Please fill in all applicable blanks. Mark “N/A” in blanks not applicable to your situation.

|  |  |
| --- | --- |
| FULL LEGAL NAME: | |
| DATE OF BIRTH: | PERSONAL EMAIL ADDRESS: |

U.S. Citizen? YES  NO

# Military Status

Active Duty Military  Retired from the Military  Married to Military Retiree

Married to someone on Active Duty  Dependent of Active Duty Military  Dependent of Retiree

Other (Please Specify):

**Residence**

|  |
| --- |
| State of Legal Residence (on LES): |
| Current Address: |
| Current Phone: |

# Documents You Want Prepared

**WILL** - describes how you wish your property to be distributed in the event of your death, also names guardians for any minor children

**LIVING WILL/ADVANCED DIRECTIVE** - designates what medical care you want to receive or have withheld if you become terminally ill or are in a permanent vegetative state.

**HEALTH CARE POWER OF ATTORNEY** - appoints an agent to make medical decisions for you if you become incapacitated.

**DURABLE GENERAL POWER OF ATTORNEY** - appoints an agent to make financial, legal, and other decisions for you if you become incapacitated.

# PART I – YOUR LAST WILL AND TESTAMENT

**Marital Status**

Married once, my spouse is still alive  Widow / Widower

Presently married, and had prior marriage(s)  Divorced, not presently married

Single, never married

|  |  |
| --- | --- |
| Spouse’s Full Name (if married): | |
| Spouse’s Phone and Address (if different) : | |
| Spouse’s Date of Birth: | Spouse’s personal email address: |

Is spouse a U.S. citizen? YES  NO

# Children

Do you have any children? YES  NO

If yes, are any of your children minors? (under 18) YES  NO

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD NAME (First, Middle, Last)** | **AGE** | **ADOPTED?** | **STEP-CHILD?** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

How should your will treat adopted/step-children for inheritance purposes?

Expressly include  Expressly exclude  Leave will silent (say nothing)

# Estate Information:

-Will your assets, including life insurance, investments, jointly held property and bank accounts, and anticipated inheritance exceed $1,000,000? YES  NO

# Distribution of your Residuary Estate

# I want all of my estate to go to my spouse, then if my spouse has passed away, to my children in equal shares.

# (you can add additional beneficiaries below in the event your spouse and kids pass away before you)

# I want all of my estate to go to my spouse, then if my spouse has passed away, to other beneficiaries as designated below (i.e. only certain children, grandchildren, or other friends).

# I am married, but do not want my estate to go to my spouse. (fill in below and consult w/ an attorney)

# I am not married (fill in primary and alternate beneficiaries below)

# I want to expressly disinherit someone in my will. List name(s):

**Primary Beneficiaries**:

|  |  |  |
| --- | --- | --- |
| **FULL NAME** | **Relationship** | **Percentage** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Alternate Beneficiaries**: If all primary beneficiaries pass away before you, who will receive your estate?

|  |  |  |
| --- | --- | --- |
| **FULL NAME** | **Relationship** | **Percentage** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**REAL ESTATE**:

**-**Do you own any real estate (home, cabin or acreage/plots of land)? YES  NO

**-**Do you want to leave this real estateDIFFERENTLY than the rest of your estate above?YES  NO

-To leave real estate differently, enter the address of the property & its beneficiaries:

|  |
| --- |
| 1. |
| 2. |

**PERSONAL PROPERTY**: (i.e. guns, fine china, jewelry, cars, etc)

-Do you want to leave **specific items or cash\*** to specific people or charities? YES  NO

-If so, list in the table below- if more than a few items, we will draft a **Personal Property Memorandum**. This is a document attached to the will listing specific items & their recipient, and is the only part of your will that can be updated later without an attorney and without drafting a new will.

-Do you want a **Personal Property Memorandum**? YES  NO

-\*Note that cash bequests come out of your estate first – so if your estate is worth less than the cash amount at the time you pass away, the person receiving any cash bequest will effectively receive the entire estate.

|  |  |  |
| --- | --- | --- |
| **Property Description or Cash Amount** | **Beneficiary’s Name** | **Relationship** |
|  |  |  |
|  |  |  |
|  |  |  |

# Personal Representative/Executor:

Your executor (in Idaho “personal representative”) ensures that your estate is settled upon your death. If you own real estate or have more than nominal assets, this usually involves going through probate court to settle your estate as provided in your will or under state law. Probate includes petitioning a court for letters of appointment, settling creditor claims, finding and distributing assets, and filing any necessary tax returns.

|  |  |
| --- | --- |
| **Name of Executor(s)/Representative(s)** | **Relationship** |
| Primary: |  |
| Alternate #1 (if any): |  |
| Alternate #2 (if any): |  |

-Should the personal representative be entitled to or receive reasonable compensation for their services?

YES  NO

-Should your will to state that the personal representative will not be required to give any bond or other security for the faithful performance of their duties as your personal representative, unless required by court?

YES  NO

# Guardians of Minor Children

|  |  |
| --- | --- |
| **Name of Guardian(s) of the Person** | **Relationship** |
| Primary: |  |
| Alternate #1 (if any): |  |
| Alternate #2 (if any): |  |

GUARDIAN/CONSERVATOR OF THE PROPERTY: Consider whether there are personal reasons to have a separate guardian manage funds for the children, such as for children raised by former spouses or by a natural parent not living with you. If you desire to appoint a Conservator of the Property of your minor children who is not also the Guardian of the Person (physical guardian of the children), consult with your legal assistance attorney.

Do you wish to discuss a separate Conservator of the Property of your minor children? YES  NO

**Funeral Arrangements**:

Have you prepaid for burial or funeral arrangements or purchased a plot? YES  NO

# If so, list which cemetery or funeral home or what other arrangements have been made:

|  |
| --- |
|  |

# Do you have any specific desires concerning disposition of your body (i.e. burial, cremation, donation to science, organ donation) If so, write them here:

|  |
| --- |
|  |

# Do you have any specific desires concerning the location of your interment, or other funeral arrangements?

|  |
| --- |
|  |

# PART II – OPTIONAL/RECOMMENDED DOCUMENTS

# Living Will

A living will allows you to designate what type of medical care you wish to receive, or not receive, if you become terminally ill or in a permanent vegetative state (permanent coma/brain dead). You may wish to express your desire to withhold certain treatments (“pull the plug”) if you have a terminal, unconscious condition with no chance of recovery. Alternatively, a living will can specify that you wish all possible life support to be administered to sustain your life. In all cases, however, a clause will be included to direct that you receive “any medical treatment or care that may be required to keep me free of pain or distress.”

Do you desire to get a Living Will? YES  NO

If you desire a Living Will, check which directive you would like to apply:

I want to receive all medical treatment available, regardless of the above conditions.

I direct that all medical treatment, care and procedures, including artificial life-sustaining procedures, be withheld or withdrawn (with the exception of care or medication to keep you free of pain/distress).

I direct that all medical treatment, care and procedures, including artificial life-sustaining procedures, be withheld or withdrawn EXCEPT FOR (mark one or both)  **nutrition** and/or  **hydration.**

(with the exception of care or medication to keep you free of pain/distress)

If you could become pregnant, should all natural and artificial life-saving measures be employed and all effort be made to deliver the child safely, even if this may hasten your death?

YES  NO  NOT APPLICABLE

Have you completed an Idaho Physician Orders for Scope of Treatment (POST)? YES  NO

# Durable Power of Attorney for Health Care:

A Durable Power of Attorney for Health Care is a document that allows you to appoint an agent to make health care decisions for you if you are incapacitated. This includes the authority to execute the wishes expressed in your Living Will. For a DPOA to become effective, you need only be incapacitated as opposed to terminally ill. For example, if an accident renders you unconscious, your agent can authorize surgery.

Would you like to get a Durable Power of Attorney for Health Care? YES  NO

# Designation of Agents for Durable Power of Attorney for Health Care:

|  |  |
| --- | --- |
| **Agent’s Name and relationship to you** | **Agent’s Address and phone number** |
| Primary: |  |
| Alternate #1 (if any): |  |
| Alternate #2 (if any): |  |

# Durable General Power of Attorney

A Durable General Power of Attorney delegates an agent with the power to make legal, financial and other decisions for you in the event you are incapacitated or otherwise unavailable to take care of your affairs personally. A Durable General Power of Attorney generally has no expiration date and provides your attorney in fact (your agent) with broad and far-reaching authority. The authority can be tailored to fit specific needs. Special care should be taken when giving an individual such powers. You should discuss this with your legal assistance attorney.

Do you also want to get a Durable General Power of Attorney? YES  NO

If so, who would you like to name as agent?

|  |  |
| --- | --- |
| **Agent’s Name and relationship to you** | **Agent’s Address and phone number** |
| Primary: |  |
| Alternate #1 (if any): |  |

# Other Information: Please answer the following questions that may be applicable:

* 1. Do you or your spouse have children from a previous relationship? YES  NO
  2. Do you have any children or relatives with special needs? YES  NO
  3. Do you have any of the following:
     + Family Trust YES  NO
* Family Farm YES  NO
* Family Owned Business YES  NO 
  1. Do you plan on having children in the future? YES  NO
  2. Do you intend to leave any money/property to a non-US Citizen? YES  NO
  3. Is there any other estate planning matter, not listed in this worksheet,

which you wish to discuss with a legal assistance attorney? YES  NO

Write your questions here:

|  |
| --- |
| - |
| - |
| - |
| - |