

Wait Time

For Office Use Only: Time of App't _____ Time Arrived _____ Time Intake Form Returned to Clerk _____
 Time Seen by Atty _____ Case Atty _____ Case Paralegal _____

LEGAL ASSISTANCE CLIENT INTAKE QUESTIONNAIRE

FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties. **PRIVACY ACT STATEMENT:** AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 DoD ID NUMBER PRINCIPAL PURPOSE(S): Information is to monitor the caseloads in legal assistance office. **ROUTINE USE (S):** Information provided is used to assign cases and monitor legal assistance attorneys and assigned clerical personnel.

MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of DoD ID Number is voluntary and there will be no adverse consequence from refusal to disclose; however, an individual may be requested to establish eligibility for legal assistance by other means (e.g., production of military identification). Refusal to establish eligibility may preclude the requested assistance. Disclosure of all other requested information is voluntary, but failure to provide such information may limit this Command's ability to provide assistance.

1. Your Name (Last, First, Middle):		2a. DoD ID:	2b. ID Card Exp:	2c. Last 4 SSN
3. Gender:	4. Date of Birth: DD MMM YYYY	5. Eligibility: (Check) <input type="checkbox"/> Active Duty <input type="checkbox"/> Dependent of Active Duty Member <input type="checkbox"/> Retiree <input type="checkbox"/> Dependent of Retiree <input type="checkbox"/> DOD Civilian		
6. Service Branch of Yourself or Sponsor:				
7. End of Active Duty Service Obligation: DD MMM YYYY		8. Pay Grade:	9. Rank/Rate:	
10a. Command:		10b. Do you have operational commitments in the next six months? This includes deployments, TAD, and/or PCS Yes No		
11. YOUR Current Home or Mailing Address:				
		City:	State:	Zip:
12a. Home Telephone: _____		12b. Cellular: _____		
12c. Work: _____		13a. Email Address: _____		
14a. Spouse's Name (Last, First, Middle):		14b. DoD ID Number and last 4 SSN:		14c. Spouse's Maiden Name:

15. Have you hired a civilian attorney relating to the legal issue(s) to be discussed today?	___Yes ___No
16. Have you previously met with any military attorney relating to the legal issue(s) to be discussed today?	___Yes ___No
17. Are you seeking services relating to a pending Administrative Proceeding?	___Yes ___No
18. Are you seeking services because you are a victim of a crime?	___Yes ___No
19. Do you know if your spouse has been seen at this office for any reason?	___Yes ___No
20. Do you have operational commitments in the next six months? This includes deployments, TAD, and/or PCS	___Yes ___No
21. Did you bring all documents pertaining to your situation with you today? (At the servicing attorney's discretion, you may need to reschedule your appointment as our services could be limited if you do not have any and all documents related to your case.)	___Yes ___No
22. PROVIDE INFORMATION ABOUT THE PERSON/BUSINESS WITH WHOM YOU HAVE A LEGAL DISPUTE/ISSUE For divorce/child custody and support/paternity issues, it's your spouse/the other parent. For housing issues, it's usually the landlord. For consumer fraud/abuse and identity theft, it's the person/company committing the fraud/abuse/theft, etc.	
Full Name: (Last, First, Middle)	(Maiden, if applicable)
Date of Birth, if known: DD MMM YYYY	
Address:	Military ___Yes ___No

By signing below, I certify all information is true and correct to the best of my knowledge.

Your Signature _____

Date _____

Client Use ✓	LEGAL ISSUE	Atty Use: Record Time	Client Use ✓	LEGAL ISSUE	Atty Use: Record Time
	Wills/Estate Planning			Military Rights/Benefits	
	General Estate Planning Advice/General Probate Advice; No Documents Drafted			SCRA	
	Tax-Related Estate Planning Issue			Credit Bureau Deployment Alerts	
	<u>Simple Wills</u>			MSRRA	
	Will			Retiree/VA Benefits	
	Living Will (medical)			Survivor Benefits Program	
	Health Care POA/Advance Directive			USERRA	
	Durable Power of Attorney (POA)			UFSPA including CHCBP	
	Trust for minors DD 93			Consumer Fraud/Abuse	
	SGLI beneficiary designation			Auto fraud	
	Non Support			Door to door sales violations	
	Alimony (spouse/domestic partner)			Identity theft	
	Child			Lending fraud	
	Divorce/Separation			Mortgage fraud	
	Custody			Deceptive acts and practices violations	
	Guardianship			Creditor/Debtor	
	Child Custody/Child Protective Services			Bankruptcy/Credit Counseling	
	Conservatorship/ Adult protective services			Debtor counseling/security clearance	
	Adoption			Defendant in Collection Suit	
	Paternity			FCRA/FDCPA	
	Name Change			Lemon law counseling	
	Property/Landlord			Predatory Lending	
	Tenant			Bank debit card fees/overdraft fees/prepaid credit card fees	
	Foreclosure/Short Sale			Cash advances	
	Landlord-Tenant Dispute			Pay day loans	
	Lease Review - tenant or AD landlord			Title loans	
	Real Estate Purchase Contract Review			Power of Attorney	
	Other			Advice Only	
				Advice & Drafting	
				Military Admin Actions	
				Reprimands	
				Evaluation Appeals	
				FLIPLs	
				Article 138 Requests	
				Qualitative Management Program	
				Pay Garnishment	

FOR OFFICE USE ONLY: CIS SEARCHES PERFORMED: ID CARD___ CONFLICT CHECK: BY NAME___ BY SSN___ BY DODID___ WITH SPOUSE INFORMATION___ WITHOUT SPOUSE INFORMATION___ CLIENT SEARCH: BY LAST NAME___ WITH FIRST NAME___ BY DODID___ PARTIAL SPELLINGS___ POTENTIAL CLIENT MATCH IN SPOUSES___ POTENTIAL MATCH IN ADVERSE PARTIES___ ADVERSE PARTY MATCH IN CLIENTS___

FILE CREATED BY ON

Joint Base Myer-Henderson Hall
Client Legal Services Office



**WILLS, LIVING WILLS, AND
POWERS OF ATTORNEY**

**202 Custer Road, Building 201
Fort Myer, VA 22211**

**(703) 696-0761 Front Desk
(202) 870-7838 Office Cell**

You must fully complete this worksheet before meeting with the attorney to create your estate planning documents. Failure to complete this worksheet will result in rescheduling your appointment.

INSTRUCTIONS FOR OBTAINING A WILL AND POWERS OF ATTORNEY

Appointments. Please email us your intake form and will worksheet via encrypted email or password protected PDF to usarmy.jbmhh.mdw.mbx.jbmhh-cla@army.mil. If you need assistance or would prefer to send the documents via DOD SAFE, please contact our office at: 703-696-0761 or 202-870-7838. Or you may bring the documents by our office to be processed. **You must bring your military identification card with you to all appointments, even when in uniform.** Please plan at least two hours for your appointment. Preparing these documents takes time and focus, and we want to ensure you are prepared. Please note that our regulations require our office to supervise the execution of your will.

Estate Planning. A process under which your property and assets are given to others upon your death. It may also include the preparation of documents that permit others to make financial and medical decisions for you in the event you become incapacitated. Every estate plan is different, but most include a will, an advanced medical directive, and durable power of attorney.

SGLI / Life Insurance. Your estate plan should account for life insurance (especially SGLI), government benefits (especially the death gratuity) and other types of assets (such as jointly owned bank accounts and real estate) that may automatically pass to your designated beneficiaries upon your death. Pending your appointment with our office, we recommend that you update your DD Form 93, Record of Emergency Data, to designate beneficiaries to your \$100,000 death gratuity.

Blended Families. If you have children from a prior marriage or relationship, you should discuss “pre residuary trust” options with your attorney. These trusts guarantee that your children from prior relationships will obtain your intended gifts, and not risk the possibility that your spouse will neglect them in the spouse’s estate plan. Pre residuary trusts are only available through this office for clients with minor children. Anyone seeking a pre residuary trust for someone other than a minor child is advised to speak with a specialized estate planning attorney.

Trusts. If you have minor children that are not yet ready to manage assets on their own, you may want to include a trust in your will that allows you to designate a person to look after your beneficiary's assets until your beneficiary is able assume sole ownership and control of the assets, at an age that you consider appropriate. Your will should name guardians for your minor children in the event you die while your children are young. Please be sure to discuss special life insurance options with your attorney when leaving life insurance money to minors. Your attorney can advise you on whether you should pay your life insurance through your will, or whether it might be better to use a statutory trust, such as the Uniform Transfer to Minors Act (UTMA). **This office does not prepare Supplemental Needs or Special Needs Trusts, nor does this office prepare Living Trusts.**

Taxes. For estates generally over a certain dollar value (which may change every few years), state and federal taxes can come close to 50%. With proper estate planning, you can reduce those taxes through special trusts in your will. Therefore, please carefully estimate the net value of all of your property, including life insurance and jointly owned assets, as this information is crucial in providing you sound advice. If the value of your estate exceeds state and federal thresholds for estate tax purposes, we might advise you to speak with a specialized estate planning attorney.

Providing Us Information. You (and if married, your spouse) should read and complete the following questionnaire. Please bring your completed questionnaire with you when you consult with your attorney. Later, your attorney may ask you to provide additional documents (e.g., deeds to real property) and life insurance forms. If you are divorced and are required to provide for a former spouse or your children upon your death, please bring your documents with you.

Data Required by the Privacy Act of 1974

Authority: Title 10 USC Section 3013

Principal Purpose: The purpose of this form is to assist the attorney in preparing legal documents for the client. The information on this form is protected by the attorney-client privilege and may be released only in accordance with law or with the approval of the client.

Routine uses: Information on this form will be used to provide legal advice and to prepare legal correspondence and documents for the client.

Disclosure: Voluntary. However, non-disclosure may preclude the legal assistance desired by the client

WILL TERMINOLOGY

WHAT IS A WILL? A will is a legally effective declaration of a person's wishes as to the disposition of his/her property upon his/her death. It must be executed with the formalities required by state statute. The provisions of wills do not take effect until after the death of the maker. A will may not dispose of the proceeds of insurance policies with named beneficiaries, nor may it dispose of some items of property which are held under various forms of special ownership, such as joint tenancy with a right of survivorship, or tenancy by entirety. In a will, you will designate an executor/trix, and if minor children are involved, a guardian (see definitions below). It is important that you contact the prospective executor/trix and guardian prior to the preparation and execution of the will to ensure that he/she/they is/are willing to accept the position.

WHO IS THE BENEFICIARY? Anyone to whom the maker of a will (testator/trix) leaves a portion of his/her property.

WHAT DOES BEQUEATH MEAN IN A WILL? To give personal property by will.

WHAT IS A BOND? Money or an insurance policy to insure against loss occasioned by your agent's negligence or theft.

WHAT IS DOMICILE? A person's permanent home. The place to which, whenever he/she is absent, he/she has the intention of returning. You can have more than one residence, but you can only have one domicile. Your intent, voting, paying taxes, registering automobiles, obtaining a driver's license, and location of assets are factors considered in determining domicile. For military members, your domicile is often your legal residence (e.g., your home of record), not the place you are currently living.

WHAT IS AN ESTATE? All property, real and personal, in which a person has an interest, such as money, savings accounts, stocks, house, furniture, insurance policies, etc.

WHAT DOES RESIDUARY ESTATE MEAN? Your residuary estate is the portion of your estate that is left over when everything else is disposed of.

WHAT DOES EXECUTION MEAN? To validate a will by correctly signing it and having it witnessed.

WHO IS THE EXECUTOR/EXECUTRIX? The person named in a will to carry out the wishes expressed in the will. An Executor is male; an Executrix is female. Upon the death of a maker of a will, the Executor/trix must take the will to the proper court for probate. Once the court accepts the will as valid, the court officially appoints the person as Executor/trix. An Executor/trix may be entitled to compensation for his/her services. Individuals serving in this capacity serve subject to court approval. While most courts follow the desires of the Testator/trix in his/her will, they are not bound to do so. A bond may be required of an Executor/trix. In some states the term "Personal Representative" means the same thing as Executor/trix.

WHO IS A GUARDIAN? An adult of legal capacity who is responsible for caring for the person and/or property of a minor child. Individuals serving in this capacity serve subject to court approval. While most courts follow the desires of the Testator/trix in his/her will, they are not bound to do so. Courts can require guardians to post a bond.

WHO IS THE TESTATOR/TESTATRIX? You, the person making the will. A Testator is male; a Testatrix is female.

WHAT IS PERSONAL AND TANGIBLE PROPERTY? Property that can be felt or touched, and can be physically relocated. For example: cars, furniture, jewelry, household goods and appliances, business equipment.

WHAT IS A PROBATE? A court proceeding where the Executor/trix seeks to establish a will as genuine, settle all the debts of an estate, and distribute the property in the estate to the heirs according to the wishes of the will maker as expressed in the will.

WHAT IS A PROBATE ESTATE? The portion of an estate that requires court supervised administration to effect transfer of title. It does not include property transferred at the time of a person's death by other means, such as property held as joint tenants with right of survivorship, or life insurance paid to a designated beneficiary. For tax purposes, all property which the decedent owned or in which he/she had an interest, may be included in the taxable estate, although some of it is not within the probate estate.

WHAT IS REAL PROPERTY? Property that has a fixed location, such as land or a house.

JBM-HH LEGAL ASSISTANCE OFFICE WILL WORKSHEET

Name _____

Address _____

Phone number _____

Email _____

I am ____ married once, and my spouse is alive

____ presently married with a prior marriage (____ divorced / ____ prior spouse deceased)

____ in a registered domestic partnership

____ a widow/widower

____ single, never married.

____ divorced, not presently married.

My/our estate might be worth close to or more than \$4 million, or I expect it could be when I die, or I am a resident of WA, OR, MN, MA, or RI.

____ yes

____ no

I am a ____ US Citizen

____ Citizen of _____

I am a resident of _____ (city, county, state/commonwealth)

My spouse's name is _____

My spouse is a ____ US Citizen

____ Citizen of _____

My spouse ____ wants a will using the same information provided here / ____ has provided their own worksheet.

I wish to declare my children in my will: ____ yes

____ no

My children are:

Name	Age	Bio/Step/Adopted	Disability (disclosure will assist with further planning)

____ I wish to have my children treated equally under the will regardless of their bio/step/adopted status

____ No

____ N/A

____ I have a life insurance policy without a named beneficiary.

DISINHERITANCE

It's your choice to not leave any part of your estate to one or more children or other heirs in your will. You can explain your decision, but you don't have to.

I wish to disinherit heirs ____ yes

____ no

Reason for disinheritance:

____ For reasons deemed good and sufficient

____ Because I have provided significantly for them during their lifetime

____ Not for lack of love or affection

____ No further information provided

____ Other

Name of disinherited person(s):

____ I would like my will to reflect that my decision to disinherit is intentional and not by inadvertence or mistake.

____ I would like to include the issues (heirs) of the heirs listed in the disinheritance clause.

GENERATION SKIPPING TRANSFER TAX

____ I wish to include an optional provision directing the payment of any generation-skipping transfer tax from the property generating the tax.

____ I don't know what this means and want to talk about it with an attorney.

GIFTS

In this section, you can identify personal property, real property, or cash to be given to individuals or charities. However, these gifts will be provided out of your estate FIRST before your primary beneficiaries receive anything. If you do not want to provide any gifts, skip to the Residuary Estate section.

____ I wish to make a specific gift of personal property.

____ I wish to make a devise of real property.

____ I wish to make a cash gift.

Personal Property

Personal property is something you can hold, move, or touch that is not land, a house, or real estate of some kind.

Description of personal property _____

Recipient name _____

Relationship to me _____

If the beneficiary does not survive me, this gift shall: ____ lapse

____ go to a contingent beneficiary

____ other

Description of personal property _____

Beneficiary name _____

Relationship to me _____

If the Recipient does not survive me, this gift shall: ____ lapse

____ go to a contingent beneficiary

____ other

Persons paying packing, shipping, insuring, and delivery of tangible personal property:

____ Personal Representative / Executor, Paying as an Administration Expense

____ Recipient of Tangible Personal Property

Real Property

Real Property is land, houses, a family farm, and the like.

I wish to leave in my will:

____ One or more specific pieces of real property to one or more designated individuals.

____ All of my interests in real property to one or more designated individuals.

Address of real property _____

Recipient(s) name _____

Relationship to me _____

If the beneficiary does not survive me, this gift shall: ____ lapse

____ go to a contingent beneficiary

____ other

Any encumbrance (for example, a lien or mortgage) on the real property is:
____ to be discharged by the use of funds from my residuary estate so that no liability is borne by the devisee.

____ not to be paid or discharged out of any other part of my estate, and the devisee shall take the devise subject to the encumbrance.

____ I wish to provide that the real property is to be held in trust if any of the devisees are under a specified age.

Address of real property _____

Recipient(s) name _____

Relationship to me _____

If the beneficiary does not survive me, this gift shall: _____ lapse

_____ go to a contingent beneficiary

_____ other

Any encumbrance (for example, a lien or mortgage) on the real property is:

____ to be discharged by the use of funds from my residuary estate so that no liability is borne by the devisee.

____ not to be paid or discharged out of any other part of my estate, and the devisee shall take the devise subject to the encumbrance.

____ I wish to provide that the real property is to be held in trust if any of the devisees are under a specified age.

Cash Gifts

Dollar amount of cash gift: _____

Recipient name: _____

____ I wish to include a provision holding this cash gift bequest in a trust if the Recipient is under a specified age.

If the beneficiary does not survive me, this gift shall: _____ lapse

_____ go to a contingent beneficiary

_____ other

Dollar amount of cash gift: _____

Recipient name: _____

____ I wish to include a provision holding this cash gift bequest in a trust if the Recipient is under a specified age.

If the beneficiary does not survive me, this gift shall: _____ lapse

_____ go to a contingent beneficiary

_____ other

Residuary Estate

Residuary Estate is property that remains in a deceased person's estate after all specific gifts are made, and all debts, taxes, administrative fees, probate costs, and court costs are paid. The residuary estate also includes any specific gifts under a will that fail or lapse.

____ My residual estate includes property of any nature over which I may have any power of appointment or testamentary disposition, including any lapsed dispositions.

____ I don't know what this means and want to talk to an attorney about it.

Disposition of my residuary estate IF my spouse/partner predeceases me:

____ Option 1: I wish to distribute the residuary estate outright to my living children in equal shares.

____ Option 2: I wish to distribute the residuary estate outright to my living children in unequal shares.

____ Option 3: I wish to dispose of my residuary estate to one or more beneficiaries in equal shares.

____ Option 4: I wish to dispose of my residuary estate to one or more beneficiaries in unequal shares.

If you selected option 1 –

I wish to distribute the residuary estate:

____ per capita

____ per stirpes

____ other

____ I don't know what this means and want to talk to an attorney about it.

I want the trust to terminate when the beneficiaries reach the age of ____ OR I want the trust to have a staged distribution with equal percentages when the beneficiaries reach the ages of

_____.

If you selected option 2 –

I wish to distribute the residuary estate:

____ per capita

____ per stirpes

____ other

____ I don't know what this means and want to talk to an attorney about it.

Names and distribution percentage: _____

I want the trust to terminate when the beneficiaries reach the age of ____ OR I want the trust to have a staged distribution with equal percentages when the beneficiaries reach the ages of

_____.

If you selected option 3 –

Names of beneficiaries: _____

If you selected option 4 –

Names of beneficiaries and distribution percentages: _____

Any predeceased beneficiary's share shall be divided:

_____ equally

_____ in proportion to their respective shares in my Residuary Estate.

COMMON DISASTER

It is a terrible thing to consider, but what if you and your spouse die at the same time, for example in a car accident? If you have both selected the same beneficiaries, this will not have as much impact, but what if you both have children from previous marriages and want your estate to go to your own children? There can also be tax implications to this, depending on your state of residence.

_____ If my spouse/partner and I die in a common disaster, it shall be presumed that I survived my spouse/partner.

_____ No.

_____ I don't know what this means and want to talk about it with an attorney.

INTESTACY

Intestacy is the legal term for division of an estate if there is no will. You're creating a will, but what if you outlive all the named beneficiaries? It's as if you died without a will, so this is your last chance to name other people or charities to receive your estate before the state/commonwealth government divides it up according to state law.

In the event that no person designated an heir in my will is living, and thus the disposition of any portion of my estate is not provided for in this will, such property shall be distributed:

_____ To the persons whom and in the shares and proportions in which my estate would have been distributed under the state's intestacy law.

_____ To the designated individuals and/or charities and what percentages:

Supplemental Benefits Trust

_____ I wish to enable the trustee to direct a disabled beneficiary's inheritance to a supplemental benefits trust.

Remainder beneficiary name _____

_____ I don't know what this means and want to talk about it with an attorney.

PERSONAL REPRESENTATIVES / EXECUTORS

This should be someone you trust completely, and it is better to have multiple people listed than just one. Their job is to ensure the division of your assets and estate as described in your will. Other considerations: should they be compensated and/or should they have to post a bond before they are entrusted with your estate?

I wish to nominate and appoint:

_____ a primary personal representative and several alternate persons to serve as substitute or successor personal representatives.

_____ co-personal representatives who may or may not be required to act together.

First Personal Representative _____

Relationship _____

Second Personal Representative _____

Relationship _____

Third Personal Representative _____

Relationship _____

DESIGNATION OF TRUSTEES

Trustees manage trusts, specifically, trusts created with this will. Like executors or personal representatives, these should be trusted individuals. And you need to decide whether they are compensated for their time or if they need to post a bond for additional administrative restrictions on how the trust will be managed.

_____ I wish to appoint a trustee and a successor trustee.

_____ I wish to appoint co-trustees.

Trustee Name _____

Relationship _____

Second Trustee Name _____

Relationship _____

Personal Representative and Trustee Compensation:

_____ All personal representatives, as well as trustees, if any, shall receive reasonable compensation for the duties performed in accordance with this instrument and any trusts created hereunder.

_____ No individual personal representative or trustee, if any, shall be entitled to or shall receive any compensation for serving hereunder.

I direct that:

_____ No Personal Representatives or Trustees shall be required to give any bond or other security for the faithful performance of her, his, or its duties as Personal Representative or Trustee, unless required by court.

_____ No bond or other security be required of the specified person for the faithful performance of his, her, or their duties as Personal Representative or Trustee.

_____ Do not include.

GUARDIANSHIP

Guardians exercise legal rights of supervision over minors. They will have custody over minor child(ren) and effectively exercise all the rights of a parent over that minor until the age of majority.

☐ I wish to appoint a guardian and a successor guardian.

☐ I wish to appoint co-guardians.

Guardian Name _____

Relationship _____

Second Guardian Name _____

Relationship _____

DIGITAL ASSETS

Should your executor/personal representative be able to access your electronic accounts after your death, including social media and other online accounts?

☐ I wish to allow my personal representative to access the content (that is, the substance of the communication) of any electronic communication in addition to the catalogue (that is, identifying information) of the communication.

☐ No.

TRUST ADMINISTRATION

This gives the trustee more discretion to withhold payouts from the beneficiary if the trustee doesn't think it's in their best interests.

☐ I wish to give the trustee the right to refrain from making an otherwise required distribution when it would not be in the beneficiary's best interests to make such distribution.

☐ No.

Trustee Powers

If the trust falls below a certain value, or if it costs more to run the trust than it's worth, can the trustee discontinue it ahead of schedule?

The trustee shall have the power, in their discretion, to terminate any trust created under this will whenever the fair market value of the trust falls below \$_____.

☐ I wish to include a declaration stating that continuing administration shall be uneconomical if the trustee determines that, with reference to the trust fee schedules then in effect for corporate fiduciaries in the area in which the trust is being administered, the trust would be subject to the minimum trust administration fees of those fiduciaries, regardless of the value of the trust.

NO CONTEST

This is the "nuclear clause" which aims to cut out any named beneficiary, and potentially the children of a named beneficiary, who contests the will. It doesn't apply to people who challenge the will if they're not named as a beneficiary.

☐ I wish to include a clause discouraging beneficiaries from contesting the probate and validity of the will or associated trusts.

☐ No.

MILITARY HONORS

Do you desire burial with military honors or other military traditions?

☐ Yes

☐ No

Do you wish to include instructions to distribute American flags to specified persons?

☐ Yes ☐ No

If yes, please provide name(s): _____

BURIAL PREFERENCES

☐ cremation with ashes scattered in or at a specified location

☐ cremation with ashes given to specified person

☐ cremation with ashes given to specified person and scattered in or at a specified location

☐ burial at specified location

☐ burial at location chosen by the Executor

☐ other (if chosen, please specify _____)

Do you wish to include instructions regarding a preference for a religious or non-religious ceremony? ☐ Yes ☐ No

APPENDIX A – Dual Representation Authorization

Dear Clients:

You and your spouse have indicated that you both wish to meet together with the same attorney to discuss your will and ancillary documents. Due to the potential for conflicts of interest, it is the policy of this office to raise this issue with you and require your informed consent to proceed. Therefore, your signature below will confirm the following:

(1) You have requested that the same legal assistance attorney represent each of you and advise you both on certain estate planning matters.

(2) It is contemplated that the matters to which this representation will extend will include the following:

- Analysis of the assets owned by each of you at the time of your marriage, including consideration of the fair market value of such property and the nature in which title was then held;
- Analysis of all property now owned by each of you, including consideration of its fair market value, the manner in which title to such property is now held, and a categorization of such property as separate, community, or quasi-community property;
- Discussions about the manner in which you wish to dispose of any property over which you may have any power of disposition at the time of your death; and
- Preparation of the documents necessary to accomplish the desired disposition, including the drafting of wills, trusts, property agreements, and other documents as may be required.

(3) You are aware that, during the course of the estate planning work, disagreements may arise between you and your spouse with respect to the ownership of your property (separate, community, or quasi-community property) and its desired disposition during your lifetimes and at your deaths. Differences of opinion on the disposition of the property, under ethical rules, do not prevent the same attorney from continuing to represent both of you. However, during the course of the estate planning, conflicts of interest between you and your spouse may also arise, such as issues regarding the ownership of certain property.

(4) Ordinarily, under such circumstances, one attorney cannot represent both of you. It may be better for each of you, under such circumstances, to have separate, independent counsel to avoid the possibility that my advice to one of you is influenced by my representation of the other. Nevertheless, you have requested, with a full understanding of your right to, and the advantages of, independent counsel, that you both be represented by the same legal assistance attorney in all of the above matters.

(5) Although they rarely occur, if a conflict of interest does arise between the two of you of such a nature that I believe it impossible, in my judgment, for me to perform any obligations to either of you in accordance with this letter, I will withdraw from all further representation of either of you in this matter at that time and advise both of you to obtain independent counsel.

(6) You have each agreed that there will be complete and free disclosure and exchange of all information I receive from either or both of you in the course of my representation of you, and that such information shall not be confidential between you irrespective of whether I obtain such information in conferences with both of you or in private conferences with only one of you, including any conferences that may have taken place before the date of this letter.

I / We, (please print your name(s)) _____ and _____ have read the foregoing letter, understand the same, and still desire to have a will prepared by _____ of the Fort Myer Client Services Office. I fully understand that this will does not take into account the effect of tax consequences on my estate or utilize any estate planning devices to minimize my estate's tax liability.

APPROVED THE ____ day of _____, 20____

Client

Client

JBM-HH DURABLE POWER OF ATTORNEY WORKSHEET

A Durable Power of Attorney grants the agent broad powers to make legal and business transactions on the grantor's behalf if the grantor becomes mentally incapacitated. Do you want to appoint someone (spouse, adult child, friend) to make decisions for you if you become mentally incapacitated? If so, provide the following:

I want this person as my first agent _____

Their address _____

Their email address _____ Their phone number _____

I want this person as my second agent _____

Their address _____

Their email address _____ Their phone number _____

I want this person as my third agent _____

Their address _____

Their email address _____ Their phone number _____

I want these agents to act ___equally and simultaneously **OR** ___ in succession

I want this power of attorney to take effect ___ immediately **OR** ___ only if I am declared incapacitated/incapable by a physician (or physicians, as required by law)

I want this power of attorney to ___ never expire **OR** expire on this date _____

I ___ want **OR** ___ do not want my agent to be able to gift my assets to others for estate planning purposes.

I ___ want **OR** ___ do not want my agent to be able to access my healthcare data

I ___ want **OR** ___ do not want my agent to be able to access my digital accounts

JBM-HH ADVANCE MEDICAL DIRECTIVE WORKSHEET

An Advanced Medical Directive makes your wishes known to family and doctors regarding life support and other medical decisions in the event you become terminally ill or injured with no hope for recovery and are unable to communicate these directions.

I want this person as my first agent _____

Their address _____

Their email address _____ Their phone number _____

I want this person as my second agent _____

Their address _____

Their email address _____ Their phone number _____

I want this person as my third agent _____

Their address _____

Their email address _____ Their phone number _____

I want these agents to act ___equally and simultaneously **OR** ___ in succession

Describe specific wishes regarding your healthcare other than being removed from life sustaining medical methods

My healthcare wishes are:

I want _____ (name) to be my agent for organ donation

I ___ want **OR** ___ do not want to be an organ donor

I ___ want **OR** ___ do not want my organs used for transplants

I ___ want **OR** ___ do not want my organs to be used for medical research

I ___ want **OR** ___ do not want to be removed from a hospital so I can pass away at home or another location like a nursing home or hospice