

FOR MARRIED PARTICIPANTS

**WILL INFORMATION**  
FOR  
***SAN ANTONIO POLICE OFFICERS***  
AND  
***SAN ANTONIO PROFESSIONAL FIREFIGHTERS***

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**GROUP LEGAL SERVICES**

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SAN ANTONIO, TEXAS 78230  
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**\* Please print legibly or type \***

HUSBAND'S FULL NAME: \_\_\_\_\_

WIFE'S FULL NAME: \_\_\_\_\_  
(if applicable)

HUSBAND'S LAST 4 DIGITS OF SSN: \_\_\_\_\_ WIFE'S LAST 4 DIGITS OF SSN: \_\_\_\_\_

HUSBAND'S DATE OF BIRTH: \_\_\_\_\_ WIFE'S DATE OF BIRTH: \_\_\_\_\_

ADDRESS, CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

COUNTY RESIDING IN: \_\_\_\_\_ DATE OF MARRIAGE: \_\_\_\_\_  
(if applicable)

**I. INFORMATION ABOUT PRIOR MARRIAGES, IF ANY.**

(If either you or your spouse has been married before, please furnish the following information as to each prior marriage below to disqualify such persons) (PLEASE INDICATE BELOW IF IT IS A DIVORCE OR DEATH)

HUSBAND -

List below, name of YOUR prior spouse(s):

WIFE -

List below, name of YOUR prior spouse(s):

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

HUSBAND -

List below, date & county of divorce  
or death from prior spouse(s) and please  
please write **Divorce** or **Death** next to name:

WIFE -

List below, date and county of divorce  
or death from prior spouse(s) and please  
please write **Divorce** or **Death** next to name:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**II. INFORMATION ABOUT YOUR CHILDREN:** (Please list all children including any children born from prior marriages.) (Please place a '\*' next to the child's name if born from a prior marriage.)

(1) CHILD'S FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
If child is married, name of spouse: \_\_\_\_\_  
How many children (Your Grandchildren): \_\_\_\_\_

(2) CHILD'S FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
If child is married, name of spouse: \_\_\_\_\_  
How many children (Your Grandchildren): \_\_\_\_\_

(3) CHILD'S FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
If child is married, name of spouse: \_\_\_\_\_  
How many children (Your Grandchildren): \_\_\_\_\_

(4) CHILD'S FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
If child is married, name of spouse: \_\_\_\_\_  
How many children (Your Grandchildren): \_\_\_\_\_

(5) CHILD'S FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
If child is married, name of spouse: \_\_\_\_\_  
How many children (Your Grandchildren): \_\_\_\_\_

(6) CHILD'S FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
If child is married, name of spouse: \_\_\_\_\_  
How many children (Your Grandchildren): \_\_\_\_\_

(7) CHILD'S FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
If child is married, name of spouse: \_\_\_\_\_  
How many children (Your Grandchildren): \_\_\_\_\_

(8) CHILD'S FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
If child is married, name of spouse: \_\_\_\_\_  
How many children (Your Grandchildren): \_\_\_\_\_

(9) CHILD'S FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
If child is married, name of spouse: \_\_\_\_\_  
How many children (Your Grandchildren): \_\_\_\_\_

**III. INFORMATION ABOUT ANY DISABLED CHILDREN:**

(Please specify if any children or grandchildren have any special problems such as physical or mental disabilities.)

CHILD'S FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
What type of disability: \_\_\_\_\_  
If child is married, name of spouse: \_\_\_\_\_  
How many children (Your Grandchildren): \_\_\_\_\_

**IV. INFORMATION ABOUT ANY DECEASED CHILDREN:**

If there are any deceased children, please list the name, date of birth, etc. of any children (your grandchildren) of deceased children.

CHILD'S FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
DATE AND COUNTY OF DEATH: \_\_\_\_\_  
Was child married, if so, name of spouse: \_\_\_\_\_  
How many children (Your Grandchildren): \_\_\_\_\_

## **V. QUESTIONS FREQUENTLY ASKED ABOUT WILLS AND OTHER ESTATE PLANNING TOOLS:**

### **Q. What happens if I die without a Will?**

A. If a person dies without a Will, the court disposes of his or her property. The law provides for the orderly distribution of property at death to surviving heirs by degree of kinship. Dying without a Will may cause undesired results and unexpected costs and delays. Because a person usually has an idea how he or she would like his or her property to pass on to others, undesired results can occur if you die without a Will. For example, very often one spouse wants to leave everything to the surviving spouse who will provide for the children. If the deceased person, decedent, in this situation is survived by children from a previous marriage, those children share in the distribution of property whether or not the decedent desired such results.

### **Q. What can a Will do?**

A. A Will is a legal instrument which states how property is to be distributed at death. A valid Will avoids many of the problems that may arise from dying without a Will and allows a person to leave property to whom he or she desires. A Will can also designate the individual who will manage the estate, the independent executor, and name a Guardian and Trustee for minor or incapacitated children.

Naming a guardian who is willing and able to take care of your children and naming a person who will manage the children's inheritance is extremely important. The only way to do this is through a Will. Otherwise, a Judge, who is not personally acquainted with the deceased's relatives or friends, decides who will care for the children and who will be in charge of their money and other property.

A valid Will can also set up a Trust, a method by which property is held by one party (the Trustee) for the benefit of another (the Beneficiary). A Trust is an effective way of managing property for the benefit of minor or incapacitated persons who are incapable of managing their own financial affairs. A Trust also is useful to prevent a spendthrift child from immediately spending his or her inheritance by preserving the funds for the child's education or other important needs. Further, a Trust may be used to protect the child's inheritance from the claims of his or her creditor because property placed in a Trust generally may not be reached by a creditor.

### **Q. What are probate assets?**

A. Only property owned by the decedent at death can be disposed of by Will. These are called "probate assets." A Will cannot make a gift of "non-probate assets" -- assets which pass at death other than by Will or intestacy. The principal types of non-probate assets include property passing by contract, property passing by survivorship, and property held in trust.

Property passing by contract includes life insurance proceeds, IRAs, and employee benefit plan proceeds, such as the proceeds payable under a pension, profit-sharing, or employee retirement plan.

These assets pass outside the Will to the persons named by the decedent in the appropriate beneficiary designations. Thus, it is important to periodically review the beneficiary designations with respect to these types of assets and to update them as necessary.

Property held by the decedent and another person as joint tenants with right of survivorship passes outside the Will directly to the survivor. Survivorship assets typically include certain limited types of bank accounts or certificates of deposit and certain savings bonds issued by the United States Government, such as Series EE savings bonds.

Another category of property that passes outside of probate is property held in a trust for the benefit of the decedent. The trust may have been created by the decedent during his or her lifetime for property management purposes or by someone else, such as a parent of the decedent. Trust assets pass under the terms of the trust rather than under the terms of the deceased's Will.

It is important to determine the extent of one's nonprobate assets when planning the disposition of one's property at death. If a substantial portion of the assets would not pass under the Will, even a well-drafted Will may be insufficient to carry out the testator's intent in disposing of his or her property.

**Q. What is community property and what is separate property?**

A. Texas law -- somewhat awkwardly -- defines community property as that which is not separate property. Separate property is that which was owned by a spouse before the marriage, as well as property received after marriage by gift or inheritance. Everything else is community property. For example, the earnings of both spouses during marriage are community property. Income from separate property during marriage is also community property. When drafting your Will, you must consider what property you own outright and what property you own jointly with another.

**Q. What is an Independent Executor?**

A. An executor is the person appointed in your Will to be the primary representative of your estate. Because of a provision somewhat unique to Texas law, you can make your executor "independent." That is, the executor can act free of control by a court, except for only a few essential matters. Without this independence, virtually all of the executor's actions will be subject to prior approval by the court-- an obviously cumbersome and expensive procedure.

Your executor will be responsible for administering your estate. This includes ascertaining your properties and your liabilities. He must prepare a list of your properties and submit them to the court. After debts have been paid (including estate and inheritance taxes), the executor gives his final accounting and makes distributions to the beneficiaries in your Will.

Please list below your choices of executors including one or more alternates. We recommend that you choose your spouse, if you are married, as the primary Executor. **(Must be 18 years of age or over)**

HUSBAND -

List full name of Executor(s) below:

WIFE -

List full name of Executor(s) below:

Executor:

\_\_\_\_\_

\_\_\_\_\_

Alternate Executor:

\_\_\_\_\_

\_\_\_\_\_

Second Alt. Exec.:

\_\_\_\_\_

\_\_\_\_\_

**Q. Who will raise my minor children after my death? What is a Guardian?**

A. The other parent. But if the other parent is not living, this becomes a selection you can make in your Will. If you fail to do so, the Court will make the choice for you. Needless to say, you should assume the responsibility of this important decision and not leave it up to a Judge.

Clients frequently tell us that they have chosen one of their parents as the Guardian in the event of both clients' deaths. A quick mathematical computation may shed light on the advisability of this choice. For example, assume that the youngest child of the client is three (3) years old and the client's parent is fifty-eight (58). When that child is fifteen (15) (i.e., during a time when parent-child communication can be difficult under the best of conditions), the grandparent will be seventy (70). Under these circumstances another choice may be better for your child. You should look first to your contemporaries in your families (such as brothers, sisters or cousins). If none are appropriate, then consider friends with children in the same age range as yours.

If you have planned your estate properly, the guardian should not experience financial difficulty in raising your children. To accomplish this, we suggest that upon the death of you and your spouse, a trust be established for your minor children.

Please list below your choices for a Guardian and alternates. **We recommend an individual Guardian as opposed to joint Guardians.** Remember the guardian that you choose is someone other than you and the other parent.

Guardian: \_\_\_\_\_

1st Alternate Guardian: \_\_\_\_\_

2nd Alternate Guardian: \_\_\_\_\_

\*\* A Declaration of Guardian for Minor Children in case of Death or Incapacity form will also be provided. The same guardians listed above will be named on this form.

**Q. Who will I create a Trust for? What is a Trustee?**

A. A Trustee is a person to whom property is transferred for the benefit of someone else (the beneficiary). A Trust arising out of a Will is called a "contingent testamentary trust," meaning the creation of the trust is contingent upon the death of the person and the beneficiaries being under the age specified in the Will. At that time, a Trust is created and the portion of the estate which you have designated to pass to the beneficiary will instead pass into the Trust for the benefit of the beneficiary.

The Trustee's duties are to manage the funds and to ensure that the beneficiary receives enough of the funds to pay for expenses such as reasonable and necessary health, education, maintenance and support. In addition, you may designate an age at which time the beneficiary is to receive the remainder of the funds held in Trust. We usually recommend that Trustees be given very broad and adaptable powers. The Trustee should be able to do what is best for the beneficiary, without being curbed by inappropriate restrictions.

If a Trust appears suitable for your estate plan, you will want to be careful in your selection of a Trustee. Of course, the person you choose as Guardian of your children may be a person that you would find trustworthy to handle their money. The Trustee can be the same person as the Guardian and/or alternate Executor. Remember, the Trustee is someone other than you and the other parent.

Trustee: \_\_\_\_\_

1st Alternate Trustee: \_\_\_\_\_

2nd Alternate Trustee: \_\_\_\_\_

At what age would you want the trust to terminate? **18** \_\_\_\_\_ ; **21** \_\_\_\_\_ ; **25** \_\_\_\_\_ ; or  
**has obtained a college degree from a four year accredited college or university** \_\_\_\_\_ ; or  
**joins the U.S. Military four (4) years active duty with an honorable discharge** \_\_\_\_\_  
or other \_\_\_\_\_

*(For attorney use only)* What type of trust? Single: \_\_\_\_\_ Separate: \_\_\_\_\_

**VI. PROPERTY INFORMATION:**

- Do you or your spouse own any real estate within the state of Texas? If so, please list accordingly:

Property address: \_\_\_\_\_

Legal description (as described in your deed to the property, including volume and page number):

\_\_\_\_\_

- Do you or your spouse own any real estate located outside of Texas? If so, please list accordingly:

Property address: \_\_\_\_\_

Legal description (as described in your deed to the property, including volume and page number):

\_\_\_\_\_

- Have either you or your spouse inherited or do you expect to inherit any property? If possible, describe and give approximate values. \_\_\_\_\_

**VII. ESTATE VALUE: Please indicate what your total gross estate value is at this time:  
(For estate tax purposes): \$ \_\_\_\_\_**

**VIII. DISPOSITION OF PROPERTY - STATE LAW NOW REQUIRES NOTIFICATION TO THE BENEFICIARIES OF THE WILL WHEN THE WILL IS PROBATED**

**HUSBAND** - In your own words, describe the way you want your property to pass under your Will.

(a) If your WIFE survives you: \_\_\_\_\_

\_\_\_\_\_

**HUSBAND** -

(b) If your WIFE does not survives you: \_\_\_\_\_

\_\_\_\_\_

**WIFE** - In your own words, describe the way you want your property to pass under your Will.

(a) If your HUSBAND survives you: \_\_\_\_\_

\_\_\_\_\_

**WIFE** -

(b) If your HUSBAND does not survives you: \_\_\_\_\_

\_\_\_\_\_

# POWER OF ATTORNEYS AND HEALTH CARE DOCUMENTS

## **Q. What is a Financial Power of Attorney?**

A. A power of attorney (POA) is an instrument by which one person, as principal, appoints another as his agent and gives him or her the authority to act on behalf of the principal. The person holding a power of attorney is known as an "attorney in fact" or "agent."

We usually prepare our Financial Power of Attorney (more specifically known as a "Statutory Durable Power of Attorney") to be in force at the time of signing and to remain in force notwithstanding any subsequent disability or incapacitation of the principal. The Financial Power of Attorney gives you the choice of whether the POA is effective on the date signed or upon disability or incapacity. Further, the powers granted to the agent are usually broad enough to ensure that the agent can perform many of the legal acts that the principal can perform. This means that the agent can cash checks made out to the principal, sell the principal's interest in real property, bind the principal in a loan transaction, etc. The Financial Power of Attorney offers a choice of one or more powers for your agent. We usually recommend choosing all of the powers, but can broaden or limit your agent's power as you wish. The value of a Financial Power of Attorney is found in its power to handle your financial affairs in the event of incapacitation. Many of our clients wisely choose their spouses to act as their agent under the Financial Power of Attorney. This is a recommended choice due to the fact that many of the assets held by a married couple are community assets. With a Financial Power of Attorney in force, each spouse has full power and authority to manage the marriage assets and liabilities. This would include the power to transfer real estate held in both names and to cash checks made payable to the other spouse. If a Financial Power of Attorney was not in force, and a spouse was incapacitated, the other spouse could not continue with the affairs of the household unless a guardianship proceeding was initiated on behalf of the incapacitated spouse.

Who should be the agent? In view of the authority and discretion conferred by a financial power of attorney, the agent must be someone in whom the principal has complete trust and confidence. If you are married, we recommended you designate your spouse.

HUSBAND -  
(List your agent and alternate agent below)

Agent: \_\_\_\_\_

Address of Agent \_\_\_\_\_

City, State \_\_\_\_\_

Zip & County \_\_\_\_\_

Alternate Agent: \_\_\_\_\_  
(No address required for alternate)

I desire the POA to become effective:  
\_\_\_\_\_ immediately -  
\_\_\_\_\_ **only** upon my disability or incapacity

WIFE -  
(List your agent and alternate agent below)

Agent: \_\_\_\_\_

Address of Agent \_\_\_\_\_

City, State \_\_\_\_\_

Zip & County \_\_\_\_\_

Alternate Agent: \_\_\_\_\_  
(No address required for alternate)

I desire the POA to become effective:  
\_\_\_\_\_ immediately -  
\_\_\_\_\_ **only** upon my disability or incapacity

Please check yes or no if you want the following statement to apply on your power of attorney:

**I grant my agent (attorney in fact) the power to apply my property to make tax-motivated gifts to decrease the likelihood my estate may be subject to federal estate or gift taxes or state inheritance taxes or other transfer taxes and/or to decrease my income tax. My agent is requested but is not legally obligated to follow the pattern of giving which I have heretofore personally established in selecting donees or to establish another pattern of giving.**

HUSBAND - yes \_\_\_\_\_ no \_\_\_\_\_

WIFE - yes \_\_\_\_\_ no \_\_\_\_\_



**Q. What is a Medical Power of Attorney?**

A. Texas law permits a Medical Power of Attorney. The purpose of the special POA is to permit a person to create a POA only for purposes of medical care, and it permits the appointed person to make health care decisions for an incapacitated principal. The POA becomes effective only after the attending physician certifies in writing that the principal lacks the capacity to make health care decisions, but no treatment is permitted if the principal objects. Please list the persons you will designate below:

HUSBAND - List your agent(s) below:

WIFE - List your agent(s) below:

Primary Agent: \_\_\_\_\_

Primary Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

1<sup>st</sup> Alt. Agent: \_\_\_\_\_

1<sup>st</sup> Alt. Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> Alt. Agent: \_\_\_\_\_

2<sup>nd</sup> Alt. Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Q. What is a HIPAA Release?**

A. Congress passed a law entitled the Health Insurance Portability and Accountability Act ("HIPAA") that limits disclosure of protected medical information. The HIPAA release allows you to designate authorized persons to obtain your medical information. **PLEASE NOTE: THESE PERSONS CAN BE THE SAME AS YOUR MEDICAL POWER OF ATTORNEY AGENTS, IF SO WRITE IN "SAME".**

HUSBAND - List your authorized person(s) below:

WIFE - List your authorized person(s) below:

Auth. Person #1: \_\_\_\_\_

Auth. Person #1: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Auth. Person #2: \_\_\_\_\_

Auth. Person #2: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Auth. Person #3: \_\_\_\_\_

Auth. Person #3: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

City/Zip: \_\_\_\_\_

**Q. What is a Declaration of Guardian?**

A. A Declaration of Guardian is a document in which a competent adult designates a person to serve as guardian of his person or estate in the event he becomes incompetent. An individual may, in the declaration, also disqualify named persons from serving as guardian of his person or estate. Once the named person is so disqualified, he may not be appointed guardian under any circumstances.

Because of the widespread use of power of attorney, we do not see many guardianships for adult persons. However, the need for guardianship could arise, and our clients sometimes prefer to choose whom the court will appoint as guardian. Please designate in order of succession the guardian of the person and the guardian of the estate. We recommend choosing the same individuals as guardians for your person and your estate. If you desire different persons for each, please speak directly to the attorney regarding your wishes.

HUSBAND -

(List the guardian of your person/estate):

WIFE -

(List the guardian of your person/estate):

Primary Agent: \_\_\_\_\_

Primary Agent: \_\_\_\_\_

1<sup>st</sup> Alt. Agent: \_\_\_\_\_

1<sup>st</sup> Alt. Agent: \_\_\_\_\_

2<sup>nd</sup> Alt. Agent: \_\_\_\_\_

2<sup>nd</sup> Alt. Agent: \_\_\_\_\_

Please also advise us of the names of any person(s) whom you **do not** wish to serve as Guardian of your person or estate.

HUSBAND -

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

WIFE -

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Q. What is a "Directive to Physicians and Family or Surrogates"?**

A. A Directive to Physicians and Family or Surrogates (also known as a living will) is a document which provides instructions to an attending physician to either **withhold life sustaining treatment, withdraw life sustaining treatment, decision to be made by my agent listed on my Medical Power of Attorney or my doctor and my agent shall make the decision,** in the event of a terminal or irreversible condition. The directive allows you to determine if you would prefer life support withdrawn if you are terminally ill and will die in six (6) months or if you are in an irreversible condition and will die without life support. If you choose to eliminate life sustaining procedures, in either situation you would only receive treatment that keeps you comfortable.

(Check only one choice for each condition below):

**TERMINAL CONDITION:**

- Withhold life sustaining treatment;
- Do not withhold life sustaining treatment;
- Decision to be made by my agent listed on my Medical Power of Attorney; **or**
- My doctor and my agent shall make the decision.

**HUSBAND:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WIFE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IRREVERSIBLE CONDITION:**

- Withhold life sustaining treatment;
- Do not withhold life sustaining treatment;
- Decision to be made by my agent listed on my Medical Power of Attorney; **or**
- My doctor and my agent shall make the decision.

**HUSBAND:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WIFE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* OPTIONAL FORMS \***

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**ANATOMICAL GIFTS**

(Do you wish to be an organ donor?)

Please indicate below whether you wish to have this document prepared on your behalf.

HUSBAND - \_\_\_\_ yes \_\_\_\_ no                      WIFE - \_\_\_\_ yes \_\_\_\_ no

**For Attorney use only:**

I hereby give any needed organs, tissues or other parts for the following purposes only:

HUSBAND:

- \_\_\_\_ Transplantation
- \_\_\_\_ Therapy
- \_\_\_\_ Medical or Dental Education
- \_\_\_\_ Advancement of Medical or Dental Science

WIFE:

- \_\_\_\_ Transplantation
- \_\_\_\_ Therapy
- \_\_\_\_ Medical or Dental Education
- \_\_\_\_ Advancement of Medical or Dental Science

HUSBAND: The following organs, tissues or parts only, \_\_\_\_\_  
and given to \_\_\_\_\_.

WIFE: The following organs, tissues or parts only, \_\_\_\_\_  
and given to \_\_\_\_\_.

**DISPOSITION OF REMAINS**

Please indicate below whether you wish to have this document prepared on your behalf.

HUSBAND - \_\_\_\_ yes \_\_\_\_ no                      WIFE - \_\_\_\_ yes \_\_\_\_ no

\* If yes, set forth below any special directions limiting the power granting your agent regarding your remains: (examples: cremation, traditional burial, military honors, police department honors, fire department honors, religious preference, etc.)

HUSBAND -

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WIFE -

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Disposition of Remains continued on next page:)

Disposition of Remains continued:

HUSBAND -

(List below the name of the agent(s) to control your disposition of remains):

Primary Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

1<sup>st</sup> Alt. Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> Alt. Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

WIFE -

(List below the name of the agent(s) to control your disposition of remains):

Primary Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

1<sup>st</sup> Alt. Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> Alt. Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Q. Location of Important Items - Where do I keep my Will?**

A. Your Will should be kept in a central location that offers a high degree of security and can be easily located in the event of your death. You should give careful consideration to where you keep your Will and other important papers and documents.

If a lock box is used at a Bank, it is advisable to include other persons, specifically your Executor and alternate Executors on the signatory card. By doing this, you can provide your executor and alternate executors with access to the lock box and its key and avoid the need of obtaining a court order to open your lock box and retrieve your Will. It is always advisable to keep a current list of the important documents in the location so that you know and your alternate Executors will know that all important information on your estate is present in that location.

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Are all of the persons whose names appear on this form citizens of the United States of America? \_\_\_\_\_

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**QUESTIONS YOU MAY HAVE FOR THE ATTORNEY  
AT THE TIME OF YOUR APPOINTMENT:**

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PLEASE INITIAL NEXT TO ONE OF THE FOLLOWING:

\_\_\_\_\_ I hereby give Group Legal Services consent to transmit my estate planning drafted documents via electronic mail (e-mail);

My e-mail address is: \_\_\_\_\_

or

\_\_\_\_\_ Please deliver my estate planning drafted documents via U.S. Mail.

**PLEASE CONTACT ALVIE RIOJAS AT (210) 822-7678  
or E-MAIL HER AT ariojas@grouplegalservices.org FOR AN  
APPOINTMENT TO MEET WITH ONE OF OUR GROUP LEGAL  
ATTORNEYS TO REVIEW THIS WILL PACKET.**

( Initials of Interviewing Attorney \_\_\_\_\_ )

**THIS PAGE IS FOR ATTORNEY USE ONLY**

**ASSETS:**

1. Average cash balance (including savings), Bonds, Stocks, Business Interests:

TOTAL VALUE: \$ \_\_\_\_\_

2. Residence:

Fair Market Value: \$ \_\_\_\_\_

3. Other Real Estate:

Fair Market Value: \$ \_\_\_\_\_ (describe) \_\_\_\_\_

Fair Market Value: \$ \_\_\_\_\_ (describe) \_\_\_\_\_

4. Autos, Boats, Planes:

(describe) \_\_\_\_\_ Value: \$ \_\_\_\_\_

(describe) \_\_\_\_\_ Value: \$ \_\_\_\_\_

(describe) \_\_\_\_\_ Value: \$ \_\_\_\_\_

(describe) \_\_\_\_\_ Value: \$ \_\_\_\_\_

5. Livestock:

Value: \$ \_\_\_\_\_

6. Benefits:

SOCIAL SECURITY - Value: \$ \_\_\_\_\_

PROFIT SHARING - Value: \$ \_\_\_\_\_

ICMA - Value: \$ \_\_\_\_\_

PENSION - Value: \$ \_\_\_\_\_

401K - Value: \$ \_\_\_\_\_

7. Life Insurance Policies: \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

8. Other assets, including furnishings of the house, special collections, etc.: TOTAL VALUE: \$ \_\_\_\_\_

**NOTES FROM ATTORNEY**

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