

WILLS FOR HEROES

General Information & Instructions

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 Arizona Foundation for Legal Services and Education in partnership with the State Bar of Arizona. The Wills for Heroes program offers *free* Wills, Living Wills and Health and Financial Powers of Attorney to Arizona's first responders and their spouse/partner.

The complimentary Wills we offer, however, are not for everyone. To enable us to offer these estate planning documents to all Arizona police officers, fire fighters and other first responders efficiently and at no cost, the Wills do not cover many issues for persons with large or complicated estates, beneficiaries with special needs, and beneficiaries that cannot handle finances. The program also is not appropriate for persons who want to set up or require sophisticated Trusts. As defined in the Wills for Heroes program, a large estate exceeds \$750,000.

Your estate (for Wills for Heroes purposes) consists of your cash, personal property, stock and bonds, real estate (equity only), savings, life insurance (only include the cash value of a whole life policy – do not include term life insurance, even though term life insurance may have value in the secondary market), inheritances (only inheritances you have already received; do not count it if the inheritance is in trust for your benefit or if it is expected in the future) 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.

Wills for Heroes does not handle beneficiary designations on any assets. For example, if you designated a beneficiary(ies) in your life insurance policy, they will receive their benefit 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 through your Will when you die. 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, Wills for Heroes 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 Wills for Heroes 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, 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 Wills for Heroes 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 need assistance beyond what is available in this program. The attorney assigned to work with you will advise you if it is necessary in your case.

You and your spouse will have separate appointments with different attorneys to avoid potential conflicts of interest. *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 the other.* Please bring your completed questionnaire with you to the Wills Day along with a government-issued form of identification.

ESTATE PLANNING QUESTIONNAIRE

VALUE OF YOUR ESTATE: Please estimate the value of your estate. Wills for Heroes includes those with an estate of \$750,000 or less. Those with an estate in excess of \$750,000 are not eligible for this program.

To determine the value of your estate, include only the following: cash, personal property, stock and bonds, real estate (equity only), savings, life insurance (term life insurance does not count towards the value of your estate; count only the cash value of any whole life policy) 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, and if married and acquired the property during your marriage, the value of the property jointly owned by the two of you. 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. Life insurance ordinarily does not pass according to your Will; it will go to the beneficiaries you designate in the policy. The same typically applies to IRAs, 401(k), 403(b) and other retirement plans.

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; these benefits are paid to: _____

Money owed to you (outstanding *notes* payable to you): _____

Other money & property: _____

Approximate value of your estate: \$ _____

Do you have a farm or family-owned business? Yes No

LAST WILL AND TESTAMENT

1. **PERSONAL INFORMATION:**

Your Full Legal Name: _____
Other names you use to sign documents: _____
Your current address (street, city & zip): _____
County: _____
Phone (home): _____

2. **MARITAL STATUS** (select the most appropriate):

- Married once, and my spouse is alive.
- Presently married, and had a prior marriage (previous spouse is deceased or divorced).
- Widow/ widower
- Divorced, not presently married.
- Single, never married.
- Other relationship.

Full legal name of your spouse or partner: _____
Is spouse/partner a U.S. citizen? Yes No
Is your spouse/partner's address the same as listed above? Yes No
If No, your spouse/partner's current address is (street, city, zip): _____

3. **MILITARY SERVICE:**

Have you ever served in the military? Yes No

If yes, then the following paragraph will be added to the powers clause in your Will:

I have served in the Armed Forces of the United States. I therefore request that my personal representative make appropriate inquiries to ascertain whether there are any benefits to which I, my dependents or heirs may be entitled by virtue of any military affiliation. I specifically request that my personal representative consult with a retired affairs officer at the nearest military installation, the Department of Veterans Affairs, and the Social Security Administration.

4. **CHILDREN:**

Do you have any children living or deceased? Yes No

Please list all of your children's names, dates of birth, and whether they are biological or adopted:

Name	DOB	Biological/Adopted	Name	DOB	Biological/Adopted

The above does not include step-children, if any. If you wish to provide for step-children, they can be listed in the distribution Article, but are not listed here unless they have been adopted.

Are you / spouse / partner pregnant with your child? Yes No

Do you wish to include in the definition of “my children” any children you may have biologically or adopt in the future? Yes No

Is any child a minor? Yes No (If “yes”, be sure to complete Items 9 and 13)

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

5. STEPCHILDREN:

If you provide for step-children in your Will, then checking the box “yes” will include a paragraph in your Will that says you are providing for the step-child regardless of whether you are married to the step-child’s parent or not at your death. If you check no, the stepchildren paragraph will not be included.

Do you have any stepchildren? Yes No. If yes, please list them below:

Name	DOB	Name	DOB

6. DISINHERITING SOMEONE:

Do you wish to disinherit someone other than your spouse? Yes No

If so, who (please provide the name, gender 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. Please realize that Arizona provides statutory allowances for your spouse at your death, even if disinherited or legally separated.

7. PERSONAL REPRESENTATIVE:

Your court appointed Personal Representative (in other states called the “executor”) 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. Personal Representatives have a duty not only to the beneficiaries but also to the creditors of the estate.

Whom do you wish to have as your Personal Representative?

- My spouse/partner.
- Another individual. Please name: _____

Do you want to have a co-Personal Representative? Yes No *This option is not usually recommended because conflicts can arise between the Personal Representatives which will complicate the administration of your estate.*

If Yes, please name your desired co-Personal Representative: _____

Do you want a successor Personal Representative if the first Personal Representative(s) named is/are 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: _____

Do you want to have someone serve as a co-Personal Representative with this successor Personal Representative? Yes No. *This option is not usually recommended because conflicts can arise between the Personal Representatives which will complicate the administration of your estate.*

If Yes, please name your desired co-successor Personal Representative: _____

8. BOND REQUIREMENT:

This provision means that the Personal Representative must file a credit application with a bond agency. If the Personal Representative (the “fiduciary”) steals assets from the estate, the bond agency replaces what was stolen up to the amount of the bond. Depending upon the size of the estate, bonds can be very expensive. People often do not require bond for the following reasons:

1. The person trusts that the person named as fiduciary would never steal from the estate’s assets;
2. The person does not want the estate to pay the expense of the bond; and
3. Having named the same person as beneficiary and fiduciary, the person does not see the need for the bond.

People that require bond usually do so as an extra security measure if there are multiple beneficiaries, the person does not know the fiduciary very well or the person does not trust the fiduciary.

- Bond is *not* required of my Personal Representative of my estate.
- Bond is required of my Personal Representative of my estate.

9. GUARDIANSHIP:

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.
- No guardian.

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

Guardian: _____

Successor Guardian (if elected): _____ or

Co-Guardians (if elected): _____ and _____

If you choose to appoint a successor or co-guardian, please list each name, city, state of their residence: ____

10. 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). You may make specific gifts of cash, real estate, or tangible personal property to specific people or charities within your Will. However, these 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 your primary beneficiaries, or what we call residuary beneficiaries.

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

If Yes, please continue; if No, please go to Section 11.

There are four different categories of specific bequests: car, cash, real estate, and tangible personal property. Below please select what kind of specific bequest you want to make.

A) Car: Year _____ Make _____ Model _____

Name and relationship: _____

B) Cash: \$ _____

Name and relationship: _____

C) Real Estate: *If you wish to make a specific bequest of real property, please bring copies of your real estate deed, that put the property into your name. In addition, if the legal description is not typed, please ask your title insurance agency customer service to pull a prior deed so that you can have a good legal description to bring with you. Please realize that there are ways to hold real property so that it does not pass according to your Will; it might be advisable to consult an attorney on these issues.*

Frequently, a husband and wife own real estate jointly with right of survivorship or as community property with right of survivorship. If you and your spouse own your home or other property that way, your Will does not affect how your ownership interest passes when you die; it will go to the survivor.

Do you own real estate titled with your spouse? Yes No

How does the title read? _____

Do you own real estate on your own? Yes No

IF your real estate *does not automatically* pass to your spouse/partner or another person upon your death, how do you wish to give your real estate under your Will?

All to my spouse/partner.

To pass with the remainder of my estate (this is called the residuary clause).

My home to my spouse/partner and the rest of my real estate to pass with the rest of my estate.

* *Remember to please bring copies of your real estate deeds to your appointment.*

D) Tangible Personal Property (personal effects): _____

The beneficiary/beneficiaries of my specific bequest(s) is/are (check only one):

If you designate a charity, we need to know its address and if it has non-profit status with the IRS

- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my issue per stirpes. “Issue per stirpes” means that your bequest will follow each particular child’s bloodline.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my then-living children.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to another individual(s)
Please name the other individual or individuals: _____
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to a named charity.
Please name the other charity or charities: _____
- My then living children. If I have no living children, the item(s) shall be distributed to my then living grandchildren
- My then living children. If I have no living children, the item(s) shall be distributed to other named individuals or charities. Please name the other individual or charity: _____
- My issue per stirpes. (“Issue per stirpes” means that your bequest will follow each particular child’s bloodline.)
- A class. Please describe (ie. My nieces and nephews, my grandchildren, etc.) _____ (Note: a “class” includes all individuals in the group you describe unless you specifically omit a person or persons.)
- Named individual(s). If the named individual(s) is/are not living upon my death, the item(s) shall be distributed to another named individual or individuals.

Please name the other individual(s): _____

Please name an alternate individual(s): _____
- Named charity(ies) and address(es): _____
- Named individuals in table format with equal or unequal distribution:

Beneficiary	Relationship	Share

11. TANGIBLE PERSONAL PROPERTY/PERSONAL EFFECTS:

How do you wish to give your tangible personal property?

If you designate a charity, we need to know its address and if it has non-profit status with the IRS.

- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my issue per stirpes. "Issue per stirpes" means that your bequest will follow each particular child's bloodline.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my then living children.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my then living grandchildren.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to another individual(s) Please name the other individual or individuals: _____
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to a named charity. Please name the other charity or charities: _____
- My then living children. If I have no living children, the item(s) shall be distributed to my then living grandchildren
- My then living children. If I have no living children, the item(s) shall be distributed to other named individuals or charities. Please name the other individual or charity: _____
- My issue per stirpes. ("Issue per stirpes" means that your bequest will follow each particular child's bloodline.)
- A class. Please describe (ie. My nieces and nephews, my grandchildren, etc.) _____ (Note: a "class" includes all individuals in the group you describe unless you specifically omit a person or persons.)
- Named individual(s). If the named individual(s) is/are not living upon my death, the item(s) shall be distributed to another named individual or individuals. Please name the other individual(s): _____

Please name an alternate individual(s): _____
- Named charity(ies) and address(es): _____
- To pass with the remainder of my estate.
- Named individuals in table format with equal or unequal distribution:

Beneficiary	Relationship	Share

12. 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 primary beneficiaries.

If you designate a charity, we need to know its address and if it has non-profit status with the IRS.

- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my issue per stirpes. "Issue per stirpes" means that your bequest will follow each particular child's bloodline.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my then living children.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my then living grandkids.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to another individual(s)
Please name the other individual or individuals: _____
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to a named charity.
Please name the other charity or charities: _____
- My then living children. If I have no living children, the item(s) shall be distributed to my then living grandkids.
- My then living children. If I have no living children, the item(s) shall be distributed to other named individuals or charities. Please name the other individual or charity: _____
- My issue, per stirpes. ("Issue per stirpes" means that your bequest will follow each particular child's bloodline)
- A class. Please describe (ie. My nieces and nephews, my grandchildren, etc.) _____ (Note: a "class" includes all individuals in the group you describe unless you specifically omit a person(s))
- Named individual(s). If the named individual(s) is/are not living upon my death, the item(s) shall be distributed to another named individual or individuals.

Please name the other individual(s): _____

Please name the alternate individual(s): _____
- Named charity(ies) and address(es): _____
- Named individuals in table format with equal or unequal distribution:

Beneficiary	Relationship	Share

13. UNDERAGE BENEFICIARIES:

If any of your beneficiaries is a minor, at what age do you want them to receive their gift?

Specify an age between 18 and 21: _____

NOTE: When funds are held for a child until a specific age (18-21), a standard provision is included so that the Personal Representative will act as Trustee over that child's share until that child reaches your selected age. This individual will be permitted to make distributions to the guardian, or maybe to the child personally when he/she turns age eighteen (18), for the health, maintenance and education of the child.

Selecting an age greater than 21 requires a trust, which is outside the scope of this program.

GENERAL DURABLE POWER OF ATTORNEY (POA)

The General Durable Power of Attorney (sometimes called Financial Power of Attorney) will allow the agent you designate to handle your assets in case you are unable to do so. The General Durable Power of Attorney does *not* deal with gifting issues, tax planning, long term care planning, payment of fees to your agent, etc. If you want a General Durable Power of Attorney effective immediately, rather than on incapacity, or want to address any of the above-mentioned issues, please seek legal advice outside of this program.

FULL ADDRESSES AND PHONE NUMBERS ARE IMPORTANT!

Would you like a general power of attorney? Yes No If **No**, you're finished!

Do you want your spouse/partner to act as your agent? Yes No

If someone other than your spouse/partner is your agent **or** your spouse/partner has a different address than yours, please provide the following information:

Name / Address / City / State / Zip / Phone

Do you want a successor Agent if the first named Agent is unable to act? Yes No

The successor will act only if your first choice is unable to be your Agent. If yes, please provide the following information:

Name / Address / City / State / Zip / Phone

HEALTH CARE POWER OF ATTORNEY (Health Care POA)

Another important document is a power of attorney for health care. You may execute this in addition to your living will. The Health Care POA appoints someone you name to make medical care decisions for you if you cannot make your own medical decisions. It applies to more situations than the living will, which was discussed above. The Health Care POA gives the person you name as your agent the authority to make a wide range of medical decisions on your behalf. Your agent, once you are unable to communicate your wishes, is given the power to act on your behalf to make health and mental health decisions (outside of a locked facility) 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 with life and death decisions and who you believe will follow your instructions.

FULL ADDRESSES AND PHONE NUMBERS ARE IMPORTANT!

Do you want a Health Care Power of Attorney? Yes No

Do you want your spouse/partner to act as your agent? Yes No

If you selected someone other than your spouse/partner to act as your agent **or** you selected your spouse/partner to be your agent and your spouse/partner has a different address than yours, please provide the following information:

Name / Address / City / State / Zip / Phone

Do you want a successor agent if the first named agent is unable to act? Yes No. *The successor will act only if your first choice is unable to be your Agent.* If yes, please provide the following information:

Name / Address / City / State / Zip / Phone

A DO NOT RESUSCITATE ORDER is also called a Pre-hospital Medical Care Directive.

Has your doctor signed a do not resuscitate order? Yes No

FINAL ARRANGEMENTS:

- I wish to be buried
- I wish to be cremated
- Final arrangements have not been decided

LIVING WILL

A living will (sometimes called “advance healthcare directive”) is separate from your Will and may be an important part of your estate plan. It states that in the event you have a terminal, incurable medical condition 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 revoked it, which you may do at any time by physically destroying it or revoking it:

IF YOU DO NOT WANT A LIVING WILL, ONE WILL GENERATE ANYWAY WITH LANGUAGE THAT ESSENTIALLY STATES YOU WANT TO LIVE AS LONG AS POSSIBLE.

Do you want a living will? Yes No If **No**, you’re finished!

If you **DO** want a Living Will, the following statements are part of it:

I DO WANT the use of all medical care necessary and available to treat my condition *until or unless* my doctors reasonably conclude that my condition is terminal or irreversible and incurable or I am in a persistent vegetative state.

If I am in a terminal condition or an irreversible coma or a persistent vegetative state that my doctors reasonably feel to be irreversible or incurable, I DO NOT WANT my life artificially prolonged and I DO NOT WANT life-sustaining treatment that would serve to artificially delay the moment of my death.

Choose the statements below that you agree with by checking them off; if you do not check a statement, it will not appear in your document:

Once my doctors determine that I am in a terminal condition or an irreversible coma or a persistent vegetative state that my doctors reasonably feel to be irreversible or incurable, the following are my wishes (CHOOSE ALL THAT APPLY):

- I do not want artificially administered food or hydration.
- I do not want cardiopulmonary resuscitation, electric shock, respirators, transfusions, instruments to prolong heartbeat (i.e. “code arrest” mechanisms, artificial respirators, heart massage by manual or mechanical methods, drugs of potent nature) or artificial breathing.
- I want to stay at home for any care that can be provided there.
- I want to receive medication for terminal suffering, even if it hastens the moment of (but not intentionally causes) my death.
- Notwithstanding my other directions, if I am known to be pregnant, I want to be kept alive if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life sustaining treatment.

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