

Wait Time Walk-In Number

For Office Use Only: Time of App't _____ Time Arrived _____ Time Intake Form Returned to Clerk _____
 Time Seen by Atty _____ Case Atty _____ Case Paralegal/LN _____

LEGAL ASSISTANCE CLIENT INTAKE QUESTIONNAIRE

FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties. **PRIVACY ACT STATEMENT:** AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 DoD ID NUMBER PRINCIPAL PURPOSE(S): Information is to monitor the caseloads in legal assistance office. **ROUTINE USE (S):** Information provided is used to assign cases and monitor legal assistance attorneys and assigned clerical personnel.

MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of DoD ID Number is voluntary and there will be no adverse consequence from refusal to disclose; however, an individual may be requested to establish eligibility for legal assistance by other means (e.g., production of military identification). Refusal to establish eligibility may preclude the requested assistance. Disclosure of all other requested information is voluntary, but failure to provide such information may limit this Command's ability to provide assistance.

1. Your Name (Last, First, Middle):		2. DoD ID Number (if known):	
3. Gender: (circle) M F	4. Date of Birth: DD MMM YYYY	5. Eligibility: (circle) <i>Office Staff: Reference JAGMAN Ch. 7 for details on legal assistance eligibility and consult with your supervisor</i>	
6. Service Branch of Yourself or Sponsor: (circle one) USN USA USAF USCG USMC DOD		Active Duty Retiree Reservist (inactive/drilling) 20/20/20 Spouse DOD Civilian	Dependent of Active Duty Member Dependent of Retiree Dependent of DOD Civilian (overseas only) DOD Contractor (overseas only)
7. End of Active Duty Service Obligation: DD MMM YYYY		8. Pay Grade:	9. Rank/Rate:
10a. Command:		10b. Deploying? <input type="checkbox"/> Yes <input type="checkbox"/> No DD MMM YYYY	If yes, estimated date:
11. YOUR Current Home or Mailing Address:			
		City:	State:
		Zip:	
12a. Home Telephone: ()		12b. Cellular: ()	
12c. Work: ()		13a. Email Address:	
14a. Spouse's Name (Last, First, Middle):		14b. DoD ID Number (if known):	14c. Spouse's Maiden Name:

15. Have you hired a civilian attorney relating to the legal issue(s) to be discussed today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you previously met with any military attorney relating to the legal issue(s) to be discussed today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are you seeking services relating to a pending Civilian Administrative Forum? (OCONUS only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are you seeking services because you are a victim of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are you seeking services because you are a victim of domestic violence or assault of any kind involving a service member?	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. PROVIDE INFORMATION ABOUT THE PERSON/BUSINESS WITH WHOM YOU HAVE A LEGAL DISPUTE/ISSUE		
For divorce/child custody and support/paternity issues, it's your spouse/the other parent. For housing issues, it's usually the landlord. For consumer fraud/abuse and identity theft, it's the person/company committing the fraud/abuse/theft, etc.		
Full Name: (Last, First, Middle)	(Maiden, if applicable)	Date of Birth, if known: DD MMM YYYY
Address:		Military: <input type="checkbox"/> Yes <input type="checkbox"/> No

21. What issues will you be discussing during your appointment?

Please turn this form over and check all applicable legal categories in the client use boxes.

Your Signature _____ **Date** _____

For Office Use Only: ID CARD SCREEN _____ INITIAL CONFLICT CHECK _____ ATTY CONFLICT CHECK _____
FILE CREATED _____ CL & OP ENTERED INTO CMTIS _____ SERVICES ENTERED INTO CMTIS _____

Client Use ✓	LEGAL ISSUE	Atty Use: Record Time	Client Use ✓	LEGAL ISSUE	Atty Use: Record Time
	Wills/Estate Planning			Naturalization/Immigration (Personal Citizenship)	
	General Estate Planning Advice/General Probate Advice; No Documents Drafted			Naturalization - Active duty or veteran	
	Tax-Related Estate Planning Issue			Immigration - Dependents	
	<u>Simple Wills</u>			Military Rights/Benefits	
	Will			SCRA	
	Living Will (medical)			Credit Bureau Deployment Alerts	
	Health Care POA/Advance Directive			MSRRA	
	DPOA (financial)			Retiree/VA Benefits	
	Trust for minors			Survivor Benefits Program	
	DD 93			USERRA	
	SGLI beneficiary designation			UFSPA including CHCBP	
	<u>Complex Wills</u>			Consumer Fraud/Abuse	
	Credit Shelter Trust			Auto fraud	
	DCS trust			Door to door sales violations	
	Marital deduction trust			Identity theft	
	Qualified domestic trust			Lending fraud	
	Qualified terminable interest trust			Mortgage fraud	
	Special needs trust			Deceptive acts and practices violations	
	Will Execution			Creditor/Debtor	
	Non-Support			Bankruptcy/Credit Counseling	
	Alimony (spouse/domestic partner)			Debtor counseling/security clearance	
	Child			Defendant in Collection Suit	
	Divorce/Separation			FCRA/FDCPA	
	Custody			Lemon law counseling	
	Guardianship			Predatory Lending	
	Child Custody/Child Protective Services			Bank debit card fees/overdraft fees/prepaid credit card fees	
	Conservatorship/ Adult protective services			Cash advances	
	Adoption			Pay day loans	
	Paternity			Title loans	
	Name Change			Power of Attorney	
	Property/Landlord Tenant			Advice Only	
	Foreclosure/Short Sale (Tenant Only)			Advice & Drafting	
	Landlord-Tenant Dispute			Tax Law	
	Lease Review - tenant or AD landlord			Advising about an IRS notice	
	Real Estate Purchase Contract Review			Advising about a State Tax notice	
	Foreclosure/Shortsale Advice			Domestic Violence/Assault	

JOINT REPRESENTATION
NOTICE AND WAIVER OF CONFLICT OF INTEREST

In any legal matter where an attorney client relationship is formed, the attorney owes duties of loyalty and confidentiality to the client. The duty of confidentiality means that only the client may authorize the attorney to share case information with a third party. The client may, in some instances, choose to seek legal advice or representation along with another person or people. For example, spouses often seek legal advice from the same attorney. Whenever an attorney undertakes representation of two or more clients in the same matter, it is important for each client to understand that the attorney strives to be equally loyal to all represented clients and that representing multiple clients on the same matter places limits on the duty of confidentiality.

When one attorney represents two clients (Client A and Client B) in the same matter, the duty of confidentiality extends to both clients, meaning that nothing Client A or Client B tells the attorney will be shared with any outside party, unless expressly authorized. However, the attorney also owes a duty of loyalty to both clients, and thus anything Client A tells the attorney must also be shared with Client B. An attorney will never withhold information provided by Client A from Client B, or vice-versa, even if one jointly represented client requests that information be withheld from the others.

The duties of loyalty and confidentiality create a conflict of interest between jointly represented parties. When the attorney is obligated to tell Client A all of the information received from Client B, Client A may be able to gain an advantage from that information if a dispute arises between the parties. If a dispute arises, the attorney is required to withdraw from the case and can no longer provide legal advice to either party.

Think carefully about this conflict of interest and whether you can accept that confidential information will be shared with all parties to the representation. If your attorney withdraws from the case due to a conflict, each party must locate separate private counsel, likely resulting in greater expense and inconvenience than if you had been individually represented from the beginning of the case. No one is under any obligation to agree to joint representation. If you have any doubts about agreeing to joint representation, you should obtain independent counsel to ensure that your interests are independently represented.

After carefully considering all possible present and future conflicts of interest, and having been fully informed of the potential for negative or adverse consequences arising from this joint representation, I, _____, by placing my signature on this page, consent to the joint representation of myself and _____ who is present with me at this office today.

I understand that at any time I may choose to retain private independent counsel in connection with this matter. Similarly, I understand that if my attorney determines that continued joint representation will create an unfair advantage to one of the parties, this office must withdraw its representation of both myself and _____.

SIGNATURE

PRINTED NAME

DATE

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, Alaska, Hawaii, or Guam**? Yes No
 2. Did you or your spouse acquire any property while residing in a community property state? Yes No
(AZ, CA, TX, ID, LA, NM, NV, WA, WI)
 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) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce <input type="checkbox"/> 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

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 you or 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)
1 st Prior Spouse			
2 nd 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: _____

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: <input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita
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(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: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary: _____
Description of Gift:	Name of Beneficiary/Relationship:	If Beneficiary dies before me, then to: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary: _____
Description of Gift:	Name of Beneficiary/Relationship:	If Beneficiary dies before me, then to: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary: _____

FOR ATTORNEY USE ONLY: Personal Property Memorandum? <input type="checkbox"/> Yes <input type="checkbox"/> 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, SC, UT, VA, WA, 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: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> Alternate Beneficiary:
Dollar Amount and source of funds:	Name/Address:	If Beneficiary dies before me, then to: <input type="checkbox"/> Beneficiary's heirs, OR <input type="checkbox"/> Gift passes with the rest of estate, OR <input type="checkbox"/> 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: <input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MUST THE PR/EXEC FILE AN ACCOUNTING WITH THE COURT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WILL PR/EXEC MUST WAIVE FEES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MUST STANDARD FEES BE PAID TO BANK ACTING AS PR/EXEC?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)

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).

<u>SGLI Beneficiary Designations</u>	<u>Relationship</u>	<u>Share</u>	<u>Lump Sum or 36 payments</u>
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? _____

<p>FOR ATTORNEY USE ONLY <input type="checkbox"/> Client counseled on SGLI and Death Gratuity <input type="checkbox"/> Draft New SGLI <input type="checkbox"/> Draft New DD-93 IF DRAFTING A NEW DD-93: PADD: _____ Relationship: _____ Address: _____ Phone _____</p>

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:

<p>FOR ATTORNEY USE ONLY: Client referred to: _____ Date of referral: _____</p>
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34. DISPOSITION OF REMAINS: Please select your preferred method:

- a. Funeral Arrangements: 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
- d. American flags to add'l family members (to be paid from your estate) Yes No N/A

Names of family members: _____

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

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
 - 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
- 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: _____

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
Total Net Value in Q 1:					

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
Total Net Value in Q 2:				

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:		

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:		

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:			

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

Name of Company	Who is insured	Policy owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit
Value of your SGLI or VGLI: _____ Spouse SGLI _____			Total Value in Q 6:		
TOTAL VALUE OF ESTATE:					