

Will Clinic Information Sheet

Please Print. Fill in all but bottom section and sign where required. *If needed, use none, 0, or n/a (not applicable).*

Section 1

Personal Information

Full name _____ Gender: Female Male
FIRST MIDDLE LAST SUFFIX

Street address _____
 City _____ County _____ State _____ Zip Code _____

Cell phone # _____ May we leave a message at this number? Yes No
 Home phone # _____ May we leave a message at this number? Yes No

Email Address _____

Marital Status: Single Separated Married Common-Law Married Divorced Widowed
 SS#: _____ - _____ - _____ Birth Date: _____

Are you a United States Citizen? Yes No If no, are you a legal (registered) non-citizen? Yes No
 Are you a Veteran? Yes No How many other Veterans live in the household where you live? _____

Race: Asian Black Hispanic Native American Pacific Islander White Other

Living arrangements - please check all that apply

Own/buying house Rented house Apartment Hotel/Motel Shelter
Mobile home/RV HUD/Public Housing Nursing Home With friends With relatives

How many people live in the household where you live? _____

Section 2

General Household Information

List all persons living in your household & list all *gross* income amounts for everyone in the household.
If you have multiple sources of income, please list each one separately. If more than 3 persons in household, list the same information for every household member on back of this page.

Name	Relationship	Age	Type of Income <small>(SSI, Disability, Employment, Retirement, Pension, Other)</small>	List Monthly Income
_____	<u>(myself/client)</u>	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Section 3

Household Assets and Expenses Information

If there is no vehicle owned or being purchased by any household member, check here
 If you or any household member are buying, or own, any vehicle, fill in the following *(estimate value if needed)*

Vehicle: Year _____ Make _____ Model _____ \$ _____ Value \$ _____ Balance owed
 Vehicle: Year _____ Make _____ Model _____ \$ _____ Value \$ _____ Balance owed

Do you or any other household member have any cash? Yes No If yes, how much \$ _____

Are there any other assets; include bank accounts, land, boats, investments, etc. information? Yes No
If yes, circle type of asset on above line & list details, including the value of each asset, on back of this page

Monthly expenses *(Please check the box for the expense and list out the amount of the expense)*

Rent/Mortgage \$ _____ Car Payment \$ _____ Car Insurance \$ _____
Health Insurance \$ _____ Child Support \$ _____ Bankruptcy \$ _____ Garnishment \$ _____

Section 4

I certify that I am a citizen of the United States.

 Signature Date

I am requesting assistance with estate planning documents.

 Signature Date

**Alabama Volunteer Lawyers Program
WILL QUESTIONNAIRE**

In order to make the Wills project as convenient as possible we will be holding the program on site. For the process to run smoothly and take as little of your time as possible, we provide you with following instructions and documents to complete and return the day of the program. By giving you this information in advance, you will have time to think about these issues and discuss them with any person with whom you may wish.

To participate please:

- 1. Sign up for a clinic appointment time.**
- 2. Complete the attached Will Application.**
- 3. Complete the attached Will questionnaire and bring it with you at your appointment time. (If you are uncertain about how to answer a question you can discuss it with a volunteer attorney the day of the clinic. Please complete as much of the questionnaire as possible.)**
- 3. Please know the nature of your ownership interest in any Real Property. You should be aware that property owned with a right of survivorship will pass outside of your will to the person or persons with whom you have joint ownership with right of survivorship. (For example, if you own your home with your spouse or parent and that ownership is joint with right of survivorship, then that property will pass to that person with whom you have joint ownership even if you try to pass your interest to someone else named in your will.)**

We look forward to seeing you at the Wills clinic!

**Alabama Volunteer Lawyers Program
WILLS QUESTIONNAIRE
(Please print clearly)**

Date _____

1. Your Full Legal Name

First Middle Last

2. Have you or a member of your household served in the Military or National Guard?

_____ Yes _____ No

3. How you sign documents (print) _____

4. Your Address:

Street

City State Zip

County _____

5. Date of Birth Mo _____ Day _____ Year 19 _____

6. Sex

Male
 Female

7. Telephone Number () _____ - _____

8. What is the value of your Estate?

Item	Value
Bank Accounts/Certificates of Deposit (CD)	
Real Estate	
Life Insurance (cash surrender value only)	
Retirement Accounts IRA or 401(k) (Value at your death)	
Pension Benefits (that continue after your death.)	
Vehicles	
Boats	
Money owed to you	
Business Interests	
Stocks/Bonds/Mutual Funds	
Other (jewelry, guns, painting, collectables etc.)	

Note: If your estate is complicated, requiring complex property transactions or special needs trusts, we are not able to assist you through this program.

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9. DO YOU WANT A WILL?

- Yes
- No

10. BASIC WILL OPTIONS (Please select the will option that most closely reflects your wishes)

A. My entire estate to my spouse if they survive me. If my spouse does not survive me then equally to my children or if not to my children then to _____ . Any assets left to someone under age 19 are to be held in trust for his or her benefit until age 19 or age _____ (age older than 19).

B. My entire estate to my children equally. Any assets left to someone under age 19 held in trust for his or her benefit until age 19 or age _____. (age older than 19)

CAUTION: IF YOU USE THIS OPTION AND YOU ARE MARRIED YOUR SPOUSE MAY ELECT TO RECEIVE AS MUCH AS 1/3 OF YOUR ESTATE UNDER ALABAMA LAW EVEN THOUGH YOU HAVE NOT INCLUDED THEM IN YOUR WILL

C. My entire estate to a designated beneficiary or beneficiaries (friend, charity, partner, other family members). If one or more of the beneficiaries is an individual you should clearly provide what is to happen if that individual predeceases you.

CAUTION: IF YOU USE THIS OPTION AND YOU ARE MARRIED YOUR SPOUSE MAY ELECT TO RECEIVE AS MUCH AS 1/3 OF YOUR ESTATE UNDER ALABAMA LAW EVEN THOUGH YOU HAVE NOT INCLUDED THEM IN YOUR WILL

NOTE: If one of the above options does not accurately describe the disposition you desire to make of your assets, we are not able to assist you through this program.

11. Marital Status

- Single, never married
- Married
- Married, prior marriage ended in divorce or death of spouse
- Separated but not divorced
- Widow/ widower
- Divorced
- Other relationship. Explain relationship/ other's name _____

12. Spouse's Full Name _____

13. Who do you want to be Personal Representative (Executor/ Executrix) of your estate? _____

14. Who do you want to be the Secondary Personal Representative, if your primary Personal Representative is unable or unwilling to serve

15. If at the time of your death, one or all of your heirs are minors (child, stepchild, grandchild, niece/nephew) at what age would you want them to receive the assets? Prior to this age the assets would be held in trust and used for their care and benefit.

16. Would you like to exempt the Personal Representative from any bond requirement and/ or exempt the Personal Representative from an inventory

of our estate? (Most people choose to exempt the Personal Representative from posting bond, and from filing an accounting or inventory in court. The bond would protect the beneficiaries should your personal representative's actions harm the estate. Generally, if you do not trust your personal representative enough to provide exemption from bond then you may wish to consider someone else in whom you have more confidence.)

Yes

No

17. Please list the names and birthdates of all your children. Please note if any children are stepchildren.

CHILD'S NAME	DATE OF BIRTH	NATURAL/ ADOPTED/ STEP CHILD?	OTHER PARENT'S NAME

18. Are you currently pregnant or is your spouse/ partner/ other currently pregnant with your child?

Yes

No

19. Who do you wish to be the primary guardian for your minor children should the other parent have predeceased you or had their parental rights terminated? _____

20. Who do you want to be guardian if the primary guardian named above is unable or unwilling to serve? _____

21. If your children are minors at the time of your death assets they receive from your estate will be held in trust for their benefit. Who do you wish to serve as Trustee? _____

22. If your primary Trustee, named above is unable or unwilling to serve who do you wish to serve as Trustee? _____

23. If assets go to your child/ children and they have predeceased you, you can elect that the assets that would have gone to your deceased child can go to your deceased child's children (per stirpes). Would you prefer that assets go to the children of your predeceased child or be redistributed among your living children?

Per stirpes

Redistribute assets to living children

24. Adopted children are treated as natural children under Alabama law. Step children are not. A step child will only inherit from your estate if they are named in the Will. Are there any Step children that you would like to receive under this Will if as they are your natural children?

Yes

If yes, then whom:

No

25. Are there any children, natural, adopted or step that you do not want included under your Will as any others?

_____.

26. If you are unmarried and /or have no children, to whom would you want your estate to go to?

Parent(s) _____

Sibling(s) _____

Partner _____

Friend(s) _____

Charity(s) _____

Other

27. If the above person or persons predecease you to whom do you want your estate to go? _____

28. Do you want to leave any specific personal property to someone?

If so, then you need to be aware that there may be some limitations based upon your wishes. Due to the possible complicated nature of such requests, this Wills program is not designed to include such specific bequests in your will.

However, you can write such items down below to be included in a memorandum.

Such a memorandum is recognized in some states as part of the Will but it is not

“officially” recognized under Alabama law. Under Alabama law, such a

memorandum is precatory rather than mandatory. This means that your personal representative is not required to follow your wishes in the memorandum.

However, from practical experience, to the extent there is such a memorandum in place, your personal representative and/or family would most likely abide by that

and not make an issue of it. However, in the strictest sense, that memorandum is not part of the Will because it was not contemporaneous with the execution of the

Will. If you specifically want a certain piece of personal property to go to a

specific person, then that item should be specifically mentioned in the Will, and

you may need to seek further legal counsel outside of this program to accomplish

that. Of course, the downside of naming something specifically in the Will is that

you may change your mind and the Will would have to be redone and re-executed. If there is a

memorandum, the memorandum can be torn up and a new one prepared. On the other hand, if it

is in the Will, the Will would have to be redone and re-executed.

Based upon the above explanation, are there any specific assets you wish to leave to someone in a memorandum (i.e. cash, antiques, heirlooms, collectibles, guns, etc.)?

What and to who? (Please indicate the % of cash assets you wish the beneficiary to receive when possible. Beneficiaries in insurance policies, stocks, bonds, mutual funds, etc. are not

named in your Will. Also, real property owned jointly with right of survivorship passes to the joint owner(s) instead of any beneficiary named in your will.)

BENEFICIARY	RELATIONSHIP	ITEM/ SHARE (%)

29. DO YOU WANT A POWER OF ATTORNEY?

- Yes
- No

30. Do you want the power of attorney to be effective only upon disability? (If the answer is “No” the power of attorney is effective today upon signing.)

- Yes
- No

31. Who would you want to name as your Power of Attorney (attorney-in-fact)?

(Full Name)

(Address)

(Phone Number)

Is attorney-in-fact?

- Male
- Female

32. Who would you want to name as your successor Power of Attorney should the primary be unable or unwilling to act?

(Full Name)

(Address)

(Phone Number)

Is the successor attorney-in-fact?

Male

Female

33. Should proceeding in any court be commenced requiring the naming of a conservator, guardian or other fiduciary to act on your behalf, who would you desire as primary and whom as successor (if needed)? (You can select the same people as you selected as your attorney in fact and successor)

Primary _____

(Full Name)

Successor _____

(Full Name)

.....
34. DO YOU WANT AN ADVANCE DIRECTIVE FOR HEALTH CARE?

(Living Will)

Yes

No

An Advanced Health care directive allows you to make your wishes known about what medical treatment or other care you would or would not want if you become too sick to speak for yourself. It generally covers two situations if you become **terminally ill or injured** and if you become **permanently unconscious**.

You are **terminally ill or injured** is when your doctor and another doctor decide that you have a condition that cannot be cured and that you will likely die in the near future from this condition.

You are **permanently unconscious** when your doctor and another doctor agree that within a reasonable degree of medical certainty you can no longer think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement and have watched you long enough to make that decision.

35. Life sustaining treatment – Life sustaining treatment includes drugs, machines, or medical procedures that would keep you alive but would not cure you. If you choose not to have life sustaining treatment, you will still get medicines and treatments that ease your pain and keep you comfortable.

Do you want life sustaining treatment if you are terminally ill or injured?

- Yes
 No

Do you want life sustaining treatment if you are permanently unconsciousness?

- Yes
 No

36. Artificially provided food and hydration (Food and water through a tube or an IV) If you are terminally ill or injured you may need to be given food and water through a tube or an IV to keep you alive if you can no longer chew or swallow on your own or with someone helping you.

Do you want to have food and water provided through a tube or an IV if you are terminally ill or injured?

- Yes
 No

Do you want to have food and water provided through a tube or an IV if you are permanently unconsciousness?

- Yes
 No

37. Do you wish to name a health care proxy?

- Yes
 No

38. If yes, who is your first choice to serve as your health care proxy?

Name: _____

Relationship to you: _____

Address: _____

Day-time phone number: _____

Night-time phone number: _____

39. If your first choice as health care proxy is unable or unwilling to serve who do you wish to be your proxy?

Name: _____

Relationship to you: _____

Address: _____

Day-time phone number: _____

Night-time phone number: _____

40. Do you want your Health Care Proxy to:

- Follow **only** the directions as listed in the Advanced Health Care Directive.
- Follow my directions as listed in the Advanced Health Care Directive **and** to make any decisions about things I have not covered in the form.
- Make the final decision, even though it could mean doing something different from what I have listed in the Advanced Health Care Directive.

Signed _____ Date _____

Remember to bring this completed form with you to your appointment.

WILLS CLINIC DISCLAIMER

The Wills Clinic provides simple Wills, Advance Health Care Directives, and Powers of Attorney to eligible members of the community. The documents and information that will be provided by Wills Clinic attorneys are designed for small or modest estates and the information provided by volunteer attorneys is general in nature. Large estates, or complicated legal matters pertaining to modest estates that require more time and assistance, are not covered under this Wills Clinic and should be handled by more experienced estate, tax and probate lawyers. The determination of whether an estate is too large or complicated and thus outside the scope of the program is to be made in the sole discretion of the Volunteer Lawyers Program. The Wills Clinic reserves the right to refuse this service to anyone.

In the State of Alabama, when someone dies and has a will, the will generally must be probated. This is the court supervised process of transferring assets to someone after death. Probate has fees associated with it, but your wishes will be honored to the extent allowed by law.

The following issues are beyond the scope of the Wills Clinic; therefore, neither the Wills Clinic nor Wills Clinic attorneys intend to provide any legal advice in these areas:

1. Beneficiary designations on any assets;
2. Estate, gift, income and/or Generation Skipping Transfer **tax** issues;
3. Trusts such as Revocable, Irrevocable, Special needs, or Charitable trusts;
4. Citizenship/domicile of client and/or spouse;
5. Business ownership or family business holdings;
6. Assets held outside of the United States of America; and
7. Any other issues which are deemed by any volunteer as more complicated, difficult, or will require significant time and expertise beyond the scope of this program.

All information will be kept confidential and is for the sole use of the Wills Clinic. The lawyers you will see are provided for the sole purpose of drafting and providing these simple estate planning documents at no cost. In addition, no attorney-client relationship or other professional relationship of any nature whatsoever will be deemed to have been created by your participation in the Wills Clinic. Your signature below acknowledges that you are aware that no lawyer or law firm involved in the Wills Clinic has performed a conflict search on your name. If you are aware or become aware of any potential conflicts at the time of your meeting with the attorney you further acknowledge that it is your obligation to inform them of the potential conflict at that time.

Your signature also acknowledges that your documents will be prepared by the Wills Clinic volunteers in reliance upon the information provided by you in your estate planning questionnaire and during your meeting with the volunteer lawyer to prepare your legal documents. It is your sole responsibility to accurately and completely answer all questions in the estate planning questionnaire and to provide accurate and complete information to the attorney volunteer. Failure to do so could result in documents that do not adequately address your estate planning needs.

_____ I understand and agree that, no attorney-client relationship or other professional
(Client Initials) relationship of any nature whatsoever has been formed, and understand that all services
are complete once my estate planning documents are signed, witnessed, and notarized.

Client Signature

Date

Client Printed Name

Volunteer Attorney Signature

Date

Volunteer Attorney Printed Name

Attorney's Statement of Facts

I prepared:

- Last Will and Testament
- Power of Attorney
- Advanced Healthcare Directive

Attorney Name _____

Signature _____ Date _____

Thank you for your service today. We can make a difference together!

