

## WASHINGTON FIRST RESPONDER WILL CLINIC

In an effort to show our appreciation for the daily sacrifices of fire fighters, police officers and other first responders, this *free* program is brought to you by the Washington State Bar Association's Washington First Responder Will Clinic. The Washington First Responder Will Clinic program offers *free* Wills, Health Care Directives, and General Durable Powers of Attorney to Washington's first responders and their spouses (or state-registered domestic partners).

The complimentary Wills we offer, however, are not for everyone. To enable us to offer these estate planning documents efficiently and at no cost, the Wills do not cover many issues for persons with large or complicated estates and beneficiaries with special needs. The program also is not appropriate for persons who want to set up or require sophisticated Trusts. As defined in the Washington First Responder Will Clinic program, a large estate exceeds \$750,000 per person (\$1,500,000 per married couple).

Your estate (for Washington First Responder Will Clinic purposes) consists of your cash, personal property, stock and bonds, real estate (equity only), savings, life insurance, inheritances, and retirement assets like a 401(k) or an IRA. If you have a large or complicated estate or desire complex Trust arrangements, this program is not available to you. You should instead contact a lawyer who focuses in the area of Wills and Trusts.

***Washington First Responder Will Clinic does not handle beneficiary designations on any assets.*** For example, if you designated a beneficiary in your life insurance policy, they will receive their benefit outright and without it passing through your Will. On the other hand, life insurance policies where the beneficiary is not designated, or where you name your estate as the beneficiary, *will* pass as directed by your Will. The same principle applies to IRAs, retirement plans, annuities and 401(k) plans. You should check with your provider every one to two years to make sure the beneficiary designations are correct and current.

***Additionally, Washington First Responder Will Clinic does not handle the following areas / issues:*** 1) estate, gift, income and / or Generation Skipping Transfer tax issues; 2) special needs trusts; 3) charitable trusts; 4) citizenship / domicile of first responder and / or spouse; 5) assets managed by a fiduciary outside of the U.S.; 6) assets held outside of the U.S; 7) short term and / or long term care planning; 8) immigration issues; and 9) any litigation matter. The program also does not handle complicated or intricate planned distributions outside of the questionnaire options.

No lawyer or law firm involved in the Washington First Responder Will Clinic program has performed a conflict search on your name or your spouse or partner's name; therefore, if you are aware of any legal proceeding involving you and your WFRWC attorney, please alert the attorney at the beginning of the interview so that the attorney will arrange for another attorney to meet with you.

This questionnaire will answer some common questions and prepare you to discuss your needs with an attorney. It will also provide a convenient form to record your important information. All discussions with an attorney will be kept confidential. You will keep your questionnaire at the end of the appointment. The Washington First Responder Will Clinic program does not keep a copy of your Will or other estate planning documents; it will be up to you to keep your original documents in a safe and fireproof place. This questionnaire will also help you organize information that the attorney needs to advise you and prepare your estate plan. Some individuals need complex plans that may require assistance beyond what is available in this program. The attorney assigned to work with you will advise you if a referral is necessary in your case.

**Each spouse or partner must fill out and bring with him / her a separate estate planning questionnaire, even though the questionnaires may be similar to one another.** You should understand that significant legal rights may be affected by having a married couple attend the same WFRWC estate planning appointment, and please know that each spouse has the option to seek independent counsel regarding his/her individual estate plan (outside of the WFRWC clinic). By attending the WFRWC clinic with your spouse, you will waive the right to seek independent counsel.

## ESTATE PLANNING QUESTIONNAIRE

**VALUE OF YOUR ESTATE:** Please estimate the value of your estate. To be eligible for the Washington First Responder Will Clinic program, your estate must be less than \$750,000. Those with an estate in excess of \$750,000 are not eligible for this program.

**To determine the value of your estate, include the following:** cash, personal property, stock and bonds, real estate (equity only), savings, life insurance and retirement assets (401(K) or an IRA.)

For the purpose of discussing your assets with an attorney in this program, include below the value of all of the property you own in your name. If you are married, please provide us with the value of the property jointly owned by the two of you; if the property is community property, only list half of the value of the asset below. If you acquired the property before you were married, or by inheritance, and you have kept this asset in your individual name, please list it as an asset of your estate.

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

Bank Accounts, CD's, etc.: \_\_\_\_\_

Real Estate (equity only): \_\_\_\_\_

Life Insurance (cash surrender value only; *do not include term life insurance here*): \_\_\_\_\_

IRA, 401(k), etc, that have value at your death: \_\_\_\_\_

Vehicles: \_\_\_\_\_

Business Interests: \_\_\_\_\_

Stocks & Bonds: \_\_\_\_\_

Pension Benefits that continue after your death: \_\_\_\_\_

Money owed to you (outstanding *notes* payable to you): \_\_\_\_\_

Other money & property: \_\_\_\_\_

Approximate value of your estate: \$ \_\_\_\_\_

## LAST WILL AND TESTAMENT

### I. PERSONAL INFORMATION:

Your Full Legal Name: \_\_\_\_\_

Your current address (street, city & zip): \_\_\_\_\_

County: \_\_\_\_\_

Phone (home): \_\_\_\_\_

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

- Married and my spouse is alive. No previous marriage.
- Presently married, and had a prior marriage (previous spouse is deceased or divorced).
- Widow/ widower
- Divorced, not presently married.
- Single, never married.
- Other relationship. Please explain: \_\_\_\_\_

Full legal name of your spouse: \_\_\_\_\_

### III. CHILDREN:

Do you have any children?  Yes  No. If NO, skip this section.

Please list your children below:

| Name | DOB | Biological/Adopted/Step-Child | Name | DOB | Biological/Adopted/Step-Child |
|------|-----|-------------------------------|------|-----|-------------------------------|
|      |     |                               |      |     |                               |
|      |     |                               |      |     |                               |
|      |     |                               |      |     |                               |

Are you / spouse / partner pregnant with your child?  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). Specific 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 "residuary" beneficiaries.

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

**If Yes, please continue; if No, please skip this section.**

Below please select what kind of specific bequest you want to make. (If you wish to make a specific bequest of real property, you will need to consult an attorney outside of the Washington First Responder Will Clinic program. Please ask for a referral list.)

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

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

Other (for example – “wedding ring” or “all of my artwork”):

Item: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 Item: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 Item: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**V. 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 residual beneficiaries.

Who would you like to inherit your estate when you die? Please check one:

- My spouse.
- My then living children, in equal shares.
- This named individual(s): \_\_\_\_\_
- This named charity: \_\_\_\_\_
- Other. Please explain:

| <b>Beneficiary</b> | <b>Relationship</b> | <b>Percent</b> |
|--------------------|---------------------|----------------|
|                    |                     |                |
|                    |                     |                |
|                    |                     |                |
|                    |                     |                |

If the person(s) that you named above has predeceased you or the charity that you named above is no longer in existence, who would you like to inherit your estate when you die?

- My then living children, in equal shares.
- My children, but if one or more of my children is deceased then his or her share unto that deceased child’s children (my grandchildren).

(continued on next page...)

- A class. Please describe: \_\_\_\_\_ (i.e. “my nieces and nephews”)
- This named individual(s): \_\_\_\_\_
- This named charity: \_\_\_\_\_
- Other. Please explain:

| Beneficiary | Relationship | Percent |
|-------------|--------------|---------|
|             |              |         |
|             |              |         |
|             |              |         |
|             |              |         |

**VI. DISINHERITING SOMEONE:**

The definition of “disinherit” is to take action which will guarantee that a person will not inherit from your estate.

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.

**VII. CHILDREN’S TRUST:** If you do not have children, please skip this section.

If you are married and you and your spouse are both deceased, and you are leaving your estate to your child/children, who would you like to be the Trustee of your childrens’ trust? \_\_\_\_\_

If your first choice Trustee is unable or unwilling to serve in this capacity, who would you appoint as your successor Trustee? \_\_\_\_\_

**VIII. GUARDIANSHIP:** If you do not have children, please skip this section.

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.

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

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

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

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

**IX. PERSONAL REPRESENTATIVE:**

Your Personal Representative (also 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.

Whom do you wish to have as your Personal Representative/Executor?

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

Do you want a successor Personal Representative if the first Personal Representative named is 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: \_\_\_\_\_

**HEALTH CARE DIRECTIVE/LIVING WILL**

A Health Care 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 medical condition (or a permanent unconscious state) 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 in writing:

Do you want a Health Care Directive?  Yes  No

If you **DO** want a Health Care Directive, choose the statements that you agree with by checking them off:

- I want artificial administration of food and fluids.
- I do not want artificial administration of food and fluids.

**GENERAL DURABLE POWER OF ATTORNEY**

Another important document is a General Durable Power of Attorney (POA). The POA appoints someone you name to handle your assets and make medical care decisions for you if are unable to do so. The person you appoint is given the power to make decisions on your behalf, including financial decisions. 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 wholeheartedly and who you believe will follow your instructions.

Do you want a General Durable Power of Attorney?  Yes  No

I would like \_\_\_\_\_ to act as my attorney in fact.

Do you want a successor attorney in fact if the first named person is unable to act?  Yes  No. *The successor will act only if your first choice is unable to be your Agent.*

I would like \_\_\_\_\_ to act as my successor attorney in fact.

Would you like your General Durable Power of Attorney to become effective:

- Immediately (i.e. the moment you sign it)
- Upon your disability. (i.e. when you become disabled and unable to handle your own affairs)

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