

VETERANS INITIATIVE **LIFE PLANNING DOCUMENTS QUESTIONNAIRE**

*The VOLS Elderly Project helps eligible low-income Veterans age 60+ obtain wills and advance directives free of charge along with our law firm partners.
Call (347) 521-5704 with questions.*

If you are typing in your answers, download this form to your computer first, THEN type in your answers. Please click "save" as you go so that your answers are not lost. Then submit the completed, saved form via email (pkempner@volsprobono.org), fax (347-521-5738), or mail to 40 Worth Street, Suite 829, New York, NY 10013.

WHO IS FILLING OUT THIS FORM? (Check one) ☐ APPLICANT OR ☐ SOMEONE ELSE. IF YOU ARE NOT THE APPLICANT,, STATE YOUR NAME, PHONE NUMBER, AND RELATIONSHIP TO APPLICANT:

THE BELOW QUESTIONS REFER TO THE PERSON SEEKING TO OBTAIN LIFE PLANNING DOCUMENTS.

NAME (& LEGAL NAME IF DIFFERENT): _____

RACE/ETHNICITY: _____

ADDRESS: _____ PHONE # _____

OF PEOPLE IN HOUSEHOLD: ____ D.O.B. _____ EMAIL: _____

WHAT PRONOUNS DO YOU USE?: (Check any) ☐ She/Her/Hers ☐ He/Him/His ☐ They/Their/Theirs

PLEASE STATE THE YEARS DURING WHICH YOU SERVED IN THE US **MILITARY**: _____

MARITAL STATUS: ☐ MARRIED ☐ DIVORCED ☐ LEGALLY SEPARATED ☐ NEVER MARRIED

☐ WIDOWED ☐ INFORMALLY SEPARATED ☐ LONG-TERM PARTNER ☐ DOMESTIC PARTNERSHIP

MONTHLY INCOME: *This information is required for eligibility purposes regardless of whether or not you report or are required to report this information to the IRS.*

SSR/SSD \$ _____	FOOD STAMPS \$ _____
SSI \$ _____	VA BENEFITS \$ _____
PENSION(S) \$ _____	OTHER \$ _____
EMPLOYMENT \$ _____	

ASSETS & RESOURCES

CHECKING \$ _____	RETIREMENT ACCOUNT(s) \$ _____
SAVINGS \$ _____	VALUE OF INVESTMENTS \$ _____

MY (**check one**) ☐ RENT ☐ MORTGAGE ☐ MAINTENANCE IS \$ _____ PER MONTH.

DO YOU HAVE SCRIE/DRIE or SCHE/DHE? ☐ YES ☐ NO IF YES, WHICH: _____

DO YOU SPEAK ENGLISH WELL ENOUGH TO FULLY UNDERSTAND THESE DOCUMENTS WITHOUT TRANSLATION? ☐ YES ☐ NO IF NO, WHAT IS YOUR PRIMARY LANGUAGE?: _____

DO YOU HAVE ANY CONDITIONS THAT IMPAIR YOUR ABILITY TO (**Check all that apply**):

- | | | |
|-------------------------------|---|---|
| <input type="checkbox"/> READ | <input type="checkbox"/> SIGN YOUR NAME | <input type="checkbox"/> WRITE YOUR INITIALS |
| <input type="checkbox"/> HEAR | <input type="checkbox"/> SPEAK | <input type="checkbox"/> TAKE PUBLIC TRANSPORTATION |

WHAT DOCUMENTS ARE YOU SEEKING TO OBTAIN?

- | | |
|--|---|
| <input type="checkbox"/> LAST WILL & TESTAMENT | <input type="checkbox"/> CONTROL OF REMAINS |
| <input type="checkbox"/> HEALTH CARE PROXY | <input type="checkbox"/> POWER OF ATTORNEY |
| <input type="checkbox"/> LIVING WILL | <input type="checkbox"/> OTHER |

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU BELIEVE WE SHOULD HAVE:

THE LAST WILL AND TESTAMENT

DO YOU CURRENTLY HAVE A WILL? ☐ YES ☐ NO

IF LEGALLY MARRIED, SPOUSE'S NAME AND ADDRESS: _____

HOW MANY LIVING CHILDREN DO YOU HAVE? _____

BELOW, PLEASE PROVIDE NAMES, ADDRESSES, AND AGE OF **ALL LIVING CHILDREN AND YOUR CLOSEST LIVING RELATIVES** (PARENTS, SIBLINGS, GRANDCHILDREN). THIS INFORMATION IS REQUIRED EVEN IF YOU DO NOT INTEND TO LEAVE ANYTHING TO ANY OF THESE PEOPLE. ATTACH AN ADDITIONAL SHEET OR INCLUDE ADDITIONAL INFORMATION IN AN EMAIL IF NECESSARY.

Legal Name: _____ Relationship: _____
Age: _____ Address: _____

Legal Name: _____ Relationship: _____
Age: _____ Address: _____

Legal Name: _____ Relationship: _____
Age: _____ Address: _____

ASSETS & BENEFICIARIES

PLEASE EXPLAIN HOW YOU WOULD LIKE YOUR PROPERTY TO BE DISTRIBUTED UPON YOUR DEATH. PLEASE BE SPECIFIC BUT PLEASE KNOW THAT YOU WILL BE ABLE TO DISCUSS YOUR WISHES IN DETAIL WITH THE LAWYER WHO WILL REPRESENT YOU.

IF YOU OWN YOUR PRIMARY RESIDENCE, WHAT TYPE OF PROPERTY IS IT (Mitchell Lama, HDFC, Condo, etc.) AND WHO WOULD YOU LIKE TO LEAVE IT TO UPON YOUR PASSING? WHO WILL INHERIT IF THAT PERSON DIES BEFORE YOU DO? PLEASE PROVIDE EACH PERSON'S NAME AND ADDRESS.

ASIDE FROM YOUR PRIMARY RESIDENCE, DO YOU OWN A PIECE OF PROPERTY, SUCH AS A HOUSE OR COOP APARTMENT, IN NEW YORK OR ANYWHERE ELSE? ☐ YES ☐ NO. IF YES, PLEASE LIST THE ADDRESS, TYPE OF PROPERTY, AND VALUE. _____

WHO WOULD YOU LIKE TO LEAVE IT TO UPON YOUR PASSING? WHO WILL INHERIT IF THAT PERSON DIES BEFORE YOU DO? PLEASE PROVIDE EACH PERSON'S NAME AND ADDRESS. _____

WHO WILL INHERIT THE PHYSICAL CONTENTS OF YOUR APARTMENT? WHO WILL INHERIT IF THAT PERSON DIES BEFORE YOU DO? PLEASE PROVIDE EACH PERSON'S NAME AND ADDRESS. _____

WOULD YOU LIKE TO LEAVE ANY SPECIFIC OBJECTS --SUCH AS ITEMS OF JEWELRY, ART, OR ANTIQUES -- TO ANY PARTICULAR PERSON(S)? ☐ YES ☐ NO. IF YES, PLEASE LIST THE OBJECTS (ATTACH AN ADDITIONAL SHEET OF PAPER IF NECESSARY) AND TO WHOM YOU WOULD LIKE TO LEAVE IT TO. WHO WILL INHERIT IF THAT PERSON DIES BEFORE YOU DO? PLEASE LIST EACH PERSON'S NAME AND ADDRESS.

WHO WILL INHERIT THE CONTENTS OF YOUR BANK ACCOUNT(S)? WHO WILL INHERIT IF THAT PERSON DIES BEFORE YOU DO? PLEASE PROVIDE EACH PERSON'S NAME AND ADDRESS: _____

PLEASE NOTE: YOUR WILL DOES NOT CONTROL ANY BANK ACCOUNT, INVESTMENT ACCOUNT, OR INSURANCE POLICY IN WHICH YOU HAVE NAMED A BENEFICIARY, SO LONG AS THE BENEFICIARY IS ALIVE AT THE TIME OF YOUR DEATH.

EXECUTOR

AN EXECUTOR'S JOB IS TO PROTECT A DECEASED PERSON'S PROPERTY UNTIL ALL DEBTS AND TAXES HAVE BEEN PAID, AND THEN TO ENSURE THAT WHAT'S LEFT IS TRANSFERRED TO YOUR BENEFICIARIES. YOU MAY NAME UP TO TWO EXECUTORS AND UP TO TWO BACK-UP EXECUTORS.

IF YOU CHOOSE SOMEONE WHO IS NOT A US CITIZEN TO BE YOUR EXECUTOR, THERE MAY BE RESTRICTIONS ON THEIR ABILITY TO ACT AS YOUR EXECUTOR. PLEASE NOTIFY US IF THIS IS THE CASE.

WHO WOULD YOU LIKE TO BE THE EXECUTOR(S) OF YOUR WILL?

(REQUIRED)

EXECUTOR 1 NAME: _____

EXECUTOR 1 ADDRESS: _____

(OPTIONAL)

EXECUTOR 2 NAME: _____

EXECUTOR 2 ADDRESS: _____

WHO WOULD YOU LIKE TO BE THE BACK-UP EXECUTOR(S) OF YOUR WILL? (If you do not choose a back-up and your executor is unable to perform, the County Public Administrator will be your executor).

BACKUP EXECUTOR 1 NAME: _____

BACKUP EXECUTOR 1 ADDRESS: _____

BACKUP EXECUTOR 2 NAME: _____

EXECUTOR 2 ADDRESS: _____

DURABLE POWER OF ATTORNEY

A **DURABLE POWER OF ATTORNEY** IS A POWERFUL DOCUMENT THAT GIVES LEGAL AUTHORITY TO ANOTHER PERSON ("AGENT") TO MAKE PROPERTY, FINANCIAL, AND OTHER LEGAL DECISIONS FOR THE YOU (THE "PRINCIPAL"). THE DURABLE POWER OF ATTORNEY IS OFTEN USED TO HELP IN THE EVENT OF A PRINCIPAL'S ILLNESS OR DISABILITY.

DO YOU CURRENTLY HAVE A POWER OF ATTORNEY? ☐ YES ☐ NO

WHO WOULD YOU LIKE TO BE YOUR AGENT(S) UNDER YOUR POWER OF ATTORNEY?

(REQUIRED)

AGENT 1 NAME: _____

AGENT 1 ADDRESS: _____

(OPTIONAL)

AGENT 2 NAME: _____

AGENT 2 ADDRESS: _____

WHO WOULD YOU LIKE TO BE YOUR BACK-UP AGENT(S) UNDER YOUR POWER OF ATTORNEY?

(REQUIRED)

BACKUP AGENT 1 NAME: _____

ADDRESS: _____

(OPTIONAL)

BACKUP AGENT 2 NAME: _____

AGENT 2 ADDRESS: _____

EXECUTING A POWER OF ATTORNEY REQUIRES YOU YOURSELF TO BE ABLE TO LEGIBLY WRITE YOUR INITIALS MULTIPLE TIMES. IF YOU ARE NOT ABLE TO DO SO, PLEASE LET US KNOW SO WE CAN DISCUSS YOUR OPTIONS.

HEALTH CARE PROXY

A **HEALTH CARE PROXY** IS A DOCUMENT WHERE YOU (THE "PRINCIPAL") CHOOSE ANOTHER PERSON (YOUR "AGENT") TO MAKE MEDICAL DECISIONS FOR YOU IF YOU CANNOT MAKE THEM YOURSELF.

DO YOU CURRENTLY HAVE A HEALTHCARE PROXY? ☐ YES ☐ NO

WHO WOULD YOU LIKE TO BE YOUR AGENT AND YOUR BACKUP AGENT UNDER YOUR HEALTH CARE PROXY? A BACKUP AGENT IS RECOMMENDED THOUGH NOT REQUIRED.

(REQUIRED)

AGENT NAME: _____

ADDRESS: _____

(OPTIONAL)

BACKUP AGENT: _____

ADDRESS: _____

CONTROL OF REMAINS FORM

A **CONTROL OF REMAINS FORM** IS A DOCUMENT THAT GIVES LEGAL AUTHORITY TO ANOTHER PERSON TO HANDLE THE DISPOSITION OF YOUR REMAINS. YOU MAY INCLUDE SPECIFIC INFORMATION, SUCH AS THE LOCATION OF YOUR BURIAL PLOT, OR THE PLACE WHERE YOU WOULD LIKE YOUR ASHES TO BE SCATTERED, .

WHO WOULD YOU LIKE TO BE YOUR AGENT AND YOUR BACKUP AGENT FOR THIS PURPOSE? A BACKUP AGENT IS RECOMMENDED THOUGH NOT REQUIRED.

(REQUIRED)

AGENT NAME: _____

ADDRESS: _____

(OPTIONAL)

BACKUP AGENT: _____

ADDRESS: _____

MY PREFERENCE IS:

- ☐ TO BE BURIED
- ☐ TO BE CREMATED
- ☐ TO BE DONATED
- ☐ OTHER:

HAVE YOU ENTERED INTO A PRE-FUNDED, PRE-NEED AGREEMENT WITH A FUNERAL HOME?

☐ YES ☐ NO. IF YES, NAME OF FUNERAL HOME:

IF YOU WOULD LIKE TO PROVIDE ADDITIONAL INFORMATION DESCRIBING HOW YOUR REMAINS SHOULD BE HANDLED, PLEASE DESCRIBE THEM:

LIVING WILL

IN YOUR **LIVING WILL**, YOU EXPLAIN WHAT TREATMENT AND CARE YOU WOULD WANT OR NOT WANT AT THE END OF YOUR LIFE. THE LIVING WILL DOES NOT NAME A PERSON TO MAKE DECISIONS.

ARE YOU INTERESTED IN SIGNING A LIVING WILL? ☐ YES ☐ NO

THE PURPOSE OF THIS QUESTIONNAIRE IS SOLELY TO COLLECT INFORMATION THAT A VOLUNTEER LAWYER MAY USE IF YOUR CASE IS ACCEPTED FOR REPRESENTATION. THIS QUESTIONNAIRE DOES NOT REPRESENT AN OFFER OF LEGAL REPRESENTATION.

IF VOLS IS ABLE TO ACCEPT YOUR CASE → WHAT TO EXPECT NEXT:

- 1. Upon receipt of this completed questionnaire, VOLS will contact you to obtain more information if necessary. When we have all required information, we will reach out to a volunteer attorney to attempt to place your case.**
- 2. If VOLS is able to place your case, we will call you to inform you of the placement.**
- 3. The volunteer attorney will reach out to you and start preparing your documents. They will send drafts of your documents to VOLS for review and approval.**
- 4. Once documents have been approved by VOLS, your volunteer attorney will send your documents to you so that you can execute them.**