

WILLS FOR FIRST RESPONDERS

General Information & Instructions

The Wills For First Responders program (the “Program”) is available through The Law Offices of Paul R. Poulsen. The program is available to First Responders and their spouse/domestic partner. The program provides simple Wills and Health Care Directives to eligible members of the First Responder community.

The complimentary wills offered, however, are not for everyone. The wills are offered at no cost and do not cover many issues for persons in need of more extensive estate planning. The Program also is not appropriate for persons who want to set up or require more than basic planning for minor children.

Your estate (for purposes of the Program) consists of your cash, personal property, stocks and bonds, real estate (equity only), savings, life insurance, and retirement assets (such as 401(k) or an IRA). If you have need for a more extensive estate plan you should instead contact a lawyer who focuses in the area of Wills & Trusts (such as Paul R. Poulsen).

The Program will not provide any legal advice in the following areas of law: (1) estate, gift, income and/or generation skipping transfer taxation; (2) trust planning; (3) citizenship or domicile issues; (4) assets held outside of the United States; (6) any other issue that is deemed to be outside of the Wills For First Responders program. Should questions arise that are deemed to be outside of the Wills For First Responders program, you should seek a separate consultation with an attorney (such as Paul R. Poulsen).

The Program 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 regularly to make sure the beneficiary designations are correct and current.

Attorney Paul R. Poulsen has numerous existing and prospective client relationships and it is possible that a situation could arise in which your interests might conflict with those of some other client. Attorney Paul R. Poulsen will be preparing your documents for you with the understanding and agreement that he may represent any other present or future client in any matter that is not substantially related to his work for you, even if such client’s interest are directly adverse to your interests.

The attached questionnaire will answer some common questions and prepare you to discuss your needs with Attorney Paul R. Poulsen. It will also provide a convenient form to record your important information. All discussions with Attorney Paul R. Poulsen will be kept confidential. At the end of your appointment you will keep this questionnaire. No copies of this questionnaire or the estate planning documents provided through the Program will be kept by Attorney Paul R. Poulsen; it will be up to you to keep your original documents in a safe place.

Please bring the questionnaire and a government issued ID with you to your appointment.

ESTATE PLANNING QUESTIONNAIRE

VALUE OF YOUR ESTATE: Please estimate the value of your estate. The Program is designed to serve those with an estate of \$500,000 or less for non-married participants and \$1,000,000 or less for married participants.

APPROXIMATE VALUE OF YOUR ESTATE:

Bank Accounts, CDs, etc: \$ _____

Real Estate (equity only) \$ _____

Life Insurance (face value) \$ _____

IRA, 401(k), etc: \$ _____

Pension Benefits that continue after your death \$ _____

Vehicles (equity only) \$ _____

Business Interests \$ _____

Stocks & Bonds \$ _____

Money Owed to You \$ _____

TOTAL VALUE \$ _____

Approximate Annual Household Income \$ _____

Do you want to include your step-children in your Will? _____ yes _____ no

If yes, please list their names and birthdates:

Step-Children's Names	Date of Birth

4. GUARDIANSHIP:

If your children are minors (under the age of 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:

a) Guardian:

Name

Address, City, State, Zip

Phone #

Relationship to you

b) Successor Guardian:

Name

Address, City, State, Zip

Phone #

Relationship to you

Options For Single Individuals:

First: _____ To my children equally (biological & adopted)
Second: _____ Other: Individuals, Charities or Organizations (see below)

Name of Beneficiary	% of Estate

7. DISINHERITING SOMEONE:

Is there anyone you wish to specifically exclude from your Will? ____ yes ____ no

If yes, please provide the name and relationship to you:

_____ Name

_____ Relationship to you

8. 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 Veteran Affairs, and the Social Security Administration.”

9. HEALTH CARE DIRECTIVE:

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 Health Care Directive 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 instruction.

Whom do you wish to appoint as your Health Care Agent?

- a) My Spouse ____ yes
- b) Other

_____ Name

_____ Address, City, State, Zip

_____ Phone #

_____ Relationship to you

Whom do you wish to appoint as Successor-Health Care Agent in the event that your first selection (above) is unable or unwilling to act?

Name

Address, City, State, Zip

Phone #

Relationship to you

LIVING WILL:

A Living Will is a legal document by which you direct that your life not be artificially prolonged by extraordinary measures when there is no reasonable expectation of recovery from extreme mental or physical disability.

Please choose one of the following options, numbered 1 through 4, by placing your initials before the numbered statement. Do not choose more than one option. If you do not wish to document end-of-life wishes, initial Option 4.

_____ **Option 1: I choose to let my agent decide.** I have chosen my agent carefully. I have talked with my agent about my health care wishes. I trust my agent to make the health care decisions for me that I would make under the circumstances.

_____ **Option 2: I choose to prolong life.** Regardless of my condition or prognosis, I want my health care team to try to prolong my life as long as possible within the limits of generally accepted health care standards.

_____ **Option 3: I not to receive care for the purpose of prolonging life,** including food and fluids by tube, antibiotics, CPR, or dialysis being used to prolong my life. I always want comfort and care and routine medical care that will keep me as comfortable and functional as possible, even in that care may prolong my life.

- If you choose this option you must also choose either (a) or (b), below:

_____ (a) I put no limit on the ability of my health care provider or agent to withhold or withdraw life-sustaining care.

_____ (b) My health care provider should withhold or withdraw life-sustaining care if at least one of the initials conditions is met:

_____ I have a progressive illness that will cause death

_____ I am close to death and am unlikely to recover

_____ I cannot communicate and it is unlikely that my condition will improve

_____ I am in a persistent vegetative state

_____ **Option 4: I do not wish to express preferences about health care wishes in this directive.**

10. OTHER ITEMS YOU WISH TO DISCUSS AT YOUR APPOINTMENT:

I hereby state that the above information is being provided by me for the purpose of enrollment into the Wills For First Responders program and that to the best of my knowledge the information being provided is true and correct.

Signed

Date