[DATE]

[CLIENT NAME]

[CLIENT ADDRESS]

[CLIENT ADDRESS 2]

Dear [CLIENT NAME]:

Your executed life planning documents are enclosed. A summary of the documents, as well as some general comments, follow to assist in your review:

SUMMARY OF DOCUMENTS

Your Last Will & Testament

* Real property/co-op…*(your co-op will pass to…)*
* Personal items…*(personal items, such as jewelry and furniture, will pass in equal shares to…)*
* Remaining property…*(remaining property is divided into equal shares between…)*
* Executors…*([NAME] will be your Executor, to take care of all estate matters, followed by [NAME])*
* You may give your original Last Will & Testament to your Executor, retain it yourself, or file it with the [NAME OF COUNTY] Surrogate’s Court at [ADDRESS] for safekeeping for a fee.
* Copies should be retained by you and by your Executor/s.
* Only your original Will will be effective. Do not remove any of the staples in your original Will. This could invalidate your Will. Do not store your original Will in a safe deposit box.

Medical Advance Directives

Your Health Care Proxy

* Agents…*(names [NAME] to make health care decisions for you in the event of incapacity and to convey your wishes regarding the use of life support systems…)*

Your Living Will

* Directions…*(directs that artificial life-sustaining measures not be taken if you are in a terminal medical condition and cannot speak for yourself)*
* We recommend keeping your original Health Care Proxy and Living Will and storing them in a safe and easily accessible space.
* Copies of your Health Care Proxy and Living Will should be provided to your Health Care Proxy agent/s and to your doctors. They should also be put on your refrigerator, and you may also register them with the U.S. Advance Care Plan Registry by calling 800-548-9455.
* Copies of your Health Care Proxy and Living Will are effective.

Your Power of Attorney

* Agents…*(your Power of Attorney authorizes [NAME] to manage financial, legal, and business matters on your behalf…once [NAME] signs the Agent’s Signature and Acknowledgment of Appointment in front of a notary public, their power will be effective)*
* Your agent/s must sign the Agent’s Signature and Acknowledgment of Appointment in front of a notary public in order for them to be granted authority. We recommend keeping your original Power of Attorney and storing it in a safe and easily accessible space.
* You should provide copies of your Power of Attorney to your agent/s, your banks, and anywhere else a transaction may occur on your behalf. Banks often require seeing your original Power of Attorney. If your bank requires this, make sure they give your original Power of Attorney back to you.

Your Appointment of Agent to Control Disposition of Remains

* Agents…*(authorizes [NAME] to handle your remains upon your passing)*
* Directions…*(states that you wish to be…)*
* Your agent must sign the Acceptance and Assumption by Agent after your death.
* You should give your original Appointment of Agent to Control Disposition of Remains to your agent for them to store it in a safe and easily accessible space.  Copies of your Appointment of Agent to Control Disposition of Remains should be kept by you and any additional successor agents.
* Copies of your Appointment of Agent to Control Disposition of Remains are effective.

You may revoke any of these documents in the future. If you wish to do so, please contact the VOLS Senior Law Project at 347-521-5704 or seniorlaw@volsprobono.org.

If you have further questions, you may contact me at [PHONE NO.].

Warm regards,

[SIGNATURE BLOCK]