

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 Hancock Law Firm, PLLC and Bay Area Legal Services in cooperation with JP Morgan Chase and the Community Law Program. This Wills for Heroes program offers *free* Wills, Designation of Health Care Surrogate and Living Wills to Pinellas County's first responders and their spouses.

The complimentary Wills offered, however, are not for everyone. To enable us to offer these estate planning documents to all Pinellas county police officers, fire fighters, EMS 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 more than a basic trust for minor children.

Your estate (for Wills for Heroes purposes) consists of your cash, personal property, stocks and bonds, real estate (equity only), savings, life insurance, and retirement assets (such as a 401(K) or an IRA). If you have a large or complicated estate or desire complex Trust arrangements, this program is not for you. You should instead contact a lawyer who focuses in the area of Wills and Trusts. In such a case, we will be happy to give you a referral to an estate planning attorney in your area.

Wills for Heroes will only give you limited recommendations for beneficiary designations on assets. If you designate a beneficiary(ies) in your life insurance policy, that person will receive the benefit without it passing through your Will. If, however, you have life insurance policies where you have not designated a beneficiary or where you name your estate as the beneficiary, the proceeds of that policy *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.

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 owned/held outside of the U.S.; (6) long term care planning; (7) immigration issues; and (8) any litigation matters. The program also does not handle complicated or intricate planned distributions outside of the questionnaire options.

The lawyers and involved in the Wills for Heroes program will not perform a conflict search on your name and your spouse's name. If, you are aware of any conflict or 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.

The attached 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 will not keep copies of any of the estate planning documents that are prepared through this program; it will be up to you to keep your original documents in a safe and fireproof place. This questionnaire will also help you organize information that the attorney needs to advise you and prepare your estate plan. Some individuals need complex plans that may require assistance beyond what is available in this program. The attorney assigned to work with you will advise you if it is necessary in your case.

You and your spouse will have the opportunity to separately meet with different attorneys to avoid potential conflicts of interest. *Each spouse 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 along with a government-issued form of identification.

ESTATE PLANNING QUESTIONNAIRE

VALUE OF YOUR ESTATE: Please estimate the value of your assets/estate. The Wills for Heroes program is designed to serve those with an estate of \$1,000,000 or less. (If you are married, it is \$1,000,000 per spouse for a total of \$2,000,000 or less). Those with an estate in excess of \$1,000,000 (or in excess of \$2,000,000 for a couple) 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 and retirement assets (401(K) or an IRA). Please include below the value of all of the property you own solely in your name and your proportionate share of the value of any property you own jointly with others. (If you own assets jointly with your spouse, you should each include ½ the value of such jointly owned property on your respective questionnaires).

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

Bank Accounts, CD's, etc.: \$ _____

Real Estate (equity only): \$ _____

Life Insurance (face value): \$ _____

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

Pension Benefits that continue after your death: \$ _____

Vehicles: \$ _____

Business Interests: \$ _____

Stocks & Bonds: \$ _____

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

Other money & property: \$ _____

Approximate value of your estate: \$ _____

Total Approximate Annual Household Income: \$ _____

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

I. PERSONAL INFORMATION:

Your Full Legal Name: _____

Name you use to sign documents: _____

Your current address: _____

County: _____

Please indicate if this is your home phone or cell phone.

Phone: _____ Cell Home

Date of Birth: _____

II. MARITAL STATUS (select the most appropriate):

Married

• First Marriage? YES NO

• Children from previous marriage? YES NO

Divorced, not presently married.

Single, never married.

Full legal name of your spouse: _____

Spouse's date of birth: _____

Please indicate if this is your spouse's home phone or cell phone.

Phone: _____ Cell Home

Is spouse a U.S. citizen? Yes No

If you are married, do you want your spouse to be your Personal Representative in your Will, and your Health Care Surrogate? Yes No

III. CHILDREN: Do you have any children? Yes No

Please list your children's legal names and birth dates (continue on the back if you need more room).

Do you have step-children? If you do, don't list them on this page unless you have legally adopted them.

Children's Names (First, Middle and Last Name)	Date of Birth

Do you want to include your step-children in your Will? Yes No

If so, please list their names and birthdates:

Step-Children's Names (First, Middle and Last Name	Date of Birth

Is the other parent of your minor child(ren): Your Spouse Another Person

If the other parent of your minor child(ren) is another person, please list that person's name:

IV. GUARDIANSHIP:

If your children are minors (under age 18) at the time of your death, and if their other natural or adoptive parent is not alive or for any reason cannot act as guardian, the court can 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 are divorced and have sole custody of your children, upon your death, your child's other natural or adoptive parent has the right to act as guardian even if you name someone else to serve as guardian in your Will. You should still name a guardian, however, in case the child's other natural or adoptive parent dies before you, is unwilling to act, or cannot be located.

Whom do you wish to appoint to act as Guardian for any minor children:

1. **Guardian:** _____
Name

Address, City, State, Zip

Phone Number: _____ Relationship to you: _____

2. **Successor Guardian:** _____
Name

Address, City, State, Zip

Phone Number: _____ Relationship to you: _____

V. PERSONAL REPRESENTATIVE: Your Personal Representative (sometimes called an “executor”), once appointed by the Court, makes sure your estate is administered and distributed according to your wishes upon your death. This ordinarily requires going through probate, which is a court-administered procedure for settling an estate as provided in your Will or under State law if you do not have a Will. 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 as long as they have not been convicted of a felony.

1. **Personal Representative:** Whom do you wish to have as your Personal Representative?

My spouse.

Other. _____
Name

Address, City, State, Zip

Phone Number: _____ Relationship to you: _____

2. **Successor Personal Representative:** If you would like to nominate a successor to serve if the first Personal Representative(s) named is unable to act, please name your desired successor Personal Representative:

Name

Address, City, State, Zip

Phone Number: _____ Relationship to you: _____

VI. TRUSTEE: Your trustee(s) will manage the trust funds for your minor children if your spouse predeceases you. Your Trustee will be responsible for investing any assets held in trust and distributing the assets to the beneficiaries according to the directives contained in the trust under your Will. A family member (other than your spouse), a trusted friend, a professional advisor, or a bank or other institution or a combination of these can be named as your Trustee(s). You may have more than one Trustee.

1. **Trustee:** Whom do you wish to name as Trustee?

Name

Address, City, State, Zip

Phone Number: _____ Relationship to you: _____

2. **Successor Trustee:** If you would like to nominate a successor to serve if the first Trustee named is unable to act, please name your desired successor Trustee(s):

Name

Address, City, State, Zip

Phone Number: _____ Relationship to you: _____

VII. DISTRIBUTION OF YOUR ASSETS:

How do you wish to distribute your estate? (The property remaining after paying debts and expenses of administration).

Options for Married Couples:

First: To my spouse.

Second: To my child(ren) – biological/adopted
 To my child(ren) and my step-child(ren) equally
 To certain individuals and/or charities, etc.

<u>Name of Beneficiary</u>	<u>Gender (if Individual)</u>	<u>Percent</u>
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Trusts for Children. If trusts will be set up for your children, the trustees will be able to make trust distributions to your child for anything the trustees think is appropriate for your child. At what age do you want your child to be able to require the trustees to give him or her the remaining trust assets?

Age: _____

Finally,

When all of the above individuals and/or charities are no longer living or in existence, your assets will be distributed to:

Select One All to your heirs-at-law (closest living relative or relatives) **OR**
 One-half (1/2) to your heirs-at-law and one-half (1/2) to your spouse’s heirs-at-law

Options for Single Individuals:

First: To my child(ren) – biological/adopted

Second: To certain individuals and/or charities, etc.

<u>Name of Beneficiary</u>	<u>Gender (if Individual)</u>	<u>Percent</u>
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Trusts for Children. If trusts will be set up for your children, the trustees will be able to make discretionary trust distributions to your child for anything the trustees deem advisable. At what age do you want your child to be able to require the trustees to distribute the remaining trust assets?

Age: _____

Finally,

When all of the above individuals and/or charities are no longer living or in existence, your assets will be distributed to:

All to your heirs-at-law (closest living relative or relatives)

VIII. DISINHERITING SOMEONE:

Is there anyone you wish to specifically exclude from your Will? Yes No

If so, who (please provide the name and relationship to you)? _____

IX. 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.”

X. HEALTH CARE SURROGATE: You may appoint another to speak on your behalf regarding health care decisions in the event that you are unable to communicate your wishes. A Designation of Health Care Surrogate gives the person you name as your agent the authority to make a wide range of medical and mental health decisions on your behalf. It also gives your agent access to your medical information and authority to direct your treating physicians in deciding the care you receive. 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.

1. **Health Care Surrogate:** Whom do you wish to have as your Health Care Surrogate?

My spouse.

Other. _____
Name

Address, City, State, Zip

Phone Number: _____ Relationship to you: _____

2. **Successor Health Care Surrogate:** If you would like to nominate a successor to serve if the first Health Care Surrogate named is unable to act, please name your desired successor Health Care Surrogate(s):

Name

Address, City, State, Zip

Phone Number: _____ Relationship to you: _____

Some people choose to give specific direction in a Living Will regarding certain end of life issues. If you would like to include a statement in any of your documents regarding any of the following situations, please check the appropriate box:

Your wishes regarding cremation or burial:

- I wish to be buried
- I wish to be cremated
- I do not wish to make a designation

Your wishes regarding organ donation:

- I wish to be an organ donor
- I do not wish to make a designation

Your wishes regarding life-prolonging measures:

- I wish life-prolonging measures be provided
- I wish life-prolonging measures be withheld
- I wish nutrition and hydration be provided
- I wish nutrition and hydration be withheld

XII. ANYTHING ELSE YOU WANT TO ASK/TALK ABOUT:

DISCLAIMER

This Pinellas County Wills for Heroes ("WFH") project is available to First Responders only. WFH provides simple Wills, Health Care Surrogate Designations, and Living Wills to eligible members of the First Responder community. The documents and information that will be provided by WFH volunteers are designed for small or modest estates and the information provided by WFH volunteers is general in nature. Large estates, or complicated legal matters pertaining to modest estates that require more time and assistance than can be provided by the WFH summary services, are not covered under the WFH program 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 WFH. WFH reserves the right to refuse this service to anyone.

In the State of Florida, 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 WFH program; therefore, neither WFH nor WFH volunteers 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 first responder 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 WFH program. 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 WFH.

Your signature below acknowledges that you are aware that no lawyer or law firm involved in WFH 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 these volunteers you further acknowledge that it is your obligation to inform them of the potential conflict at that time. You waive any potential future conflicts and acknowledge that the WFH attorneys have no future obligation to obtain a conflict waiver from you.

Your signature also acknowledges that your documents will be prepared by WFH volunteers in reliance upon the information provided by you in your estate planning questionnaire and during your meeting with a WFH 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 WFH volunteers. Failure to do so could result in documents that do not adequately address your estate planning needs.

 (Initials) I understand and agree that, no attorney-client relationship or other professional 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.

 Signature Date Printed Name

 Witness Date Printed Name