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

PRIVACY ACT STATEMENT

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

This worksheet covers: a Will, an Advance Medical directive (also known as a Living Will or Natural Death Act Declaration), a Health Care Power of Attorney, a Springing Durable General Power of Attorney (only effective when you become disabled or incapacitated), Disposition of Remains/Unpaid Pay and Allowances/Death Gratuity Form (DD93), and Servicemembers Group Life Insurance (SGLI) Beneficiary Designation Form (SGLV 8286).

PLEASE ANSWER EVERY QUESTION TO THE BEST OF YOUR ABILITY
BEFORE YOU SEE A LEGAL ASSISTANCE ATTORNEY.

If you answer YES to any of the questions 1 through 7, please address these questions with a Legal Assistance Attorney because this may require specialized estate planning documents.

1. Are you are a resident of **Louisiana, Puerto Rico,** or **Guam**? ☐ Yes ☐ No
2. Did you or your spouse acquire any property while residing in a community property state? **(AZ, CA, TX, ID, LA, NM, NV, WA, WI)** ☐ Yes ☐ No
3. Are you, your spouse or any beneficiary a **NON-U.S. citizen**? ☐ Yes ☐ No
4. Do you own **land**, **home, personal property** or **other assets** in a **foreign country?** ☐ Yes ☐ No
5. Do you own or hold a financial interest or ownership in a **business** or **farm?** ☐ Yes ☐ No
6. Do you have a custody or separation agreement or divorce decree that mentions pension, life insurance or other property rights?* ☐ Yes ☐ No
7. Do you currently have a will, living will, living trust or durable power of attorney?* ☐ Yes ☐ No
**If "yes," please bring the documents on questions 6-7 to your appointment.*

I. INFORMATION ABOUT YOURSELF AND YOUR FAMILY

a. Marital Status (check **all** that apply) ☐ Married ☐ Single ☐ Divorced ☐ Separated or about to divorce ☐ Widowed			
b. Your Name (First, Middle, Last)	DoD ID Number (if known)	Date of Birth	
c. Current Spouse's Name (First, Middle, Last)	DoD ID Number (if known)	Date of Birth	
d. Home Address (Number, Street)	City	State	Zip
e. Mailing Address (Number, Street)	City	State	Zip
f. Your Home Phone	Work Phone	Cell Phone	Email
g. Spouse's Home Phone	Work Phone	Cell Phone	Email

Save Print Reset

8. STATE CONTACTS: Please indicate the State that best describes the following contacts/connections:

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

9. CHILDREN: Do you have any children? ☐ No → **SKIP TO QUESTION 14**
☐ Yes → How many natural/biological children do you have? _____
How many adopted children do you have? _____
How many stepchildren do you have? _____

10. Please identify all children that you have together with your spouse (if applicable) and all children that you have from any other relationships.

Full Name (First, Middle, Last) *Please indicate whether child is a Jr., III, etc.	Sex (M/F)	Date of Birth	Other Parent's Full Name	Status: Biological (B) Adopted (A) Stepchild (S)
1.				
2.				
3.				
4.				
5.				

11. Do any of your children have a physical or mental disability which makes them eligible or might make them eligible to receive government benefits, such as Medicaid? ☐ Yes ☐ No
12. If your adult children have stepchildren, will stepchildren be treated the same as biological children under this estate plan? ☐ Yes ☐ No
13. If you or your adult children have adopted children, will adopted children be treated the same as biological children under this estate plan? ☐ Yes ☐ No
14. Are you (or your spouse) pregnant or expecting a child? ☐ Yes ☐ No
15. In case you have children in the future, do you want to plan for them now? ☐ Yes ☐ No
16. If you have stepchildren, do you want to leave any part of your estate to your stepchildren? ☐ Yes ☐ No

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

Full Name (First, Middle, Last)	How the marriage ended (e.g. divorce, death)	Where marriage ended (City, State)	Date marriage ended (Month/Yr)
1st Prior Spouse			
2nd Prior Spouse			

18. IF YOU ARE DIVORCED, are there any alimony or support obligations due after your death, as stated in your divorce decree? ☐ Yes ☐ No

19. NET VALUE OF ALL THINGS I OWN: After subtracting out all debt (including mortgages, car loans, and other lines of credit), what is the approximate dollar value of your estate? This includes any homes, vehicles, household furnishings, electronics, guns, insurance policies, retirement accounts, bank accounts, and other personal property or assets you (and your spouse, if you are married) own. **Please complete the Estate Assets Worksheet on Page 10.**

I certify that the estimated net value of my estate is: $0 _____

II. HOW YOU WANT TO DISTRIBUTE YOUR ESTATE

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

☐ (a) I do not own/ have any real estate (homes, land, time shares) → **SKIP TO QUESTION 23**

☐ (b) I own real estate, and when I die, I want to give all real estate to my spouse, if living; otherwise to my children equally

FOR ATTORNEY USE ONLY: ☐ Per Stirpes ☐ Per Capita

☐ (c) I own real estate, and when I die, I want it to go to the following person(s) listed below:

Full Name of Person (First, Middle, Last)	Relationship to You	Which Property/Address
1.		
2.		
3.		

21. ALTERNATE BENEFICIARIES FOR REAL ESTATE: Who do you want to receive your real estate if you outlive the beneficiaries you've named above?

Full Name of Person (First, Middle, Last)	Relationship to You	Which Property/Address
1.		
2.		
3.		

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

☐ State that mortgages and similar liens pass with the real estate to the person receiving the real estate from you. (*This option is generally the recommended option and means that the person receiving the real estate is also responsible for the remaining debt on the real estate*).

☐ State that real estate passes free of mortgages and similar liens to the person receiving the real estate from you, because you own other assets that you want sold to pay off the liens at your death. *(If you select this option, your estate must be large enough to PAY OFF the mortgage before any other bequests or gifts can be made).*

☐ Be silent regarding mortgages and similar liens.

23. SPECIAL GIFTS OF PERSONAL PROPERTY (OPTIONAL): In the following section, you may name the people you want certain special or unique items of personal property to go to. NOTE: Specifically listing items in your will may be limiting on your executor and beneficiaries. Omitting this section allows your beneficiaries to have flexibility to share your possessions more easily with those who might cherish them. If, however, you have a timeless heirloom or other personal property with value that will undoubtedly survive you, you may wish to specifically provide for these items here.

Do you wish to itemize any particular items to pull them out of the estate you are otherwise giving to your named beneficiaries? ☐ Yes ☐ No *(If "yes," please identify the specific bequests below):*

Description of Gift:	Name of Beneficiary/Relationship:	If Beneficiary dies before me, then to: ☐ Beneficiary's heirs, OR ☐ Gift passes with the rest of estate, OR ☐ Alternate Beneficiary: _____
Description of Gift:	Name of Beneficiary/Relationship:	If Beneficiary dies before me, then to: ☐ Beneficiary's heirs, OR ☐ Gift passes with the rest of estate, OR ☐ Alternate Beneficiary: _____
Description of Gift:	Name of Beneficiary/Relationship:	If Beneficiary dies before me, then to: ☐ Beneficiary's heirs, OR ☐ Gift passes with the rest of estate, OR ☐ Alternate Beneficiary: _____

FOR ATTORNEY USE ONLY: **Personal Property Memorandum**? ☐Yes ☐No [**CAUTION:** For residents of AK, AR, AZ, CO, DE, FL, HI, ID, IA, KS, MA, ME, MI, MN, MO, MT, ND, NE, NJ, NM, OR, SC, UT, VA, WA, WI, WY only]

24. CASH BEQUESTS (OPTIONAL): You can also take cash out of your estate and give a cash gift to a specific person or charitable organization. NOTE: If you make a cash gift, some of your property may have to be sold off to satisfy these gifts, which will reduce the total amount given to your other beneficiaries. This is separate from naming any beneficiaries in your life insurance.

Do you wish to pull money from your estate to give a cash gift to a charitable organization or other individual?

☐ Yes ☐ No *(If "yes," please identify the cash bequests below):*

Dollar Amount and source of funds:	Name/Address:	If Beneficiary dies before me, then to: ☐ Beneficiary's heirs, OR ☐ Gift passes with the rest of estate, OR ☐ Alternate Beneficiary:
Dollar Amount and source of funds:	Name/Address:	If Beneficiary dies before me, then to: ☐ Beneficiary's heirs, OR ☐ Gift passes with the rest of estate, OR ☐ Alternate Beneficiary:

25. WHERE THE REST OF YOUR PROPERTY WILL GO: Who do you want to receive the rest of your estate (after any specific bequests or cash bequests are fulfilled)? This includes non-tangible property like household goods, checking or savings accounts where you failed to name a pay on death beneficiary and stocks and bonds that are only in your name. **Please check one**:

☐ ALL to my surviving spouse, but if my spouse dies before me or with me, then all to my surviving children
☐ ALL to my surviving spouse ONLY and nothing to any of my children who may survive me. If my spouse dies with me or before me then to someone other than my children (*indicate alternate beneficiary below*).
☐ NONE to my current spouse, with the remainder going to my children, or to my children's surviving children, if any children of mine dies with me or before me.
☐ Do not have a current spouse but ALL to my surviving children, or to my children's surviving children, if any children of mine dies with me or before me

FOR ATTORNEY USE ONLY: ☐ Per Stirpes ☐ Per Capita

☐ ALL TO PERSONS as listed below (percentages must total 100 percent):

Full Name of Person (First, Middle, Last)	Relationship	Percentage
1.		
2.		
3.		
4.		
5.		

26. ALTERNATE BENEFICIARIES: If everyone you named above were to die before you or with you, who are your next choices to receive the balance of your estate?

Full Name of Person (First, Middle, Last)	Relationship	Percentage
1.		
2.		
3.		
4.		
5.		

27. DISINHERITANCE: Disinheritance allows you to exclude family members, potentially even your current spouse, from receiving any benefit from your will. Do you wish to disinherit (exclude) a family member? ☐ Yes ☐ No
(If "yes," please provide the names of the family members below)

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

FOR ATTORNEY USE ONLY: ☐ Client counseled on elective share/family support state laws?

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

Primary Executor/Personal Representative (Normally your current spouse)

Full Name(First, Middle, Last)	Relationship
1.	

Alternate Executor(s)/Personal Representative(s)

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

FOR ATTORNEY USE ONLY:

MUST THE PR/EXEC BE BONDED?	☐Yes	☐No
MUST THE PR/EXEC FILE AN ACCOUNTING WITH THE COURT?	☐Yes	☐No
WILL PR/EXEC MUST WAIVE FEES?	☐Yes	☐No
MUST STANDARD FEES BE PAID TO BANK ACTING AS PR/EXEC?	☐Yes	☐No

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

29. Minor children and mentally incompetent adult children cannot receive assets and money outright. Instead the money must be placed either in a **custodial account** or a **testamentary trust**. If neither of these actions are taken, and your children are named as outright beneficiaries of your estate, SGLI proceeds, death benefits, or any other insurance policies, upon your death someone will have to file a petition with the court to ask the court to appoint them as guardians of the "estate" of the children before any of the funds can be released for the benefit of your children. This may cause significant time delays in accessing the money.

By appointing a **custodian** or **trustee** in your will, you can choose the person you want to handle your children's money if both you and the other parent die, which can save both time and money for the people who will be caring for your children after your death. Even if you do not have minor children or adult disabled children, but you do not want your future children to have full control of their inheritance until they reach some age older than 18, then you can also create a custodial account or testamentary trust for your children.

Please provide the age(s) you want any minor beneficiaries to reach before they have free access to spend their share of the gifts you leave them. (Note: If you do NOT have any minor children or adult disabled children AND you are NOT naming any minor children (e.g. siblings) as beneficiaries in your estate plan, please SKIP TO QUESTION 32).

☐ Some age under 21 (Specify) _____ ☐ 21 ☐ 25 ☐ 30 ☐ ½ at 21 and ½ at 25
☐ ⅓ at 21, ⅓ at 25, and ⅓ at 30 ☐ Some age(s) not listed above (Specify) _____

(Continued on the following page)

You must name a first choice (primary) person and a alternate (backup) person whom you trust other than your current spouse to handle this money for these minor children. You should also select a backup person in case the court refuses to appoint your first choice, or in case your first choice is not available. The people you choose must be 18 years of age and should be U.S. citizens or Legal Permanent Residents. Note: to avoid arguments and possible court battles you should not name more than one person at a time to serve as custodian or trustee.

Primary Custodian/Trustee of the children's inheritance:

Full Name(First, Middle Initial, Last)	Relationship to you	Phone number

Alternate Custodian/Trustee of the children's inheritance:

Full Name(First, Middle Initial, Last)	Relationship to you	Phone number

FOR ATTORNEY USE ONLY: ☐ Custodial Account ☐ Residuary Trust only ☐ Pre-Residuary Trust only
☐ Single ("Family Pot" Trust) ☐ Separate Trusts for each child
☐ Different trustees/conservators for different children: (Provide type of trust (Resid./Pre-Resid.), trustee, & beneficiary info)

_____

_____

_____

Must the nominated custodian or trustee post bond to cover any children's property? ☐ Yes ☐ No
Must the nominated custodian or trustee file an accounting with the court upon request of the children? ☐ Yes ☐ No
If there are any children from a prior marriage or relationship, and someone other than one chosen by the client is appointed by the Court (e.g. a prior spouse), must that guardian post bond? ☐ Yes ☐ No

30. GUARDIAN OF THE CHILDREN: You should name a guardian of the person to care for and raise any minor children or adult disabled children of whom you and your current spouse are the legal custodians, so that the court knows who you would prefer to raise your children when you are no longer able to do so. The guardian(s) of the person will care for your minor children ONLY in the event that the other legal custodian dies before you or the other legal custodian is declared unfit by a court.

PLEASE NOTE:

1. **The Guardian/Custodian of the minors should be a U. S. citizen** or a lawful permanent resident of the United States.
2. Most states require that the guardian **not have a criminal record.**
3. Some states **do not permit non-residents of that state who are not related to the child by blood to serve** as guardians/conservators of the property and may require the guardian to post bond regardless of the nomination of a non-resident guardian in the will.

Do you wish to name a guardian for your children in the event that both you and the other biological parent or legal guardian (if one exists) are deceased OR you are deceased and the other legal parent is declared unfit by the court? Note: to avoid arguments and possible court battles you should not name co-guardians.

☐ Yes *(Please provide contact information for guardian(s) below)*
☐ No *(If "no," then the court has no guidance from you about who you prefer to raise your children.)*

Primary Guardian to Care for and Raise My Children

Full Name(First, Middle, Last)	Relationship	Phone number
1.		

Alternate Guardian(s) to Care for and Raise My Children

Full Name(First, Middle, Last)	Relationship	Phone number
2.		
3.		

31. GUARDIAN OF CHILDREN'S ADDITIONAL MONTHLY BENEFITS: (E.g. social security/VA benefits your child may receive as result of your death). If the persons you select to raise your children above as guardians are not the same persons whom you have named as trustees/custodians, please select which persons should handle any additional monthly benefits the children may receive as a result of your death:

☐ I want the people named above as guardians above to **ALSO** handle any monthly benefits; or
☐ I want the other people I previously named as trustees or custodians to handle any monthly benefits.

32. FOR ACTIVE DUTY ONLY: Your SGLI (currently $400,000), Death Gratuity of $100,000, and Unpaid Pay and Allowances are a very large part of your estate. **Do you want your SGLI benefits to be benefits paid out identically to this estate plan?)** ☐ Yes ☐ No *(If "no," please provide the names of your beneficiaries below).*

SGLI Beneficiary Designations	Relationship	Share	Lump Sum or 36 payments
Principal			
1.			
2.			
3.			
Contingent			
1.			
2.			
3.			

Do you want your Death Gratuity and Unpaid Pay and Allowances paid out identically to this estate plan?
☐ Yes ☐ No

If "no," who do you want the Death Gratuity to go to? _____
If "no," who do you want the Unpaid Pay and Allowances to go to? _____

FOR ATTORNEY USE ONLY ☐ Client counseled on SGLI and Death Gratuity ☐ Draft New SGLI ☐ Draft New DD-93
IF DRAFTING A NEW DD-93: PADD:_____ Relationship:_____
Address:_____
Phone_____

33. BENEFICIARIES WITH SPECIAL NEEDS: List any beneficiary who has or may have a physical or mental disability and is receiving or may be eligible to receive government benefits, such as Medicaid and Supplemental Security Income (SSI). If you have any disabled beneficiaries, your will should include a "supplemental needs trust" to protect the person's government benefits. Please complete the section below if any of your beneficiaries have special needs:

Note: Trustees must be U.S. citizens or Lawful Permanent Residents

Name of Disabled Person:	**Relationship to You?**
Type of Disability:	**Property, Percentage of Estate or $ Amount:**
Name of Trustee:	**State where Trustee lives:**
Alternate Trustee:	**State where Alternate Trustee lives:**

FOR ATTORNEY USE ONLY: Client referred to: _____Date of referral: _____

34. DISPOSITION OF REMAINS: Please select your preferred method:

a. Funeral Arrangements: ☐ Silent ☐ Burial ☐ Cremation ☐ Full Donation
b. Full military honors? ☐ Yes ☐ No ☐ N/A
c. American flag to eligible family member? (provided by VA) ☐ Yes ☐ No ☐ N/A
Names of family members: _____
d. American flags to add'l family members (to be paid from your estate) ☐ Yes ☐ No ☐ N/A
Names of family members: _____
e. Do you wish to state where your remains are placed? ☐ Yes ☐ No
Location & Address: _____
f. Have you prepaid for any funeral arrangements? ☐ Yes ☐ No

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

35. SPRINGING DURABLE POWER OF ATTORNEY FOR HEALTH CARE: This document names someone to make medical care decisions for you if you are too sick to make your own decisions or have an accident that causes you to be incapacitated. If you are incapacitated, medical professionals will need someone to legally authorize or decline certain medical or psychological treatment for you because you cannot make your own medical decisions.

The power of attorney for medical care gives the person you designate as your agent the authority to make a wide range of medical decisions on your behalf, including termination of life support in some states. It also gives your agent access to your medical information and authority to fully participate with your treating physicians with respect to the care provided to you. The person you designate to be your agent should be someone you trust with life and death decisions and someone who is at least 18 years of age.

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

Do you want a POA for health care? ☐ Yes ☐ No *(If "yes," please provide the name(s) of your agent(s) below)*

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

36. ORGAN DONATION AFTER DEATH:

a. Do you want to authorize the donation of organs for transplantation? ☐ Yes ☐ No

b. Do you want to authorize donation of organs and tissue for medical, educational, and scientific purposes? (Note: your loved ones may not receive your body for burial). ☐ Yes ☐ No

c. If authorizing donation, do you only wish to donate your organs if there is no charge to your estate to remove and transplant the organs? ☐ Yes ☐ No

d. If you wish to omit certain organs for donation please list here:_____

37. HOSPICE/DEATH AT HOME: If you are near death and your medical professionals suggest hospice or indicate that there is no hope left, do you wish to express a desire to die at home or in a hospice rather than in the hospital if possible? ☐ Yes ☐ No

38. NATURAL DEATH ACT DECLARATION (LIVING WILL): This document allows you to authorize termination of artificial life support in the event that you have a terminal, incurable medical condition, your life is being prolonged only by means of artificially provided life support, AND you are unable to personally communicate your wishes to your doctors. It has no effect until then and will only "speak for you" if and when you are incapacitated so your doctors know, and can act upon, your desires concerning termination of artificial life support. You can limit the types of life-prolonging treatment administered during the dying process. Your attorney will discuss your right to expand or limit medical services that might be provided while still retaining the right to terminate life support pursuant to the living will.

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

Do you want to create a living will? ☐ Yes ☐ No

39. FLORIDA RESIDENTS ONLY: If you want a living will, do you want to name a separate agent (called a surrogate in Florida) for your living will (if not, your agent will be the same as for your health care power of attorney)? ☐ Yes ☐ No *(If "yes,"please identify agent's name, address, and phone number)*: _____

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

41. SPRINGING DURABLE GENERAL POWER OF ATTORNEY: Your will takes effect only *after* your death, but you should also plan for who can handle your finances when you might be mentally or physically unable to do so because of illness or accident. Because you are of sound mind right now, you can also legally appoint someone to handle your financial and property management affairs if you ever become incapacitated for any reason, whether through illness or accident.

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

Your attorney-in-fact will have great authority over your affairs and must be over the age of 18. Not only can he or she keep your affairs in order, but he or she has the ability to abuse this document at your expense for his or her own gain so the person you select must be highly trustworthy.

a. Do you want a Springing Durable Power of Attorney?

☐ Yes *(Please provide contact information below)*

☐ No *(If "no," please sign at the bottom of this page. Your worksheet is complete).*

b. Do you want the same person(s) you named as your medical agent(s) to also serve as your agent for the Springing Durable Power of Attorney? ☐Yes ☐No *(If "no," please provide information for your agent below*).

c. Who do you wish to appoint as your agent? (Note: your agent must be at least 18 years of age and should be a U.S. Citizen or LPR)

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

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

FOR ATTORNEY USE ONLY: All states honor 10 U.S.C. § 1044 Durable Springing Powers of Attorney. If you are not preparing the POA under 10 U.S.C. § 1044 then you must check state law to confirm whether the POA may be a springing POA.

Is the Springing Durable General Power of Attorney to:

☐ Sell real property ☐ Sell a business
☐ Deal with IRA, retirement and pension plans on client's behalf
☐ Prepare (or have a tax person prepare) and file client's income taxes for client
☐ Disclaim (refuse to accept a gift from another estate or refuse to accept an insurance policy for which client has been designated the beneficiary) if doing so will benefit client's estate
☐ Create an irrevocable income trust to qualify for Medicaid
☐ Make a gift of any asset in client's estate to himself or herself ☐ Make a gift of any asset in client's estate to beneficiaries only
☐ Digital Assets including Social Media / Online accounts

Compensation for Agent: ☐ Not discuss compensation ☐ Reasonable compensation ☐ Agent waives compensation
Liability for Agent: ☐ No liability to 3rd parties for negligence ☐ Liability to 3rd parties for negligence

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

CLIENT SIGNATURE: _____

DATE: _____

Save Print Reset

YOUR TOTAL ESTATE ASSETS WORKSHEET

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

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

Description and Address	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Purchase Price	Market Value	(-)Mortgage	(=) Equity
					$ 0
					$ 0
					$ 0
				Total Net Value in Q 1:	$ 0

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

Description	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Market Value	(-)Loan Bal	(=) Equity
				$ 0
				$ 0
			Total Net Value in Q 2:	$ 0

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

Name of Bank and type of account (savings, checking, etc.)	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Approx. Balance
	Total Value in Q 3:	$ 0

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

Name of Investment or Brokerage Account	Titled in Whose Name Indicate if Joint or Beneficiary and name	Current Value
	Total Value in Q 4:	$ 0

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

IRA/Plan Owner (H or W)	Description of Plan or IRA	Who is designated as beneficiary if owner dies?	Current Value
		Total Value in Q 5:	$ 0

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

Name of Company	Who is insured	Policy owner	1st Beneficiary	2nd Beneficiary	Death Benefit
Value of your SGLI or VGLI: _____Spouse SGLI_____				Total Value in Q 6:	$ 0

TOTAL VALUE OF ESTATE: $ 0