

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 First Responder Will Clinic, a Washington non-profit corporation. The Washington First Responder Will Clinic (WFRWC) 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).

To enable us to offer these estate planning documents efficiently, and at no cost, the Wills do not cover certain issues for individuals with large or complicated estates and beneficiaries with special needs. The Clinic also is not appropriate for persons who want to set up or require sophisticated trusts, such as revocable living trusts. As defined in the Washington First Responder Will Clinic, a "large estate" exceeds \$1,000,000 per person (\$2,000,000 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 an attorney who focuses in the area of Wills and Trusts.

Washington First Responder Will Clinic does not control or manage beneficiary designations on any assets. For example, if you named a beneficiary in a life insurance policy or retirement account, those named beneficiaries receive the money directly from life-insurance or financial-services provider and without going through probate. Such "non-probate" asset proceeds are not directed according to the terms of your Will, except in limited circumstances, such as where the person you have named as beneficiary has died before you and no other named beneficiary exists. The same principle applies to IRAs, retirement plans, annuities, transfer on death deeds, 401(k)/403(b)/457(b) plans, and financial accounts with named pay-on-death beneficiaries. It is important to review beneficiary designation and keep them up to date to ensure they do not conflict with your Will. Note that naming your Estate as the designated beneficiary can direct non-probate asset proceeds to be controlled by your Will; however, this may not be a satisfactory solution for every person because it may create unintended tax consequences. This is why clinic participants are encouraged to speak with an estate-planning attorney or financial advisor for more information on these "non-probate" assets.

Additionally, Washington First Responder Will Clinic does not provide legal advice for 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; 9) gun trusts and other specialty trusts; and 10) any litigation matter. The program also does not handle complicated or intricate planned distributions outside of the questionnaire options.

The WFRWC strives to avoid conflicts of interest, and to that end volunteer clinic attorneys may have been provided client and partner or spouse contact information to conduct conflict of interest searches prior to the clinic to identify potential conflicts. However, if you are aware of any legal proceeding involving you and your assigned WFRWC attorney, please alert the attorney at the beginning of the interview so that another attorney can meet with you instead.

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 your responsibility 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 (if able, please also email completed questionnaires to info@willclinic.org prior to the clinic). 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 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, your estate must be less than \$1,000,000 per person (\$2,000,000 per married couple). Those with an estate in excess of \$1,000,000 per person (\$2,000,000 per married couple) 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), 403(b), 457(b), 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 separate estate.

**Approximate Total Value of Your Community/Separate Estate
(What You Own, Inherited, or Received as Significant Gifts)**

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), 403(b), 457(b), etc., that have value at your death: _____

Vehicles, RVs, Boats, etc. (equity only): _____

Business Interests: _____

Stocks & Bonds: _____

Pension Benefits that continue after your death: _____

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

Other assets (i.e., Bitcoin, mineral rights, property in other states or countries): _____

Approximate total value of your estate (auto-sums prior totals): \$ _____

Notes/Key Points/Issues to Discuss:

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 verbally to your attending physician or agent, or 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 treatments you would like withheld or withdrawn:

- Artificial nutrition.
- Artificial fluids.
- Artificial respiration (ventilator).
- Cardiopulmonary Resuscitation (CPR), including artificial ventilation, heart regulating drugs, diuretics, stimulants, or any other treatment for heart failure.
- Surgery to prolong my life or keep me alive.
- Blood dialysis or filtration for lost kidney function.
- Blood transfusion to replace lost or contaminated blood.
- Medication used to prolong life, not for controlling pain.
- Any other medical treatment used to prolong my life or keep me alive artificially.

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. Married spouses must name each other as their first agent nominee.

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

I would like _____ to act as my Agent (i.e., attorney-in-fact).

Who do you want as successor Agent if the first named person is unable to act?

I would like _____ to act as my successor Agent.

Who do you want as an alternate successor Agent if the first named successor is unable to act? I would like _____ to act as my alternate successor Agent.

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)

LAST WILL AND TESTAMENT

I. PERSONAL INFORMATION:

Your Full Legal Name (and Aliases): _____

Your current address (street, city & zip): _____

County: _____

Phone (home): _____

Police Fire EMT Department name: _____

II. MARITAL STATUS (select the most appropriate and circle if State Registered Domestic Partnership):

- Married or State Registered Domestic Partnership (SRDP) and my spouse/partner is alive. No previous marriage.
- Presently married or SRDP 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/Legally Adopted/Step-Child	Name	DOB	Biological/Legally 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 leave fewer assets for distribution to others as described in your estate (the portion of your estate left after specific bequests is referred to as your “remainder” or “residuary”

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 bequests 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: _____ Cash: \$ _____ Beneficiary: _____

Cash: \$ _____ Beneficiary: _____ Cash: \$ _____ Beneficiary: _____

Cash: \$ _____ Beneficiary: _____ Cash: \$ _____ Beneficiary: _____

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

Item: _____ Beneficiary: _____

Item: _____ Beneficiary: _____

Item: _____ Beneficiary: _____

Regardless if you do or do not want to make any specific bequests in your Will, you may make gifts of tangible personal property (i.e., physical items that are not cash or real property, such as pets, family heirlooms, etc.) via a separate tangible personal property list (TPP) that is incorporated by reference in your Will. An optional fillable TPP template will be available during the clinic.

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:** _____

Beneficiary	Relationship	Percent

(continued on next page...)

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).
- 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 hire an attorney outside of the clinic program and discuss this further. Disinheriting a spouse 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 children's 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.

NOTE: Recommend nominating one guardian and a successor guardian rather than only one guardian or co-guardians, to provide redundancy and prevent issues if co-guardians disagree, divorce, etc.

If you choose to appoint a guardian, please list their name, city, and 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 who has not been convicted of a felony or crime of moral turpitude (i.e., domestic abuse, sexual assault, aggravated assault, narcotics trafficking, contributing to the delinquency of a minor, etc.), may serve as your Personal Representative.

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

My spouse/partner.

Another individual. Please name: _____ Relationship to you: _____

Who do you want to name as a successor Personal Representative if the first named Personal Representative is unable or unwilling to act?

Successor Personal Representative: _____ Relationship to you: _____

Who do you want to name as an alternate successor Personal Representative if the first named successor Personal Representative is unable or unwilling to act?

Alternate Successor Personal Representative: _____ Relationship to you: _____

X. MISCELLANEOUS:

Do you have a Pre-Nuptial Agreement? Yes No N/A

Do you own real property outside the state of Washington? No Yes. **If YES, please explain:** _____

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

**PLEASE BRING COMPLETED QUESTIONNAIRE TO
CLINIC**

**PLEASE ALSO EMAIL COMPLETED
QUESTIONNAIRE BEFORE CLINIC TO:
INFO@WILLCLINIC.ORG**