

HOWARD & CARR, PLLC
 Attorneys At Law
 www.howardandcarr.com

WILL & POWER OF ATTORNEY DATA FORM

A. GENERAL INFORMATION

1. Print your full name: _____
First Middle Last Suffix

Last 4 of SSN: _____ Male: ____ Female: _____

Are you a U.S. citizen? Yes ____ No ____

2. List any other names you have used (i.e. maiden name or common names/nicknames):

3. Home address: _____
Street

City State Zip

4. Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

WHAT DOCUMENTS DO YOU WISH TO PREPARE?

(Please circle all documents that you wish to prepare)

- Last Will and Testament
- Revocable Living Trust
- Healthcare Power of Attorney/Advance Directive (for medical and end of life decisions)
- General Durable Power of Attorney (for financial/business decisions)

NOTE: If both you and your spouse request estate planning documents, you may be seen together so long as you have both seen and discussed each other's worksheets, agree on the contents, and sign the Dual Representation Authorization at the end of this worksheet.

B. MARITAL STATUS

1. ___ Single, never married ___ Currently married, but married before
 ___ Single and divorced ___ Married
 ___ Widowed ___ Separated (Date of Separation: _____)

2. Is your spouse a U.S. citizen? Yes _____ No _____

3. Name of current spouse:

First	Middle	Last	Suffix
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3. Do you have a premarital or antenuptial agreement, contract to make wills, separation agreement, or a court order regarding life insurance or other assets? Yes ___ No ___ If Yes, describe: _____

C. CHILDREN

1. How many children do you have? _____

2. Do you anticipate future children? Yes ___ No ___

3. Do you have any stepchildren or adopted children? Yes ___ No ___

4. If applicable, do you intend to include step children as recipients of your estate?

Include stepchildren ___ **Exclude** stepchildren ___

5. List the names, gender and ages of ALL children. Circle "N" for natural children, "S" for stepchildren or "A" for adopted children:

First	Middle	Last	N/S/A	M/F	Age
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First	Middle	Last	N/S/A	M/F	Age
-------	--------	------	-------	-----	-----

First	Middle	Last	N/S/A	M/F	Age
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First	Middle	Last	N/S/A	M/F	Age
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D. VALUE OF YOUR ESTATE In order to determine what type of estate plan is best for you, we need a rough estimate of the value of your estate. List the value of assets in your name, and if married, the value of assets held in your spouse's name and the value of those held jointly with your spouse. For jointly held assets, place 1/2 of the value of the asset in your column and 1/2 the value in the spouse's column. Note separately the value of assets in your spouse's name alone.

Please provide the approximate amounts below.

Real estate equity (fair market value less the mortgage still owed):

\$ _____	\$ _____
Yours	Spouse's

Bank accounts:

\$ _____	\$ _____
Yours	Spouse's

Investment accounts (i.e. mutual funds, stocks, bonds, IRAs, 401K):

\$ _____	\$ _____
Yours	Spouse's

Personal Property (i.e. jewelry, vehicles, furnishings, collectibles):

\$ _____	\$ _____
Yours	Spouse's

Life Insurance

\$ _____	\$ _____
Yours	Spouse's

1. Do you own any life insurance policies or have the right to change the beneficiaries on any policies? Yes ___ No ___
2. Do you own any interest in a business or farm? Yes ___ No ___
If Yes, describe: _____
3. Are you the beneficiary of any promissory notes or deeds of trust? Yes ___ No ___

E. DISINHERITANCE

1. Are you expressly disinheriting a member of your family? Yes___ No___. You do **not** need to expressly disinherit a former spouse since a former spouse is deemed to have predeceased you for estate purposes once your divorce is final, unless you specifically name the former spouse as a beneficiary in your will. If Yes, complete the following:

First	Middle	Last	Relationship to you
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First	Middle	Last	Relationship to you
-------	--------	------	---------------------

F. REAL PROPERTY

1. List any real property in which you have an interest. Describe how the property is titled (individually, joint tenancy, tenancy by the entirety, tenants in common) and name any co-owners.

Property	Title	Co-Owner
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Property	Title	Co-Owner
----------	-------	----------

Property	Title	Co-Owner
----------	-------	----------

Property	Title	Co-Owner
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2. Do you have mortgage life insurance? Mortgage life insurance is an insurance policy that pays off your mortgage upon your death. Yes ___ No ___

3. To whom do you want to give your real property? ___ Check here if spouse, if not:

First	Middle	Last	Relationship to you
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First	Middle	Last	Relationship to you
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G. TANGIBLE PERSONAL PROPERTY

1. Who do you want to receive your tangible personal property?

a. Primary beneficiary(ies): ___ Check here if spouse, if not spouse:

First	Middle	Last	Relationship to you	Amount/Percentage
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First	Middle	Last	Relationship to you	Amount/Percentage
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First	Middle	Last	Relationship to you	Amount/Percentage
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First	Middle	Last	Relationship to you	Amount/Percentage
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b. Contingent beneficiary(ies): Those persons you wish to leave your assets to if your primary beneficiaries are not living at the time of your death.

First	Middle	Last	Relationship to you	Amount/Percentage
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First	Middle	Last	Relationship to you	Amount/Percentage
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First	Middle	Last	Relationship to you	Amount/Percentage
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First	Middle	Last	Relationship to you	Amount/Percentage
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2. Monetary Bequests: You may elect to make specific gifts of cash to specific people or charities in your will. However, these bequests will be distributed first and may deplete your estate. Therefore, if you make any specific bequests, you should only give amounts of cash that you are reasonably sure you will possess at the time of your death. If you make no specific bequests, all of your money will pass to your beneficiaries in the order you have designated.

a.) Do you wish to make any specific bequests of money in your will? ___ yes ___ no

b.) If yes, please list the name and relationship of each beneficiary and the amount of each bequest:

First	Middle	Last	Relationship to you	Amount
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First	Middle	Last	Relationship to you	Amount
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3. Personal Property Memorandum: Do you wish to make a personal property memorandum listing specific items and the beneficiary that receives these items?

Yes _____ No _____

H. RESIDUARY ESTATE BENEFICIARIES Your residuary estate contains all the items you have not gifted by other provisions of your will.

1. Primary beneficiary(ies): ____ Check here if spouse, if not spouse:

First	Middle	Last	Relationship to you	Amount/Percentage
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First	Middle	Last	Relationship to you	Amount/Percentage
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2. Contingent beneficiary(ies):

First	Middle	Last	Relationship to you	Amount/Percentage
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First	Middle	Last	Relationship to you	Amount/Percentage
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I. MINORS AND INCAPACITATED BENEFICIARIES The attorney will explain the options available if one or more of your beneficiaries is a minor or is incapacitated.

1. Please check the age at which any minor beneficiary is to receive your estate outright:

_____ 18 _____ 21
_____ Other age (please indicate age): _____

2. Name of Trustee (or Co-Trustees) for your minor beneficiary:

First	Middle	Last	Relationship to you
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First	Middle	Last	Relationship to you
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3. Name of Successor Trustee:

First	Middle	Last	Relationship to you
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4. Are any beneficiaries mentally or physically disabled? Yes__ No__ If Yes, complete the following:

First	Middle	Last	Relationship to you
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Nature of the disability: _____
Does the beneficiary receive SSI, or other federal or state benefits? Yes ___ No ___

[For Attorney Use Only:
____ **Guardianship** ____ **Trust for Minors** ____ **Special Needs Trust]**

J. GUARDIAN OF THE CHILD(REN) If you have minor children, please indicate the person(s) you desire to be the guardian(s) of your children if your spouse or your children's other parent does not survive you. You may appoint a single guardian or co-guardians. The nomination of successor guardians is recommended.

If you are divorced, keep in mind the court will ordinarily appoint your former spouse to be the guardian (as the children's other natural parent), notwithstanding your direction here. You should still select a guardian, however, in case your former spouse predeceases you or for any reason cannot act as the children's guardian.

Primary Guardian:

First	Middle	Last	Relationship to you
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Co / Successor:

First	Middle	Last	Relationship to you
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Check here if you are naming Co-Guardians: _____

K. EXECUTOR/EXECUTRIX (Personal Representative) Name the person who is to probate your will, file tax returns, and otherwise handle your estate. You may appoint a single executor or co-executors. The naming of successor executors is recommended. Your executor must be at least 18 years old to be appointed. **NOTE:** Naming co-executors is typically not recommended because conflicts can arise between the executors that will complicate the administration of your estate.

Primary Executor: _____ Check here if spouse, if not spouse:

First	Middle	Last	Relationship to you
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Co / Successor:

First	Middle	Last	Relationship to you
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Check here if you are naming Co-Executors: _____

THE ADVANCE MEDICAL DIRECTIVE AND THE APPOINTMENT OF AGENT FOR HEALTH CARE DECISIONS ARE OPTIONAL AND ARE SEPARATE FROM YOUR WILL.

ADVANCE MEDICAL DIRECTIVE

Also known as a **Living Will**, an Advance Medical Directive is an instruction to your family and medical personnel expressing a desire for a "natural death," meaning withholding or withdrawal of life sustaining treatment (treatment which only prolongs the process of dying and does not cure you) if you are terminally ill and death is imminent. Note that this instruction will likely stop intravenous food and liquid unless you direct otherwise. An Advance Medical Directive is not giving someone else the right to decide your fate, rather you are giving specific instruction to remove artificial life support.

If you do not want to be kept alive by artificial life support when you are terminally ill with no hope of recovery or when you are in a persistent vegetative state, you should have an Advance Medical Directive.

*Do you want an **ADVANCE MEDICAL DIRECTIVE**? Yes ___ No ___*

APPOINTMENT OF AGENT(S) FOR HEALTH CARE DECISIONS

This document allows you to designate an agent to ensure that doctors and hospital staff carry out your advance medical directive if you are incapacitated. Additionally, your agent will act on your behalf if you are incapable of making an informed decision regarding your health care. You may appoint an alternate agent to act in the event the first agent cannot or will not act. You may also have your agents act jointly or separately.

If a guardian must be appointed do you want the person(s) named as your agent(s) to be appointed your guardian? Yes ___ No ___

1. First Agent:

First Middle Last Relationship to you

Address: _____
Street City State Zip

Telephone Number: _____

2. Alternate Agent:

First Middle Last Relationship to you

Address: _____
Street City State Zip

Telephone Number: _____

If you have designated a second agent, you must choose one of the following:

_____ My second agent is to act only if the first cannot or will not act, OR

_____ The agents must act jointly unless one becomes incapacitated (both agents must agree)

ORGAN DONATION In your Appointment of Agent, you may authorize the donation of your organs. (However, please note that this is not the optimal place to designate organ donation. To ensure your directions regarding organ donation are carried out, you should obtain an organ donor card or place such desire on your driver's license.)

Do you want your organs donated for **transplant** purposes? Yes ___ No ___

If Yes, do you ALSO want to donate your body to science?
Yes ___ No ___

Is the authority to donate organs to expressly **exclude** certain organs? Yes ___ No ___

If yes, please list organs to be excluded _____

GENERAL DURABLE POWER OF ATTORNEY

This document allows you to designate an agent to manage your finances, i.e. pay your bills, deposit checks, sell your house, if you are incapacitated. This is a powerful document and is effective upon execution. Be sure to name someone you trust to manage these affairs. You may appoint an alternate agent to act in the event the first agent cannot or will not act. You may also have your agents act jointly or separately.

1. First Agent:

First Middle Last Relationship to you

Address: _____
Street City State Zip

Telephone Number: _____

2. Second Agent:

First	Middle	Last	Relationship to you
Address:			
Street	City	State	Zip
Telephone Number: _____			

If you have designated a second agent, you must choose one of the following:

- My second agent is to act only if the first cannot or will not act, OR
- The agents must act jointly unless one becomes incapacitated (both agents must agree)

FUNERAL ARRANGEMENTS:

You may have a strong desire regarding funeral arrangement (for example, burial or cremation). As a practical matter, your funeral arrangements are likely to have been carried out already by the time your will is read. Finding out after the fact that the arrangements were contrary to your will may cause some dismay for your survivors. Therefore, it is recommended that you communicate your desires to your next of kin at your earliest opportunity. If you wish, however, your preference may also be recorded in the will.

You may express your desires regarding the disposition of your remains (e.g. cremation, military honors, or burial at a certain location or gravesite). However, if you elect to state your desires in your will, do not rely on your will alone to communicate those desires, as wills may not be read prior to the funeral. You should tell the appropriate family members of your desires now.

I do not wish to express my desires concerning my remains in my will and leave this decision to those who survive me.

At the time of death, I prefer:

- To be cremated.
- To have my body given for medical or scientific purposes.
- To be buried at a specified gravesite or location. (Please specify location): _____
-
- To be buried with full military honors. (You may select this option in addition to one of the above.)
- Other: _____

Dual Representation Authorization

Dear Clients:

You and your spouse have indicated that you both wish to meet together with the same attorney to discuss your will and ancillary documents. Due to the potential for conflicts of interest, it is the policy of this office to raise this issue with you and require your informed consent to proceed. Therefore, your signature below will confirm the following:

(1) You have requested that the same attorney represent each of you and advise you both on certain estate planning matters.

(2) It is contemplated that the matters to which this representation will extend will include the following:

- Analysis of the assets owned by each of you at the time of your marriage, including consideration of the fair market value of such property and the nature in which title was then held;
- Analysis of all property now owned by each of you, including consideration of its fair market value, and the manner in which title to such property is now held;
- Discussions about the manner in which you wish to dispose of any property over which you may have any power of disposition at the time of your death; and
- Preparation of the documents necessary to accomplish the desired disposition, including the drafting of wills, trusts, property agreements, and other documents as may be required.

(3) You are aware that, during the course of the estate planning work, disagreements may arise between you and your spouse with respect to the ownership of your property and its desired disposition during your lifetimes and at your deaths. Differences of opinion on the disposition of the property, under ethical rules, do not prevent the same attorney from continuing to represent both of you. However, during the course of the estate planning, conflicts of interest between you and your spouse may also arise, such as issues regarding the ownership of certain property.

(4) Ordinarily, under such circumstances, one attorney cannot represent both of you. Nevertheless, you have requested, with a full understanding of your right to, and the advantages of, independent counsel, that you both be represented by the same legal assistance attorney in all of the above matters.

(5) Although they rarely occur, if a conflict of interest does arise between the two of you of such a nature that your attorney believes it impossible, in their judgment, to perform any obligations to either of you in accordance with this letter, they will withdraw from all further representation of either of you in this matter at that time and advise both of you to obtain independent counsel.

(6) You have each agreed that there will be complete and free disclosure and exchange of all information your attorney receives from either or both of you in the course of their representation of you, and that such information shall not be confidential between you irrespective of whether your attorney obtains such information in conferences with both of you or in private conferences with only one of you, including any conferences that may have taken place before the date of this letter.

Sincerely,

Howard & Carr, PLLC
Attorneys At Law

We, (please print your names) _____ and _____, have read the foregoing letter, understand the same, consent to the disclosure and exchange of all information received by our attorney from either one of us, with the other one of us, and consent to our legal assistance attorney representing each and both of us in the aforementioned estate planning services.

APPROVED THE _____ day of _____, 20____

Client

Client