

## ESTATE PLANNING QUESTIONNAIRE

**VALUE OF YOUR ESTATE:** Estimate the value of your estate. Wills for Heroes is a program for those with a total estate value of \$500,000.00 or less. An estate valued in excess of \$500,000.00 is not eligible for this program.

To determine the value of your estate, list all cash, personal property, stock and bonds, real estate (equity only), savings, life insurance (term life insurance does not count towards the value of your estate; count only the cash value of any whole life policy) and retirement assets (401(K) or an IRA.)

Include below the value of all of the property you own in your name, and if married and acquired the property during your marriage, the value of the property jointly owned by the two of you. If you acquired the property before you were married, or by inheritance, and you have kept this asset in your individual name, list it as an asset of your estate. Life insurance ordinarily does not pass according to your Will; it will go to the beneficiaries you designate in the policy. The same applies to IRAs, 401(k), 403(b) and other similar retirement plans.

Approximate Total Fair Market Value of Your Estate (What You Own):

|  |    |
|--|----|
| A. Bank Accounts, Certificates of Deposit, other non-trading financial instruments             | \$ |
| B. Real Estate (equity only)   | \$ |
| C. Life Insurance (cash surrender value only; <i>do not include term life insurance here</i> ) | \$ |
| D. IRA, 401(k), etc, that have value at your death   | \$ |
| E. Vehicles  | \$ |
| F. Business Interests  | \$ |
| G. Stocks & Bonds  | \$ |
| H. Pension Benefits that continue after your death; these benefits are paid to:                | \$ |
| I. Money owed to you (outstanding <i>notes</i> payable to you)                                 | \$ |
| J. Other money & property  | \$ |

Do you have a farm or family-owned business?  Yes  No

|  |    |
|--|----|
| Add the numbers from rows A through J and write the total here | \$ |
|--|----|

If the figure in the 'total' box exceeds \$500,000.00, you are not eligible to participate in the Wills for Heroes program. You should contact your finance attorney for all estate matters. We thank you for your interest in Wills for Heroes. We wish you and your family health and happiness and know that you have our continued support for all the important work that you do every day on behalf of the public.

If the figure in the 'total' box is less than \$500,000.00, you are eligible to participate in the Wills for Heroes program. Please continue filling out this questionnaire.

## LAST WILL AND TESTAMENT

### I. PERSONAL INFORMATION:

Your Full Legal Name: \_\_\_\_\_  
 Name you use to sign documents: \_\_\_\_\_  
 Your current address (street, city & zip): \_\_\_\_\_  
 County: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_

### II. MARITAL STATUS (select the most appropriate):

- Married once, and my spouse is alive.
- Presently married, and had a prior marriage (previous spouse is deceased or divorced).
- Widow/ widower
- Divorced, not presently married.
- Single, never married.
- Other relationship.

Full legal name of your spouse or partner: \_\_\_\_\_  
 Is spouse/partner a U.S. citizen?  Yes  No  
 Is your spouse/partner's address the same as listed above?  Yes  No  
 If No, your spouse/partner's current address is (street, city, zip): \_\_\_\_\_

### III. CHILDREN:

Do you have any children?  Yes  No

Please list your children's names, dates of birth, and whether they are biological or adopted:

| Name | DOB | Biological/Adopted | Name | DOB | Biological/Adopted |
|------|-----|--------------------|------|-----|--------------------|
|      |     |                    |      |     |                    |
|      |     |                    |      |     |                    |
|      |     |                    |      |     |                    |

The above does not include step-children, if any. If you wish to provide for step-children, they can be listed in the distribution Article, but are not listed here unless they have been adopted.

Are you / spouse / partner pregnant with your child?  Yes  No

Do you wish to include in the definition of "my children" any children you may have biologically or adopt in the future?  Yes  No

Is any child a minor?  Yes  No

If Yes, is the other parent of the minor child(ren) alive?  Yes  No

The other parent of the minor child(ren) is:  My Spouse  Another Person

If the other parent of the minor child(ren) is another person, list below:

| Name | Other Parent | Name | Other Parent |
|------|--------------|------|--------------|
|      |              |      |              |

**IV. SPECIFIC BEQUESTS:**

A specific bequest is a statement in the Will that a certain asset or specific amount of money will be given to beneficiary(ies). You may make specific gifts of cash, real estate, or tangible personal property to specific people or charities within your Will. However, these bequests will be distributed first and may deplete your estate. Also, specific bequests lapse (become null and void) if the property given cannot be found at your death. Therefore, if you make specific bequests, only give property or amounts of cash that you are reasonably sure you will have when you die. If you make no specific bequests, all of your property will pass to your primary beneficiaries, or what we call residuary beneficiaries.

Do you wish to make any specific bequest in your Will?  Yes  No

**If Yes, please continue; if No, please go to Section V.**

There are four different categories of specific bequests: car, cash, real estate, and tangible personal property. Below please select what kind of specific bequest you want to make.

Car: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Cash: \$ \_\_\_\_\_

Real Estate: *If you wish to make a specific bequest of real property, please bring copies of your real estate deed, that put the property into your name. In addition, if the legal description is not typed, please ask your title insurance agency customer service to pull a prior deed so that you can have a good legal description to bring with you. Please realize that there are ways to hold real property so that it does not pass according to your Will; it might be advisable to consult an attorney on these issues.*

Frequently, a husband and wife own real estate jointly with right of survivorship or as community property with right of survivorship. If you and your spouse own your home or other property that way, your Will does not affect how your ownership interest passes when you die; it will go to the survivor.

Do you own real estate titled with your spouse?  Yes  No

How does the title read? \_\_\_\_\_

Do you own real estate on your own?  Yes  No

If your real estate *does not automatically* pass to your spouse/partner or another person upon your death, how do you wish to give your real estate under your Will?

All to my spouse/partner.

To pass with the remainder of my estate (this is called the residuary clause).

My home to my spouse/partner and the rest of my real estate to pass with the rest of my estate.

*\* Remember to please bring copies of your real estate deeds to your appointment.*

Tangible Personal Property: \_\_\_\_\_

**The beneficiary/beneficiaries of my specific bequest(s) is/are (check only one):**

- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my issue per stirpes. "Issue per stirpes" means that your bequest will follow each particular child's bloodline.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my then-living children.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to another individual(s) Please name the other individual or individuals: \_\_\_\_\_
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to a named charity. Please name the other charity or charities: \_\_\_\_\_
- My then living children. If I have no living children, the item(s) shall be distributed to my then living grandchildren
- My then living children. If I have no living children, the item(s) shall be distributed to other named individuals or charities. Please name the other individual or charity: \_\_\_\_\_
- My issue per stirpes. ("Issue per stirpes" means that your bequest will follow each particular child's bloodline.)
- A class. Please describe (ie. My nieces and nephews, my grandchildren, etc.) \_\_\_\_\_ (Note: a "class" includes all individuals in the group you describe unless you specifically omit a person or persons.)
- Named individual(s). If the named individual(s) is/are not living upon my death, the item(s) shall be distributed to another named individual or individuals.

Please name the other individual(s): \_\_\_\_\_

Please name an alternate individual(s): \_\_\_\_\_

Named charity(ies): \_\_\_\_\_

Named individuals in table format with equal or unequal distribution:

| Beneficiary | Relationship | Share |
|-------------|--------------|-------|
|             |              |       |
|             |              |       |
|             |              |       |
|             |              |       |

**V. TANGIBLE PERSONAL PROPERTY/PERSONAL EFFECTS:**

How do you wish to give your tangible personal property?

- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my issue per stirpes. "Issue per stirpes" means that your bequest will follow each particular child's bloodline.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my then living children.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my then living grandchildren.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to another individual(s) Please name the other individual or individuals: \_\_\_\_\_
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to a named charity. Please name the other charity or charities: \_\_\_\_\_
- My then living children. If I have no living children, the item(s) shall be distributed to my then living grandchildren
- My then living children. If I have no living children, the item(s) shall be distributed to other named individuals or charities. Please name the other individual or charity: \_\_\_\_\_
- My issue per stirpes. ("Issue per stirpes" means that your bequest will follow each particular child's bloodline.)
- A class. Please describe (ie. My nieces and nephews, my grandchildren, etc.) \_\_\_\_\_ (Note: a "class" includes all individuals in the group you describe unless you specifically omit a person or persons.)
- Named individual(s). If the named individual(s) is/are not living upon my death, the item(s) shall be distributed to another named individual or individuals. Please name the other individual(s): \_\_\_\_\_  
Please name an alternate individual(s): \_\_\_\_\_
- Named charity(ies): \_\_\_\_\_
- To pass with the remainder of my estate.
- Named individuals in table format with equal or unequal distribution:

| Beneficiary | Relationship | Share |
|-------------|--------------|-------|
|             |              |       |
|             |              |       |
|             |              |       |
|             |              |       |

**VI. COSTS OF DISTRIBUTING THE ESTATE:**

It helps to know whether you want the estate to pay any shipping costs to send the tangible personal property to a beneficiary or whether the beneficiary must come up with the money to receive the tangible personal property.

The cost of distributing the property in your estate:

- should be paid as an expense of administering the estate.
- should be paid by the Devisee receiving the item(s) for which expenditures were made.

**VII. DISTRIBUTION OF THE REMAINDER OF YOUR ESTATE:**

How do you wish to give the remainder of your estate? Your residuary estate is whatever property remains after paying debts and expenses of administration, and any specific bequests. Because many people do not make specific bequests, the "residuary" usually describes all the property left to your primary beneficiaries.

- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my issue per stirpes. "Issue per stirpes" means that your bequest will follow each particular child's bloodline.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my then living children.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my then living grandkids.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to another individual(s)  
Please name the other individual or individuals: \_\_\_\_\_
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to a named charity.  
Please name the other charity or charities: \_\_\_\_\_
- My then living children. If I have no living children, the item(s) shall be distributed to my then living grandkids.
- My then living children. If I have no living children, the item(s) shall be distributed to other named individuals or charities. Please name the other individual or charity: \_\_\_\_\_
- My issue, per stirpes. ("Issue per stirpes" means that your bequest will follow each particular child's bloodline)
- A class. Please describe (ie. My nieces and nephews, my grandchildren, etc.) \_\_\_\_\_ (Note: a "class" includes all individuals in the group you describe unless you specifically omit a person(s))
- Named individual(s). If the named individual(s) is/are not living upon my death, the item(s) shall be distributed to another named individual or individuals.  
  
Please name the other individual(s): \_\_\_\_\_  
  
Please name the alternate individual(s): \_\_\_\_\_
- Named charity(ies): \_\_\_\_\_

(options continued on next page)

Named individuals in table format with equal or unequal distribution:

| Beneficiary | Relationship | Share |
|-------------|--------------|-------|
|             |              |       |
|             |              |       |
|             |              |       |
|             |              |       |

**VIII. STEPCHILDREN:**

If you provide for step-children in your Will, then checking the box "yes" will include a paragraph in your Will that says you are providing for the step-child regardless of whether you are married to the step-child's parent or not at your death. If you check no, the stepchildren paragraph will not be included.

Do you have any stepchildren?  Yes  No. If yes, please list them below:

| Name | DOB | Name | DOB |
|------|-----|------|-----|
|      |     |      |     |
|      |     |      |     |
|      |     |      |     |

**IX. DISINHERITING SOMEONE:**

Do you wish to disinherit someone other than your spouse?  Yes  No

If so, who (please provide the name and relationship to you)? \_\_\_\_\_

If you wish to disinherit your spouse, you will need to discuss this further with your attorney. This issue is not handled in this program. Please realize that ~~California~~ provides statutory allowances for your spouse at your death, even if disinherited or legally separated.

**X. UNDERAGE BENEFICIARIES:**

If any of your beneficiaries is a minor, at what age do you want them to receive their gift?

18  21  Some other age (please indicate the age): \_\_\_\_\_

NOTE: Selecting an age greater than 21 will require a trust, which may cause your estate to incur additional expenses for the administration of the trust. These would lower the amount available for your beneficiaries. If the funds are held for a minor or a child until a specific age, a standard provision is provided so that the Personal Representative will act as Trustee over that child's share until that child reaches your selected age. This individual will be permitted to make distributions to the guardian, or maybe the child personally when he/she turns age eighteen (18), for the health, maintenance and education of the child.

**XI. PERSONAL REPRESENTATIVE:**

Your Personal Representative (in other states called the "executor"), once appointed by the Court makes sure your estate is settled upon your death. This ordinarily involves going through probate, a court-administered procedure for settling an estate as provided in your Will or under State law. Probate involves petitioning a court for letters of appointment, settling creditor claims, finding and distributing assets, and filing any necessary tax returns. Any competent adult may serve as your Personal Representative. Personal Representatives have a duty not only to the beneficiaries but also to the creditors of the estate.

Whom do you wish to have as your Personal Representative?

- My spouse/partner.
- Another individual. Please name: \_\_\_\_\_

Do you want to have a co-Personal Representative?  Yes  No *This option is not usually recommended because conflicts can arise between the Personal Representatives which will complicate the administration of your estate.*

If Yes, please name your desired co-Personal Representative: \_\_\_\_\_

Do you want a successor Personal Representative if the first Personal Representative(s) named is/are unable to act?  Yes  No *The successor will act only if your first choice is unable to be your Personal Representative.*

If Yes, please name your desired successor Personal Representative: \_\_\_\_\_

Do you want to have someone serve as a co-Personal Representative with this successor Personal Representative?  Yes  No. *This option is not usually recommended because conflicts can arise between the Personal Representatives which will complicate the administration of your estate.*

If Yes, please name your desired co-successor Personal Representative: \_\_\_\_\_

**XII. BOND REQUIREMENT:**

This provision means that the Personal Representative must file a credit application with a bond agency. If the Personal Representative (the "fiduciary") steals assets from the estate, the bond agency replaces what was stolen up to the amount of the bond. Depending upon the size of the estate, bonds can be very expensive. People often do not require bond for the following reasons:

1. The person trusts that the person named as fiduciary would never steal from the estate's assets;
2. The person does not want the estate to pay the expense of the bond; and
3. Having named the same person as beneficiary and fiduciary, the person does not see the need for the bond.

People that require bond usually do so as an extra security measure if there are multiple beneficiaries, the person does not know the fiduciary very well or the person does not trust the fiduciary.

- Bond is *not* required of my Personal Representative of my estate.
- Bond is required of my Personal Representative of my estate.

**XIII. MILITARY SERVICE:**

Have you ever served in the military?  Yes  No

If yes, then the following paragraph will be added to the powers clause in your Will:

I have served in the Armed Forces of the United States. I therefore request that my personal representative make appropriate inquiries to ascertain whether there are any benefits to which I, my dependents or heirs may be entitled by virtue of any military affiliation. I specifically request that my personal representative consult with a retired affairs officer at the nearest military installation, the Department of Veterans Affairs, and the Social Security Administration.

**XIV. FINAL ARRANGEMENTS:**

- I wish to be buried
- I wish to be cremated
- Final arrangements have not been decided

**XV. GUARDIANSHIP:**

If your children are minors (under age 18) when you die, and if the other natural/adopted parent is not alive or for any reason cannot act as guardian, the court may appoint the person(s) you name to act as legal guardian(s) of your minor children. The individual(s) named will have physical control and custody of the children until they reach 18. If you have sole custody, upon your death, the child's other natural or adopted parent will presumptively act as parent even if you provide for someone else to serve as guardian in your Will. You should still name a guardian, however, in case the child's other natural or adopted parent dies before you, is unwilling to act as parent, cannot be located or for any reason cannot act as guardian.

Do you wish to appoint:

- One guardian for any child when I die.
- One guardian and a successor guardian.
- Two co-guardians.
- No guardian.

If you choose to appoint a guardian, please list their name, city, state of their residence:

Guardian: \_\_\_\_\_

Successor Guardian (if elected): \_\_\_\_\_ or

Co-Guardians (if elected): \_\_\_\_\_ and \_\_\_\_\_

## **LIVING WILL**

An advance medical directive or "living will" is separate from your Will, but may be an important part of your estate plan. It 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, the living will "speaks for you" so your doctors know and can act upon, your desires about medical life support. Once executed, the document is effective until you revoke it, which you may do at any time by physically destroying it or revoking it:

**IF YOU DO NOT WANT A LIVING WILL, ONE WILL GENERATE ANYWAY WITH LANGUAGE THAT ESSENTIALLY STATES YOU WANT TO LIVE AS LONG AS POSSIBLE.**

Do you want a living will?  Yes  No

If you **DO** want a Living Will, choose the statements that you agree with by checking them off; if you do not check a statement in the first three paragraphs the template will change "I DO WANT" to "I DO NOT WANT" when you look at the document in Word.:

I DO WANT the use of all medical care necessary and available to treat my condition until or unless my doctors reasonably conclude that my condition is terminal or irreversible and incurable or I am in a persistent vegetative state.

If I am in a terminal condition or an irreversible coma or a persistent vegetative state that my doctors reasonably feel to be irreversible or incurable, I DO WANT my life artificially prolonged and I DO WANT life-sustaining treatment that would serve to artificially delay the moment of my death.

If I am in a terminal condition or an irreversible coma or a persistent vegetative state that my doctors reasonably feel to be irreversible or incurable, I DO WANT the medical treatment necessary to provide care that would keep me comfortable.

Choose the statements that you agree with by checking them off; if you do not check a statement, it will not appear in your document:

*If I am in a terminal condition or an irreversible coma or a persistent vegetative state that my doctors reasonably feel to be irreversible or incurable, the following are my wishes (CHOOSE ALL THAT APPLY):*

I do not want cardiopulmonary resuscitation, electric shock, respirators, transfusions, instruments to prolong heartbeat (i.e. "code arrest" mechanisms, artificial respirators, heart massage by manual or mechanical methods, drugs of potent nature) or artificial breathing.

I further request that medication be mercifully administered to me for terminal suffering, even if it hastens the moment of (but not intentionally causes) my death.

I do not want artificially administered food or hydration.

I do not want to be taken to a hospital if care can be provided at home or in a more appropriate facility.

Notwithstanding my other directions, if I am known to be pregnant, I do not want life sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life sustaining treatment.

**HEALTH CARE POWER OF ATTORNEY (Health Care POA)**

Another important document is a power of attorney for health care. You may execute this in addition to your living will. The Health Care POA appoints someone you name to make medical care decisions for you if you cannot make your own medical decisions. It applies to more situations than the living will, which was discussed above. The Health Care POA gives the person you name as your agent the authority to make a wide range of medical decisions on your behalf. Your agent, once you are unable to communicate your wishes, is given the power to act on your behalf to make health and mental health decisions (outside of a locked facility) It also gives your agent access to your medical information and authority to fully participate with your treating physicians in deciding the care you receive. Obviously, the person you designate to be your agent should be someone you trust with life and death decisions and who you believe will follow your instructions.

**FULL ADDRESSES AND PHONE NUMBERS ARE IMPORTANT!**

Do you want a Health Care Power of Attorney?  Yes  No

Do you want your spouse/partner to act as your agent?  Yes  No

If you selected someone other than your spouse/partner to act as your agent or you selected your spouse/partner to be your agent and your spouse/partner has a different address than yours, please provide the following information:

Name / Address / City / State / Zip / Phone  
\_\_\_\_\_

Do you want to have a co-agent?  Yes  No. If Yes, please provide the following information:

Name / Address / City / State / Zip / Phone  
\_\_\_\_\_

Do you want a successor agent if the first named agent is/are unable to act?  Yes  No. *The successor will act only if your first choice is unable to be your Agent.* If yes, please provide the following information:

Name / Address / City / State / Zip / Phone  
\_\_\_\_\_

Do you want to have someone serve as a co-agent with this successor agent?  Yes  No.  
If yes, please provide the following information:

Name / Address / City / State / Zip / Phone  
\_\_\_\_\_

## FINANCIAL POWER OF ATTORNEY (POA)

The Financial Power of Attorney will allow the agent you designate to handle your assets in case you are unable to do so. The Financial Power of Attorney does *not* deal with gifting issues, tax planning, long term care planning, payment of fees to your agent, etc. If you want a Financial Power of Attorney effective immediately, rather than on incapacity, or want to address any of the above-mentioned issues, please seek legal advice outside of this program.

### FULL ADDRESSES AND PHONE NUMBERS ARE IMPORTANT!

Would you like a financial power of attorney?  Yes  No If No, you're finished!

Do you want your spouse/partner to act as your agent?  Yes  No

If someone other than your spouse/partner is your agent or your spouse/partner has a different address than yours, please provide the following information:

Name / Address / City / State / Zip / Phone  
\_\_\_\_\_

Do you want to have a co-agent?  Yes  No If yes, please provide the following information:

Name / Address / City / State / Zip / Phone  
\_\_\_\_\_

Do you want a successor Agent if the first named Agent is/are unable to act?  Yes  No  
*The successor will act only if your first choice is unable to be your Agent.* If yes, please provide the following information:

Name / Address / City / State / Zip / Phone  
\_\_\_\_\_

Do you want to have someone serve as a co-Agent with this successor Agent?  Yes  No  
If yes, please provide the following information:

Name / Address / City / State / Zip / Phone  
\_\_\_\_\_

**\*\* END OF ESTATE PLANNING QUESTIONNAIRE \*\***