



WILLS FOR HEROES PROGRAM EXPLANATION AND QUESTIONNAIRE

In an effort to show our appreciation for all that first responders do to help our community, the American Bar Association, in partnership with the Wills for Heroes Foundation, has instituted this program to offer free basic Wills.

The complimentary Wills we offer are not for everyone. To enable us to offer Wills to all first responders, the Wills need to be “basic.” As a result, the services offered may not be appropriate for persons with large or complicated estates, or those who want to set up sophisticated trusts. **Your estate consists of your cash, personal property, stocks and bonds, life insurance, real estate, savings, inheritances and retirement assets such as 401(k), IRA’s and annuities.** If you have a large (\$1M or more) or complicated estate or desire trust arrangements, do not partake in this program. You should instead contact a lawyer who specializes in the area of Wills and Trusts.

Please note that no lawyer involved in this process has performed a conflict search on your name. If you are aware of any legal proceeding involving you, please alert the attorney at the beginning of the interview.

With that understanding, this worksheet 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 may find the following questions and answers to be helpful to your understanding of why you might want or need a Will.

WHAT IS A WILL? A Will is a legal document which states your desires concerning what will happen to your assets after your death. A Will also contains other specific directions from you concerning who is to implement your instructions and, perhaps, who will care for any minor children you may leave behind.

WHY SHOULD I MAKE A WILL? If you die without a valid Will, the laws of your state of legal residence determine what happens to your assets. Your wishes will not be considered and therefore, your assets may go where you do not want them to go.

ARE ALL OF MY ASSETS CONTROLLED BY MY WILL WHEN I DIE?
No. For example, proceeds of life insurance policies and retirement plan assets are distributed as you direct in a beneficiary designation form. A bank account which you own jointly with another person will normally go to the other joint owner. It is extremely important you coordinate the disposition of these assets with the disposition of the assets of your estate, as provided for in your Will.

WHAT IS PROBATE? Probate is a court procedure by which a Will is proved to be valid or invalid. The probate process accomplishes the transfer of your assets from your name to your beneficiaries under your Will and gives your creditors an opportunity to be paid from your assets.

NOTE: The Wills for Heroes Volunteers will not review or update your existing Wills. Also, a volunteer cannot advise you as to whether or not you need a new Will.

WILLS FOR HEROES®

NEW JERSEY ESTATE PLANNING QUESTIONNAIRE

DO NOT COMPLETE UNLESS YOU ARE A NEW JERSEY RESIDENT

Please print clearly

Today's date: _____

1. Your full legal name: _____
(First) (Middle) (Last)

2. Home address: _____
City: _____ Zip Code: _____

3. County you live in: _____

4. Gender: M or F (circle)

5. Currently married or in civil union? Y or N (circle)

6. If married, spouse's full legal name:

(First) (Middle) (Last)

If civil union, partner's full legal name:

(First) (Middle) (Last)

Note: As used in the remainder of this questionnaire, the term "spouse" is meant to refer to either a spouse in a marriage or a partner in a civil union.

7. Full legal names of your biological and adopted children (do not list step-children unless you have legally adopted them) and dates of birth:

8. Please list the value of your (and your spouse's) assets:

Real estate (include your home if you own it and any other real estate you own)	\$
Vehicles (automobiles, boats, etc.)	\$
Other tangible personal property	\$
Retirement accounts (including 401(k), 403(b), 457, and IRA)	\$
Non-retirement accounts and CDs (savings, checking, brokerage, money market)	\$
Stocks & bonds not held in any account	\$
Money others owe to you	\$
Value of your business(es)	\$
Life insurance death benefits (including life insurance through your employer)	\$
Other money or property	\$

TOTAL

\$

9. Please list any amounts you (or your spouse) owe to others:

Mortgage(s) on real estate	\$
Credit card debts	\$
Other	\$

TOTAL

\$

10. What is the total in #8 above minus the total in #9 above? \$ _____

If the answer to #10 above is more than \$1,000,000, it is recommended you seek the advice of an estate planning attorney for the preparation of your documents.

11. Are there any special circumstances we should know about such as a spouse, child or other person whom you want to name as a beneficiary is receiving governmental benefits based upon financial need? Yes or No (circle)

If so, please describe below.

Questionnaire continues on page 4

WILL

12. For questions #13 and #14 below, if you want to treat a step-child or any other person who is not your biological or adopted child the same as your child(ren), list the full legal name(s) here:

13. How do you want your tangible personal property distributed?

Select only one (A through D):

- ☐ A. 100% to my spouse (but if he/she does not survive me, then 100% to my children)
- ☐ B. 100% to my children
- ☐ C. 100% to one individual

Full legal name of individual: _____
(First) (Middle) (Last)

Relationship of individual to you:

If the named individual does not survive you, do you want to name an alternate beneficiary? If yes, list the alternate's name and relationship to you:

Full legal name of alternate: _____
(First) (Middle) (Last)

Relationship of alternate to you:

- ☐ D. 100% to a group of individuals

Relationship of group to you (for example, parents, siblings, nieces and nephews): _____

14. How do you want the rest of your property ("residue") distributed?

Select from A through E:

- ☐ A. 100% to my spouse, but if he/she does not survive me, then 100% to my children in equal shares (the descendants of a deceased child take the share of the deceased child)

Note – further disposition if desired. If neither my spouse nor any of my descendants survives me, I want the rest of my property distributed as follows [please select C, D or E below, or if none of those options is what you want, go to #15 below]

- ☐ B. 100% to my children in equal shares (the descendants of a deceased child take the share of the deceased child)

Note – further disposition if desired. If none of my descendants survive me, I want the rest of my property distributed as follows [please select C, D or E below, or if none of those options is what you want, go to #15 below]

- ☐ C. 100% to the following [**please select only one**]:

☐ Parents, or surviving parent, or if no surviving parent, then siblings (the descendants of a deceased sibling to take the deceased sibling's share)

☐ Siblings (brothers & sisters) (the descendants of a deceased sibling to take the deceased sibling's share)

Options D is on page 6 and option E is on page 7.

- ☐ D. 100% to the following individual or individuals [please select from one of the options in **bold**]:

☐ **100% to one individual**

Full legal name of individual: _____
(First) (Middle) (Last)

Relationship of individual to you: _____

If the individual named above does not survive you, who do you want to take in his/her place?

Select only one of the following:

☐ I want his/her descendants to take in his/her place

☐ I want the following individual to take in his/her place:

Full legal name of alternate:

(First) (Middle) (Last)

Relationship of alternate to you: _____

☐ Neither of the above [please go to #15 below]

☐ **100% in equal shares to the following individuals:**

List full legal names and relationship to you:

<u>Name</u>	<u>Relationship</u>
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☐ **100% in unequal shares to the following individuals:**

List full legal names, relationship to you, and percentage:

<u>Name</u>	<u>Relationship</u>	<u>%</u>
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☐ E. 100% to the following charity or charities (if unequal shares, please indicate percentages):

15. Skip this question if you selected #14E above. If the person(s) you designate in #14 above do not survive you, how do you want your assets distributed?

Select only one:

☐ A. My heirs under the New Jersey intestate laws

☐ B. $\frac{1}{2}$ to my heirs under the New Jersey intestate laws and
 $\frac{1}{2}$ to my spouse's heirs under the New Jersey intestate laws

☐ C. 100% to the following charity or charities (if unequal shares, please indicate percentages):

16. A beneficiary's share will be held in trust until he or she reaches [select A or B]:

☐ A. age 21, with all distributed at that age

☐ B. a later age -- I want the beneficiary to receive [select one]:

☐ all at age ____

☐ $\frac{1}{2}$ at age ____ and the balance at age ____

☐ $\frac{1}{3}$ at age ____, $\frac{1}{2}$ of the rest at age ____, and
the balance at age ____

Note: Persons you name below as Executor/Trustee must be at least 18 years old

17. Who do you want to name as Executor of your Estate and Trustee of any Trust?

Full legal name: _____
(First) (Middle) (Last)

Relationship to you: _____

18. Do you want to name another person to act with the person named in #17 above? Yes or No (circle)

If yes, who?

Full legal name: _____
(First) (Middle) (Last)

Relationship to you: _____

19. If both of the individuals named in #17 and 18 above are unable or unwilling to serve as Executor or Trustee, who do you want to name as Executor/Trustee?

Full legal name: _____
(First) (Middle) (Last)

Relationship to you: _____

20. Do you want the person(s) you name above to be entitled to reasonable compensation for serving as Executor and Trustee? Yes or No (circle)

21. Do you have a biological or adopted child who is under 18 years old?

[] No; please go to page 9

[] Yes; please go to #22 below

22. If you answered #21 "Yes," and you want to designate a guardian, list the full legal name and relationship of the person you wish to designate as guardian:

Primary: _____ Relationship to you: _____

Alternate: _____ Relationship to you: _____

23. If you named a person in #22 above, please select one of the following:

[] All of my minor children are also the children of my spouse

[] I have a minor child or minor children who are not also my spouse's

[] I have a minor child or minor children and I am currently unmarried

DURABLE FINANCIAL POWER OF ATTORNEY

1. Would you like a Durable Financial Power of Attorney? Yes or No (circle)

If No, skip to page 10.

Note: Persons you name below as agent must be at least 18 years old

2. Please enter the following information concerning the person you would like to appoint as your agent:

Full legal name: _____
(First) (Middle) (Last)

Relationship to you: _____

3. Do you want to name another person to act with the person named above?

Yes or No (circle)

If yes, who?

Full legal name: _____
(First) (Middle) (Last)

Relationship to you:

4. If a person named in #2 or 3 above is unable or unwilling to serve as agent, do you want to name a person in his or her place? Yes or No (circle)

If yes, who?

Full legal name: _____
(First) (Middle) (Last)

Relationship to you:

5. Do you want the person(s) you name above to be entitled to reasonable compensation for serving as your agent? Yes or No (circle)

DURABLE HEALTH CARE POWER OF ATTORNEY

Note: Persons you name below as agent must be at least 18 years old

1. Would you like a Health Care Power of Attorney? Yes or No (circle)

If No, skip to page 12. If Yes, continue with the next question.

2. Please enter the following information concerning the person you would like to appoint as your agent to make health care decisions on your behalf if you are unable to do so:

Full legal name: _____
(First) (Middle) (Last)

Home address: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

3. Do you want to name another person to act with the person named above?

Yes or No (circle)

If yes, who?

Full legal name: _____
(First) (Middle) (Last)

Home address: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

4. If a person named in #2 or 3 above is unable or unwilling to serve as agent, do you want to name a person in his or her place? Yes or No (circle)

If yes, who?

Full legal name: _____
(First) (Middle) (Last)

Home
address: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

5. Do you want your agent to have the power to donate your organs after your death? Yes or No (circle)

ADVANCE DIRECTIVE FOR HEALTH CARE

1. Would you like an Advance Directive for Health Care (also known as a Living Will)?

Yes or No (circle)

If yes, and if you already selected agents under a Health Care Power of Attorney in the last section (pages 10-11), please skip to **question 5**. If you decided against a Health Care Power of Attorney, please continue to **question 2**.

2. Please enter the following information concerning the person you would like to appoint as your surrogate to make end-of-life health care decisions:

Full legal name: _____
(First) (Middle) (Last)

Home address: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

3. Do you want to name another person to act with the person named above?

Yes or No (circle)

If yes, who?

Full legal name: _____
(First) (Middle) (Last)

Home address: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

4. If a person named in #2 or 3 above is unable or unwilling to serve as agent, do you want to name a person in his or her place? Yes or No (circle)

If yes, who?

Full legal name: _____
(First) (Middle) (Last)

Home address:

City: _____ State: _____ Zip: _____

Relationship to you: _____

5. Choose one of the following:

☐ I consent to donate my organs and tissues at the time of my death for the purpose of transplant, and I consent to donate my entire body at the time of my death (except for such organs and tissues taken for transplant) for the purpose of medical study or education.

☐ I consent to donate my organs and tissues at the time of my death for the purpose of transplant, medical study or education.

☐ I consent to donate my organs and tissues at the time of my death for the purpose of transplant only.

☐ I consent to donate my organs and tissues at the time of my death for the purpose of transplant only, subject to the following limitations:

☐ I do not consent to donate my organs, tissues or any other part or all of my body at the time of my death, for any purpose.