

8. Children's Full Names, Dates of Birth, Soc. Sec. #'s, and Addresses:

Name	Date of Birth	Soc. Sec. #	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. A Guardian is the person who will provide care for your minor child(ren). If you are married and share custody with your spouse, your spouse will be named as the first Guardian. We recommend that you name a Guardian and alternate Guardian for your child(ren).

Have you chosen a Guardian for your child(ren)? Yes No

If yes, full name of Guardian: _____

Address of Guardian: _____

Relationship to Guardian: _____

Full Name of Alternate Guardian: _____

Address of Alternate Guardian: _____

Relationship to Alternate Guardian: _____

10. Full Names and Address of Other Relatives:

Name:

Address:

Grandchildren:

Brothers:

Sisters:

Parents:

11. Have you ever made a will before? ___ Yes ___ No

If yes, for each state:

Date Will Signed: _____ Was it revoked? Yes/No

_____ Was it revoked? Yes/No

12. Your employer: _____

If retired, former employer and date of retirement:

ASSETS:

The following questions are to help guide you in estimating the value of your estate. Insert your estimate of the approximate current value of each asset you own. Under Owner, indicate if jointly owned with spouse, or if jointly owned with someone other than your spouse, insert name and relationship of that person.

13. Real Estate (list residential and business property):

Address	Value today	Amount of remaining mortgage	Owner(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Bank Accounts:

	<u>Name of Bank</u>	<u>Account Balance</u>
Savings Accounts:	_____	_____
	_____	_____
Checking Account:	_____	_____
	_____	_____
	_____	_____
In Trust For Accounts:	_____	_____
	_____	_____
Money Market Accounts:	_____	_____
	_____	_____
CD's: (certificate of deposits)	_____	_____
	_____	_____

15. Do you own any Stocks or Bonds?

If yes, please list:	Individual or Joint?	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Money owed to you by others:

Name of debtor	Amount owed
_____	_____
_____	_____
_____	_____

17. Money you owe to others:

Name of creditor:	Amount you owe
_____	_____
_____	_____
_____	_____

18. Vehicles (cars, boats, mobile homes, motorcycles, etc):

Description (model, year)	Market Value	Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Furnishings

Description	Approximate Value	Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Collectibles/Works of Art

Description	Approximate Value	Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. Electronic Equipment/Computers

Description	Approximate Value	Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Other Personal Belongings

Description	Approximate Value	Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Life Insurance: (on your life)

Name of Company	Amount of Insurance	Beneficiary
-----------------	---------------------	-------------

If married, list insurance on spouse and children

Name of Company & Policy Number	Amount of Insurance	Beneficiary
------------------------------------	---------------------	-------------

24. Retirement Benefits (Pension Plans, Profit-sharing Funds, IRA, Keogh Plan)

Plan Name: _____

Annual Contribution: _____

By you: _____

By employer: _____

Beneficiary: _____

Contingent Beneficiary: _____

25. Interests in Trust

Do you or your spouse have any interests in trusts set up either by yourselves or others?

___ Yes ___ No

(This could include a right to receive income payments from a trust, to receive an amount on the death of another, your right to designate who shall receive the trust property upon the happening of a future event such as your death, and any trust you have set up that you can or cannot revoke, whether for the benefit of yourself or another.)

If yes, provide the following for each trust:

Name of Trust and Trustee: _____

Person Who Created the Trust: _____

Date Created: _____

State in which Created: _____

Current Value: _____

26. Trusts For Minor Children

Trusts are often created for the benefit of minor children to provide support, care and education for them until they attain the age of majority, or until they reach age of 21 (you can select the age at which children receive distributions). Trusts are administered by a trustee, a trusted person or organization you select who has control over the assets. We recommend that you name a Trustee and alternate Trustee. The naming of a Trustee in your Will does not create a Trust but expresses your desire that a Trust be created upon your death.

Full name of Trustee: _____

Address of Trustee: _____

Relationship to Trustee: _____

Full Name of Alternate Trustee: _____

Address of Alternate Trustee: _____

Relationship to Alternate Trustee: _____

DISPOSITION OF PROPERTY:

27. List below any dispositions that you wish to make of your **tangible personal property**:

Property Description	Beneficiary Name, Relationship & Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you intend to distribute all to your spouse, indicate ALL under Property Description and your spouse's name under Beneficiary Name. **Please also list any contingent beneficiaries.**

28. List below any dispositions that you wish to make of your **real property**:

Property Description	Beneficiary Name, Relationship & Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you intend to distribute all to your spouse, indicate ALL under Property Description and your spouse's name under Beneficiary Name. **Please also list any contingent beneficiaries.**

29. List any dispositions you wish to make to any charity:

Property Description	Full Charity Name and Address
_____	_____
_____	_____
_____	_____

EXECUTOR:

30. An Executor is the person that will handle the administration of your estate. When choosing an Executor, it is important to consider who is likely to be able to carry out the instructions in your Will. You may choose one of your Beneficiaries to be your Executor. We recommend that you name an Executor and alternate Executor.

Have you chosen an Executor of your estate?

If so, state the following:

Full name of the Executor	Address	Relationship
_____	_____	_____

Have you chosen an Alternate or Co-Executor? (Please select one)

If so, state the following:

Full name of Alternate or Co-Executor	Address	Relationship
_____	_____	_____

POWER OF ATTORNEY:

31. Have you executed a Power of Attorney? Yes No

If yes, kindly provide us with a copy.

Do you want us to prepare a Power of Attorney for you? Yes No

If yes, kindly complete the enclosed form.

32. Has your spouse executed a Power of Attorney? Yes No

If yes, kindly provide us with a copy.

Do you want us to prepare a Power of Attorney for your spouse? Yes No

If yes, kindly complete the enclosed form.

HEALTH CARE PROXY:

33. Have you executed a Health Care proxy? Yes No

If yes, kindly provide us with a copy.

Do you want us to prepare a Health Care proxy for you? Yes No

If yes, kindly complete the enclosed form.

34. Has your spouse executed a Health Care proxy? Yes No

If yes, kindly provide us with a copy.

Do you want us to prepare a Health Care proxy for your spouse Yes No

If yes, kindly complete the enclosed form.

LIVING WILL:

35. Have you executed a Living Will? Yes No

If yes, kindly provide us with a copy.

Do you want us to prepare a Living Will for you? Yes No

36. Has your spouse executed a Living Will? Yes No

If yes, kindly provide us with a copy.

Do you want us to prepare a Living Will for your spouse? Yes No



**POWER OF ATTORNEY
NEW YORK STATUTORY SHORT FORM**

(a) CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the “principal,” you give the person whom you choose (your “agent”) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. “Important Information for the Agent” at the end of this document describes your agent’s responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a “Health Care Proxy” to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.senate.state.ny.us or www.assembly.state.ny.us.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

(b) DESIGNATION OF AGENT(S):

I, _____
(name of principal)

(address of principal)

hereby appoint:

(name of agent)

(address of agent)

(name of second agent)

(address of second agent)

as my agent.



If you designate more than one agent above, they must act together unless you initial the statement below.

() My agents may act SEPARATELY.

(c) **DESIGNATION OF SUCCESSOR AGENT(S): (OPTIONAL)**

If any agent designated above is unable or unwilling to serve, I appoint as my successor agent(s):

(*name of successor agent*)

(*address of successor agent*)

(*name of second successor agent*),

(*address of second successor agent*)

Successor agents designated above must act together unless you initial the statement below.

() My successor agents may act SEPARATELY.

You may provide for specific succession rules in this section. Insert specific succession provisions here:

(d) **This POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under “Modifications”.**

(e) **This POWER OF ATTORNEY DOES NOT REVOKE any Powers of Attorney previously executed by me unless I have stated otherwise below, under “Modifications”.**

If you do NOT intend to revoke your prior Powers of Attorney, and if you have granted the same authority in this Power of Attorney as you granted to another agent in a prior Power of Attorney, each agent can act separately unless you indicate under “Modifications” that the agents with the same authority are to act together.

(f) **GRANT OF AUTHORITY:**

To grant your agent some or all of the authority below, either

- (1) Initial the bracket at each authority you grant, or
- (2) Write or type the letters for each authority you grant on the blank line at (P), and initial the bracket at (P). If you initial (P), you do not need to initial the other lines.

I grant authority to my agent(s) with respect to the following subjects as defined in sections 5-1502A through 5-1502N of the New York General Obligations Law:

() (A) real estate transactions;

() (B) chattel and goods transactions;

() (C) bond, share, and commodity transactions;

() (D) banking transactions;

() (E) business operating transactions;

() (F) insurance transactions;



- (G) estate transactions;
- (H) claims and litigation;
- (I) personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five hundred dollars;
- (J) benefits from governmental programs or civil or military service;
- (K) health care billing and payment matters; records, reports, and statements;
- (L) retirement benefit transactions;
- (M) tax matters;
- (N) all other matters;
- (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;
- (P) EACH of the matters identified by the following letters: **A, B, C, D, E, F, G, H, I, J, K, L, M, N, and O.**

You need not initial the other lines if you initial line (P).

(g) MODIFICATIONS: (OPTIONAL)

In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent. However, you cannot use this Modifications section to grant your agent authority to make gifts or changes to interests in your property. If you wish to grant your agent such authority, you **MUST** complete the Statutory Gifts Rider.

(h) CERTAIN GIFT TRANSACTIONS: STATUTORY GIFTS RIDER (OPTIONAL)

In order to authorize your agent to make gifts in excess of an annual total of \$500 for all gifts described in (I) of the grant of authority section of this document (under personal and family maintenance), you must initial the statement below and execute a Statutory Gifts Rider at the same time as this instrument. Initialing the statement below by itself does not authorize your agent to make gifts. The preparation of the Statutory Gifts Rider should be supervised by a lawyer.

(SGR) I grant my agent authority to make gifts in accordance with the terms and conditions of the Statutory Gifts Rider that supplements this Statutory Power of Attorney.

(i) DESIGNATION OF MONITOR(S): (OPTIONAL)

If you wish to appoint monitor(s), initial and fill in the section below:

I wish to designate _____, whose address(es) is (are) _____, as monitor(s). Upon the request of the monitor(s), my agent(s) must provide the monitor(s) with a copy of the power of attorney and a record of all transactions done or made on my behalf. Third parties holding records of such transactions shall provide the records to the monitor(s) upon request.

(j) COMPENSATION OF AGENT(S): (OPTIONAL)



Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. If you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, initial the statement below. If you wish to define "reasonable compensation", you may do so above, under "Modifications".

(____) My agent(s) shall be entitled to reasonable compensation for services rendered.

(k) ACCEPTANCE BY THIRD PARTIES:

I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

(l) TERMINATION:

This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

(m) SIGNATURE AND ACKNOWLEDGMENT:

In Witness Whereof I have hereunto signed my name on the ____ day of _____, 20__

PRINCIPAL signs here: =====> _____

STATE OF NEW YORK)

) ss:

COUNTY OF NEW YORK)

On the ____ day of _____, 20__, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

(n) IMPORTANT INFORMATION FOR THE AGENT:

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;



- (4) keep a record of all receipts, payments, and transactions conducted for the principal; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manners: (Principal's Name) by (Your Signature) as Agent, or (your signature) as Agent for (Principal's Name).

You may not use the principal's assets to benefit yourself or anyone else or make gifts to yourself or anyone else unless the principal has specifically granted you that authority in this document, which is either a Statutory Gifts Rider attached to a Statutory Short Form Power of Attorney or a Non-Statutory Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest.

You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

(o) AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I, _____, have read the foregoing Power of Attorney. I am the person identified therein as agent for the principal named therein.

I acknowledge my legal responsibilities.

Agent signs here: ==> _____

==> _____

STATE OF NEW YORK)

)

ss:

COUNTY OF _____)

On the ____ day of _____, 20__, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public



(p) SUCCESSOR AGENT’S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

It is not required that the principal and the SUCCESSOR agent(s), if any, sign at the same time, nor that multiple SUCCESSOR agents sign at the same time. Furthermore, successor agents can not use this power of attorney unless the agent(s) designated above is/are unable or unwilling to serve.

I, _____, have read the foregoing Power of Attorney. I am the person identified therein as SUCCESSOR agent for the principal named therein.

Successor Agent signs here: ==> _____

==> _____

STATE OF _____)

) ss:

COUNTY OF _____)

On the ____ day of _____, 20____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

LIVING WILL

TO MY FAMILY, all physicians, hospitals and other health care providers and any court or judge:

I, _____, residing at _____,

declare that after thoughtful consideration, I have decided that I wish to forgo all life-sustaining treatment if I shall in the future sustain substantial and irreversible loss of mental capacity AND

- (a) I am unable to eat or drink without assistance and tube(s) or other artificial means are required to feed me and it is highly unlikely that I will ever be able to eat and drink without artificial feeding.

OR

- (b) I have an incurable or irreversible condition which is likely to cause my death within a relatively short time.

Such loss of mental capacity by me as described above is sometimes referred to herein as a “triggering event.” All life-sustaining treatment shall be withheld or withdrawn from me upon the occurrence of a triggering event whether or not I am conscious, alert or free from pain. The term “life-sustaining treatment” is intended to include, without limitation, nutrition and hydration of any kind, artificial or otherwise whenever that term is used in this instrument.

As used herein the term “an incurable or irreversible condition which is likely to cause my death within a relatively short time” shall mean a condition which would, without the administration of medical procedures which serve only to prolong the process of dying, result in my death within a relatively short time.

No cardiopulmonary resuscitation shall be administered to me if I sustain cardiac or pulmonary arrest following the occurrence of a triggering event. Effective upon the occurrence of a triggering event, I consent to an order not to resuscitate as that term is defined in § 2961 of the Public Health Law of the State of New York (“DNR order”), and direct that a DNR order be placed in my medical record maintained by each physician, hospital and other health care provider furnishing medical care for me.

I recognize that when life-sustaining treatment is withheld or withdrawn from me, I will surely die of dehydration and malnutrition within days or weeks. I direct that all available medication for the relief of pain and for my comfort shall be administered to me after life-sustaining treatment is withheld or withdrawn even if I am rendered unconscious and my life is shortened thereby.

I have executed this instrument while in full command of my faculties in order to furnish clear and convincing proof

- Of the strength and durability of my determination to forgo life-sustaining treatment in any of the circumstances referred to herein;
- Of my firm and settled conviction that I am entitled to forgo such treatment in the exercise of my constitutional and common law rights to determine the course of medical treatment; and
- Of my belief that my right to forgo such treatment is paramount to any responsibility of any health care provider or the authority of any court or judge to attempt to force unwanted medical care upon me.

I direct that my family, all physicians, hospitals and other health care providers and any court or judge honor my decision not to artificially extend my life by mechanical means, and if there is any doubt as to whether or not life-sustaining treatment is to be administered to me after I have sustained substantial and irreversible loss of mental capacity, such doubt is to be resolved in favor of withholding or withdrawing such treatment. These directions express my legal right to refuse treatment. I intend my instructions to be carried out, unless I have rescinded them in a new writing or by clear indication that I have changed my mind.

DATED: _____, 20__

(Name)

Witness

Address

Witness

Address

HEALTH CARE PROXY

I, _____, residing at _____, hereby appoint, _____, as my health care agent, to make any and all health care decisions for me, except to the extent I state otherwise. This Health Care Proxy shall take effect in the event I become unable to make my own health care decisions.

I make the following written declaration as a set of instructions to my health care agent, and, furthermore, as a statement of my wishes and intentions regarding future care:

In the event that I sustain substantial and irreversible loss of mental capacity, and there is doubt as to whether or not life-sustaining treatment is to be administered to me, I direct that my health care agent, and all physicians, hospitals and other health care providers, abide by my decision that my life not be artificially extended by mechanical means, and to resolve any such doubt in favor of withholding or withdrawing life-sustaining treatment.

Without limiting the generality of the unrestricted authority conferred by my health care proxy, I affirm that I do not draw a distinction between nutrition and hydration and any other kind of life-sustaining treatment, and I expressly authorize my health care agent, in his or her unrestricted discretion, to direct that nutrition and hydration be withdrawn or withheld from me when my agent believes that it is in my best interest to do so. Furthermore, I hereby state my instructions, and direct that my health care agent communicate said instructions, that if there is no reasonable hope that I will regain mental capacity all life-sustaining treatment (including, without limitation, administration of nourishment and liquids intravenously or by tubes connected to my digestive tract) shall be withheld or withdrawn, whether or not I am conscious or free from pain, and that no cardiopulmonary resuscitation shall thereafter be administered to me if I sustain cardiac or pulmonary arrest. I recognize that when life-sustaining treatment is withheld or withdrawn from me, I will surely die of dehydration and malnutrition within days or weeks. I further state and direct my said health care agent to communicate my instructions that all available medication for the relief of pain and for my comfort shall be administered to me after life-sustaining treatment is withheld or withdrawn even if I am rendered unconscious and my life is shortened thereby.

I have made this instrument while in full command of my faculties in order to state my intentions, and to furnish my health care agent with written instructions, in clear and convincing language, of the strength and durability of my determination to forgo life sustaining treatment in the circumstances described herein, and in any circumstances whereby my health care agent determines that I would wish to do so. It is my firm and settled conviction that I am entitled to forgo such treatment in the exercise of my right to determine the course of my medical treatment, and my belief that my right to forgo such treatment is paramount to any responsibility of any health care provider or the authority of any court or judge to attempt to force unwanted medical care upon me.

I direct my agent to make health care decisions in accordance with my wishes as stated above, or as otherwise known to him or her. I also direct my agent to abide by any limitations on his or her authority as stated above or as otherwise known to him or her.

In the event that he/she is unable, unwilling or unavailable to act as my health care agent, I hereby appoint as my health care agent, _____, who resides at _____.

I understand that, unless I revoke it, this proxy shall remain in effect indefinitely.
Signed this ____ day of _____, 20__.

(Name)

I declare that the person who signed or asked another to sign this document is personally known to me, that she signed or asked another to sign this document in my presence, and that she appears to be of sound mind and under no duress, fraud or undue influence. I am not the person appointed as agent by this document.

First Witness: _____

Address: _____

Second Witness: _____

Address: _____

