

Fort Sill Legal Assistance Office

4700 Mow-Way Road, 4th Floor

Fort Sill, OK 73503

Telephone: (580) 442-5058/5059

NOTE: THIS WORKSHEET IS NOT A WILL

AN APPOINTMENT WITH AN ATTORNEY IS REQUIRED TO DISCUSS YOUR WORKSHEET. AFTER THE INITIAL DISCUSSION YOUR WILL AND ANY ACCOMPANYING DOCUMENTS WILL BE PREPARED FOR YOUR REVIEW. YOU WILL SIGN AND FINALIZE YOUR DOCUMENTS AT A SECOND APPOINTMENT. YOU AND YOUR SPOUSE WILL HAVE INDIVIDUAL APPOINTMENTS TO SEE SEPARATE ATTORNEYS.

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, 10 U.S.C. Section 3013, 44 U.S.C. Section 3101, and AR 27-3. The information you provide will be used by the personnel of this legal office to assign an attorney to you, to prepare estate-planning documents, and to provide periodic workload productivity and statistical reports. The information you are asked to provide is solicited on a voluntary basis, however, failure to provide the requested information may preclude the legal assistance services requested.

This worksheet may be relied upon to prepare several documents for you: a Last Will and Testament, an Advance Medical Directive (also known as a living will or health care declaration), a Durable Medical Power of Attorney and a Durable "Financial" Power of Attorney. If you want a General or Special Power of Attorney, those documents can be prepared for you without an appointment. **Fill this worksheet out to the best of your knowledge and ability. If your worksheet is incomplete when you arrive to your appointment, your appointment may have to be rescheduled!**

PERSONAL INFORMATION:

1. Marital Status (select the most appropriate): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce					
2. Your Name (First, Middle, Last)		SSN	Date of Birth		
3. Any other names that you have used or currently use for legal purposes (First, Middle, Last)					
4. Spouse's Name (First, Middle, Last)		SSN	Date of Birth		
5. Home Address (Number, Street)		City	State	Zip	
6. Mailing Address If Different From Above (Number, Street)		City	State	Zip	
7. Servicemember's Home Phone () ()		Work Phone () ()	Cell Phone () ()	Email Address	
8. Spouse's Home Phone () ()		Work Phone () ()	Cell Phone () ()	Email Address	
9. Servicemember's Command/Employer/Retired		MOSC/Occupation	Rank	Branch of Service	Time in Svc
10. Spouse's Command/Employer/Retired		MOSC/Occupation	Rank	Branch of Service	Time in Svc

RESIDENCY: Please indicate in which states you perform the following activities using standard state abbreviations (OK, TX, etc.).

IN WHAT STATE(S) --

- a. are you currently assigned? _____
b. do you own real estate? _____
c. do you file income tax? _____
d. do you vote _____

IN WHAT STATE(S) --

- e. do you have a current driver's license? _____
f. is your vehicle registered? _____
g. do you plan to retire? _____
h. was your domicile when you joined the military? _____

CHILDREN:

(a) Please list **ALL** of Your Children (Minors and Adults): If you have children from a prior marriage or different relationship, you should discuss a pre-residuary trust, specific bequests, or other options with your attorney to ensure your children from prior relationships will obtain your intended gifts, and not risk the possibility that your children may not be included in your spouse’s estate plan.

Full Name (First, Middle, Last) (if you need more space, attach additional pages)	Gender	Age	Status B-Biological A-Adopted S-Stepchild F-Foster	From Previous Marriage or Different Relationship?
	M F			Y N
	M F			Y N
	M F			Y N
	M F			Y N
	M F			Y N
	M F			Y N

- (b) Do you have any deceased children? Yes No
- (c) Are you pregnant or expecting a child? Yes No
- (d) Do you want to plan for future children? Yes No
- (e) If you have adopted children, are adopted children to be treated the same as your natural children under this estate plan? Yes No N/A
- (f) If you have stepchildren, are stepchildren to be treated the same as your natural children under this estate plan? Yes No N/A
- (g) Do any of your children have a physical or mental disability which makes them eligible or might make them eligible to receive need-based government benefits such as SSI or Medicaid? Yes No

Please answer the following questions. If you answer **YES** to any of the questions 1 through 10, discuss with your Legal Assistance attorney, because this may affect our ability to provide you with estate planning documents.

- 1. Are you a resident of **Louisiana or Puerto Rico or Guam or the Virgin Islands or American Samoa**? Yes No
- 2. Does the value of everything you own, **including property owned jointly by you and your spouse (if married), and the value of all life insurance policies on which you have the right to name the beneficiaries, exceed one million dollars**? Yes No
- 3. Do you own any **land, home, personal property or other assets** in a **foreign country**? Yes No
- 4. Do you own or hold a financial interest or ownership in a **business or farm**? Yes No
- 5. Do you currently benefit from a revocable or irrevocable trust? Yes No
- 6. Did you or your spouse ever reside in a community property state? (AZ, CA, TX, ID, LA, NM, NV, WA, WI) Yes No
- 7. Are you, your spouse, or any beneficiary a NON-U.S. citizen? Yes No
- 8. Do you have a separation agreement, prenuptial agreement, or post nuptial agreement? ** Yes No
- 9. Do you have a divorce decree that mentions pension, insurance, or other property rights? ** Yes No
- 10. Do you currently have a will, living will, living trust or durable power of attorney? ** Yes No

** **Bring these documents to your appointment.**

YOUR ESTATE ASSETS:

When we assist you in planning your estate, it is important to know what kind of property you own and exactly how you own it (how it is titled). Each state has different laws regarding how property passes at death, and we can only help you if you take the time to gather the necessary information.

You may not have some of the types of assets listed below. If not, just print "NONE" in the spaces and move on. If you need additional space to list assets, please continue on a separate piece of paper.

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

Name of Company	Who is insured	Who owns the Policy	1 st Beneficiary	2 nd Beneficiary	Death Benefit
Value of your SGLI or VGLI: _____ Spouse SGLI _____					<i>Total Value of Policies in Q 1:</i>

For Attorney Use Only: Counselor regarding SGLI beneficiaries? Yes No

2. 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 Location	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Purchase Price	Market Value	(minus) Mortgage	(equals) Equity
<i>Total Net Value in Q 2:</i>					

3. 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
<i>Total Net Value in Q 3:</i>				

4. Do you (or your spouse) have any checking accounts or interest bearing accounts (savings, money market, CDs)?

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
<i>Total Net Value in Q 4:</i>		

5. 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
<i>Total Value in Q 5:</i>		

6. Do you (or your spouse) have any retirement accounts? (401K, IRAs, Roth 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
<i>Total Value in Q 6:</i>			

Total Value of everything you (and your spouse) own (add totals of Q1 through Q6 above).....\$ _____

YOUR PLAN OF DISTRIBUTION:

1. DISINHERITANCE: Disinheritance allows you to exclude family members from receiving any property under your will. Most state laws prohibit a person from completely disinheriting a spouse and allow the spouse to elect against a will which disinherits that spouse by taking their “statutory share.” You do not need to expressly disinherit a former spouse since a former spouse is deemed to have predeceased you for estate purposes once a divorce is final unless that former spouse is specifically named as a beneficiary in a will executed after the divorce. However, you should change all beneficiary designations for life insurance policies, retirement accounts, and other assets that name a former spouse as a beneficiary upon your death, because such designations are not automatically revoked by your divorce. In addition, in some states, a minor or disabled child cannot be completely disinherited.

(a) Do you wish to disinherit (exclude) a family member? Yes No

(b) If yes, please provide the following:

Full Name (First, Middle, Last)	Relationship to you
_____	_____
_____	_____

(c) Do you wish to disinherit anyone who contests your will? Yes No

2. SPECIFIC BEQUESTS: You may make separate gifts of cash, real estate, or personal property to specific people or charities in your will. These bequests will be distributed first and reduce the amount of property left for your other beneficiaries. Specific bequests (and trusts) are appropriate methods of setting aside money and property for children of prior relationships. If you make no specific bequests, all of your property will pass to your beneficiaries listed below in paragraph 4 distributing the “remainder” of your estate.

Do you want to leave any specific property or make any cash gifts, before distributing the remainder of your estate?

Yes No **If yes, complete the following:**

SPECIFIC BEQUESTS (for example: wedding ring to your daughter)

Description of Property:	Name of Beneficiary and Relationship to You (or town/city, state of residence, if no relation):	If Beneficiary dies before me, then to the Beneficiary’s heirs <input type="checkbox"/> Or, gift passes with the rest of the estate <input type="checkbox"/> Or, Alternate Beneficiary, whose name is: _____
Description of Property:	Name of Beneficiary and Relationship to You (or town/city, state of residence, if no relation):	If Beneficiary dies before me, then to the Beneficiary’s heirs <input type="checkbox"/> Or, gift passes with the rest of the estate <input type="checkbox"/> Or, Alternate Beneficiary, whose name is: _____

CASH BEQUESTS (for example: \$500 to the SPCA) 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.

Dollar Amount and source of funds:	Name/Address of Organization:	If Beneficiary dies before me, then to the Beneficiary’s heirs <input type="checkbox"/> Or, gift passes with the rest of the estate <input type="checkbox"/> Or, Alternate Beneficiary, whose name is: _____
Dollar Amount and source of funds:	Name/Address of Organization:	If Beneficiary dies before me, then to the Beneficiary’s heirs <input type="checkbox"/> Or, gift passes with the rest of the estate <input type="checkbox"/> Or, Alternate Beneficiary, whose name is: _____

For Attorney Use Only: For donations to organizations and charities, ensure correct name and address		
Separate Devise of Real Estate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beneficiary: _____	Alternate Beneficiary: _____	
Separate Devise of all Personal Property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beneficiary: _____	Alternate Beneficiary: _____	
Personal Property Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. 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 the 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).*

Not applicable.

4. **DISTRIBUTING THE REMAINDER:** Who do you want to receive the rest of your estate (after specific bequests or cash bequests, if any, are fulfilled)? Select (a) OR (b), below.

(a) All to my spouse, if my spouse survives me. If my spouse does *NOT* survive me, then to my children equally.

If you select this box, then select ONE of the following:

(1) If one of your children dies before you die, then that deceased child's share goes to that child's children (your grandchildren) **OR**

(2) If one of your children dies before you die, then that deceased child's share is re-distributed among only your living children with **nothing** going to your grandchildren. If you select this box, do you want your grandchildren to inherit if *ALL* of your children die before you die? Yes No **OR**

(3) If one of your children dies before you die, then that deceased child's share goes to that child's children (your grandchildren). However, if all your children predecease you and only your grandchildren survive you, each grandchild receives an equal share, regardless of what their parent's share would have been.

OR

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

Full Name of Person (First, Middle, Last)	Relationship to You	Percentage

ALTERNATE BENEFICIARIES: Who do you want to receive your estate if you outlive the beneficiaries you have named above?

Full Name of Person (First, Middle, Last)	Relationship to You	Percentage

FOR ATTORNEY USE ONLY: Per Stirpes Per Capita: Children Per Capita By Representation
 Per Capita: Grandchildren

5. **BENEFICIARIES WHO MAY BE UNDER A DISABILITY AND REQUIRE SPECIAL CARE:** If you are leaving property to someone who has a disability and is receiving or may be eligible to receive government benefits, your will may need to include a "special needs trust" to protect the person's eligibility for need-based government benefits. Special needs trusts are highly complex documents, and therefore may require preparation by a civilian attorney. To assist in making this determination, please provide the following information:

Name of Disabled Person and Relationship to You	
Property, Percentage of Estate or \$ Amount	
Trustee/Alternate Trustee	

6. MINORS AND THEIR MONEY:

If you leave your money to minor or disabled children without further instructions, the money will be placed in a guardianship or conservatorship *of the property*. It is important to appoint someone to hold and manage the money for the children until they reach adulthood or while they are incapacitated. A property guardianship or conservatorship does not provide as much flexibility for managing the funds as other options allow, and all of the money will be given to your children/grandchildren when they reach age 18. Another option is to choose a custodianship under the Uniform Transfers/Gifts to Minors Act whereby an adult custodian is designated to manage the assets for the benefit of the minor beneficiary until the beneficiary reaches a certain age. The age at which the custodial account will terminate and the assets distributed to the beneficiary is determined by the state law governing the custodial account, usually 18 or 21 years and in a few states at age 25. Another option is a trust. This allows the inheritance to your children to be managed by someone you appoint until the children reach the specific age you choose. The person managing the money (called a trustee) has more flexibility in deciding how to invest the money, and the trustee may use the money to provide for your children’s health, education, and other needs until they reach the age at which the inheritance in trust is given to them in a lump sum. The administration of a trust can be expensive. You may authorize your executor or personal representative discretion and flexibility in deciding whether to hold the property or distribute all or a portion to the minor or to distribute the property to a guardian or to a custodian under any gifts to minors act or transfers to minors act. **Discuss these options with your Legal Assistance attorney.**

(a) At what age do you want minor beneficiary(ies) to be given their distribution(s) in your will? (**select ONLY one**):

- 18
- 21
- 22 – 30 (please indicate the age): _____ (**option for trusts only**)
- 1/2 at age 21 and 1/2 at age 25 *or* 1/2 at age _____, 1/2 at age _____ (**option for trusts only**)
- 1/3 at 21, 1/3 at 25, 1/3 at 30 *or* 1/3 at age _____, 1/3 at age _____, 1/3 at age _____ (**option for trusts only**)

(b) **If you chose a trust**, identify a U.S. citizen or lawful permanent resident (LPR) or corporate trustee to manage the trust (trustee) and name an alternate. Do not name your spouse if your property first goes to your spouse and then your children/other person(s).

Primary Trustee

Full Name(First, Middle, Last)	Relationship to you	State of Residency

Alternate Trustee

Full Name(First, Middle, Last)	Relationship to you	State of Residency

For Attorney Use Only: CAUTION: *If a trustee is beneficiary of trust, consider limiting the ability to make discretionary distributions.*

1. Does the client want: Custodial Account with Named custodian or Executor/Personal Representative may establish
2. Does the client want: Separate Trusts Unitary Trust
3. Does the client need a Pre-Residuary Trust for any child? Yes No
4. May the trustee elect to liquidate a small trust to the income beneficiary(ies) or appropriate guardian(s) of the income beneficiary(ies)?
 Yes No
 If yes, below what amount must the trust principal be for the trustee to have the option to liquidate?
 \$ _____ (or should this be left to the trustee’s discretion? Yes No)
5. May a majority of the beneficiaries of any trust under the will remove a trustee and appoint a successor trustee?
 Yes No
6. Does the client want to appoint a trust protector: Yes - Name _____ No
 or investment advisor: Yes - Name _____ No
7. Should the distribution of income from the trust once the beneficiaries have turned 21 years old be discretionary (see IRC Sec. 661 and complex trust rules for tax considerations)? Yes No

Attorney Notes:

7. GUARDIANSHIP OF CHILDREN:

You can name a guardian of the person to care for any minor children or disabled adult children of whom you are the legal custodian. The guardian(s) of the person will care for your minor children ONLY in the event any other legal custodian dies before you or is declared unfit by a court. You can also name a guardian/conservator of the property of minors in the event children receive property from your estate when they are minors and you elect not to establish a custodianship or trust for such property.

Special Considerations:

1. **Guardian/conservator of the property of minors should be a U. S. citizen** or a lawful permanent resident.
2. Some states **do not accept non-residents of that state** as guardians/conservators of the property and may require guardians/conservators to post bonds as a condition for appointing a non-resident.
3. Your child(ren) may be eligible for social security and military dependent benefits in addition to life insurance proceeds. The court **may not allow a non-resident alien or a foreign national** to control the minor's estate.
4. Even though named as a guardian/conservator in a will, a court has the power to appoint someone different to act as guardian/conservator based on what is in the **best interests of the child**.

(a) GUARDIAN OF THE PERSON

Do you wish to nominate guardian(s) for your children in the event that both of the children's parents are deceased OR if one parent is deceased and the other legal parent is declared unfit by a court to serve as guardian? Yes No

Primary Guardian(s)

Full Name(First, Middle, Last)	Relationship to you	State of Residency

Alternate Guardian(s)

Full Name(First, Middle, Last)	Relationship to you	State of Residency

(b) CONSERVATOR/GUARDIAN OF THE PROPERTY

Can the person named in 7(a) above also act as guardian (conservator) of the children's money? Yes No

If NO, please provide the following information:

Primary Conservator/Guardian(s)

Full Name(First, Middle, Last)	Relationship to you	State of Residency

Alternate Conservator/Guardian(s)

Full Name(First, Middle, Last)	Relationship to you	State of Residency

For Attorney Use Only:

Must the guardian(s) post bond to cover any child(ren)'s property? Yes No

Must the guardian(s) file an accounting with the court upon request of the child(ren)? Yes No

Does the client want the former spouse or other parent to have guardianship of the property of the child? Yes No

Should the former spouse or other parent be required to post a bond if they are appointed as guardian of the property by the court against the client's wishes? Yes No Former spouse name: _____

8. EXECUTOR OR PERSONAL REPRESENTATIVE (REQUIRED):

An executor is a person you nominate in your will to serve as the business manager of your estate after your death and carry out the directions in your will. You should name an executor. If you do not, the court will appoint one. Your executor should be someone you trust, and he or she **must be at least 18 years old and should reside in the United States. Your spouse is not automatically appointed as your Executor**, but may be given priority under state law if no alternate is named. **If you want your spouse to act as your Executor, you should specifically name them in your Last Will and Testament.** Likewise, if you prefer not to name your spouse, you should specifically name your choice in your Last Will and Testament. Additionally, some states require the executor/personal representative to post a bond and/or or name a resident of that state as the executor/personal representative if the executor/personal representative is not a resident of the state where the will is probated. Consult your Legal Assistance attorney for state requirements for appointing executors.

Primary Executor/Personal Representative

Full Name(First, Middle, Last)	Relationship to you	State of Residency

Alternate Executor/Personal Representative

Full Name(First, Middle, Last)	Relationship to you	State of Residency

For Attorney Use Only: Should the Executor/Personal Representative be required to post a bond? Yes No
Note: Some states allow for "independent" or non-intervention executors (i.e. TX, WA, and other states).

9. DIGITAL ASSETS:

You may discuss how you want your social media accounts, and other online accounts, to be dealt with if you so choose. This could help your Executor deal with accounts that he or she would otherwise not have access to or be aware of. We recommend that you maintain a list of active accounts, usernames, and passwords in a secure location if you would like your executor to manage, take down, or delete these accounts for you.

Would you like your will to give your executor these powers? Yes No

10. FUNERAL ARRANGEMENTS:

You can discuss your funeral arrangements in your will or in a separate document, depending on your state of residence.

Funeral Preferences:

Burial Cremation Full Donation No preference

Full military honors? Yes No No preference

Have you made any funeral arrangements? Yes No

(Please list any pre-paid insurance/plans/plots, or government/tribal benefits that may pay for your funeral, or any wishes or desires you have regarding your funeral.)

FOR SERVICEMEMBERS ONLY: Servicemembers are required to designate a person authorized to direct dispositions (PADD) of their remains on the DD Form 93. This form also lists your emergency contact(s) and who receives your death benefit and unpaid pay/allowances. Servicemembers should update this form regularly. This form is generally updated at the same time you update your SGLI beneficiaries.

Do you have any questions about the DD Form 93 or anything else in this section? Yes No

11. OTHER ESTATE PLANNING DOCUMENTS:

LIVING WILL/ ADVANCE MEDICAL DIRECTIVE/ HEALTH CARE DECLARATION

A living will is not part of your Last Will and Testament at all. This is a good time to consider whether you want a living will, which is more accurately called a natural death act declaration. This document states that in the event you have a terminal, incurable medical condition and your life is only being prolonged by means of artificially provided life support, and if you cannot communicate your desires at that point, the living will “speaks for you” so your doctors know and can act upon your desires regarding the termination of artificial life support.

Do you want a living will? Yes No

If you have a terminal condition, are persistently unconscious, or have an end-stage condition:

Do you want to direct the removal of life support? Yes No

Do you want to direct the removal of artificial nutrition and hydration? Yes No

Do you want to name a separate agent for your living will (if you do not, your agent will be the same as for your health care power of attorney below)? Yes No

If yes, please provide the following information:

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

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

This document appoints someone to make medical care decisions for you in the event that you have an illness or accident and medical professionals need someone to authorize or decline certain treatments 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. It also gives your agent access to your medical information and authority to fully participate with your treating physicians in deciding the care to be provided to you. Obviously, the person you designate to be your agent should be someone you trust with life and death decisions.

1. Do you want a Durable Power of Attorney for Health Care? Yes No

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

ORGAN DONATION

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

2. Do you want to authorize donation of organs and tissue for medical, educational and scientific purposes? Yes No

For Attorney Use Only: In what State should these documents apply? _____

DURABLE POWER OF ATTORNEY FOR FINANCIAL MATTERS

Your will enables you to dispose of your property as you wish after your death. While you are living, you have the right to decide what happens to that property so long as you are of sound mind. But if you ever become incapacitated, whether through illness or accident, and are unable to manage your own affairs, a court order may revoke your right to manage your own affairs and appoint a guardian or conservator. To protect yourself from this eventuality, you can appoint an agent for yourself through a durable power of attorney.

A power of attorney is simply a written authorization for someone to act on your behalf for whatever purposes you designate in writing. Ordinarily, a power of attorney expires if you become incapacitated or mentally incompetent – the time when you need help the most. A **durable** power of attorney, however, stays in effect even if you become incapacitated or incompetent. There are two options: (1) an **immediately effective** power of attorney becomes effective when you sign it to share decision-making authority with those you have named, and (2) a **springing** durable power of attorney takes effect when you become unable to manage your own personal and financial affairs. A springing durable power of attorney is highly discouraged. If you do not trust your chosen agent not to abuse their power while you are competent, you should reconsider trusting them while you are incompetent. In addition, physicians are often reluctant (or unable) to certify that you are incompetent, and financial institutions will often refuse to accept springing durable powers of attorney due to a lack of physician certification or physician certification that fails to satisfy their legal review. Your durable power of attorney will last as long as you are alive or until you revoke it. As long as you are mentally competent, you can revoke a durable power of attorney whenever you want by informing the persons you have appointed that their authorization is terminated, and by destroying the power of attorney documents. You should also notify any persons or businesses where your agent may have used the power of attorney that you are revoking the power of attorney.

If you choose to have a durable general power of attorney, remember to name someone who you trust as your attorney-in-fact. Your attorney-in-fact will have great authority over your affairs. Not only can he or she keep your affairs in order, but he or she has the potential to abuse this document at your expense and his or her gain.

1. Do you want a Durable Power of Attorney? Yes No
2. Do you want your medical agent to serve also as your agent for the Durable Power of Attorney? Yes No
3. If **not**, who do you wish to appoint as your agent?

Agent	Alternate Agent
Name/Relationship	Name/Relationship
Address	Address

4. 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 in your durable power of attorney as your guardian or conservator?
Yes No

For Attorney Use Only – Is the Power of Attorney to:

Sell your real property if you own any at the time

Create an irrevocable income trust to qualify for Medicaid

Disclaim (refuse to accept a gift from another estate or refuse to accept an insurance policy for which you have been designated the beneficiary) if doing so will benefit your estate

Deal with IRA, retirement and pension plans on your behalf

Prepare (or have a tax person prepare) and file your income taxes for you

The Power of Attorney is:
 immediately effective OR springing

In what State should this documents apply? _____

Under normal circumstances, you will receive a reading copy of your will (and other documents if you asked your attorney to prepare them) in 2-3 weeks. Your documents will be mailed to you with an instruction letter about the signing procedure required to finalize them. If you are leaving this area before that time, or if other urgent circumstances arise, and you need your documents sooner than this, please let your attorney know.

Client Signature: _____ **Date Interviewed:** _____

Interviewing Attorney: _____ **Due Date:** _____