



DOUGHERTY LAW OFFICES

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WILL AND LIVING WILL FACT KIT

The following information is designed to gather all relevant information to assist in preparing your will, power of attorney or living will. Such documents are designed to result in estate planning documents that satisfy your personal desires, not boilerplate directives. In completing this document, I also hope to trigger thoughts to design a will or other directive that is right for you and that responds to your individual needs. Should you have any questions in completing this form, please feel free to call me, e- mail me or visit our website and submit a question.

1. Person Making Will: (testator/testatrix)

Name: _____

Address: _____

Number Street

City State Zip Code

County

Phone Number: _____

Area Code Number

2. Instructions for Burial:

If you would like to be buried according to the rites of a particular faith and/or organization, please indicate which apply to you:

Catholic Faith

Jewish Faith

Protestant Faith

(Please specify denomination: _____)

- Veteran
- Law Enforcement Agency (Please specify) _____
- Masons
- Elks
- Other (Please specify)_____

Do you want to be cremated?

- Yes
- No

Do you want to donate your body or any parts of it to science?

- Yes
- No

3. Spouse:

Name: _____

4. Children:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

If additional spaces are needed, please write on reverse side of this page.

5. Trust:

A trust fund can be established upon your death so that a person whom you designate will manage another person's inheritance for a specified period of time. Such trusts are often established for young children and for people who are otherwise incapable of handling their own money.

a) If you would like to establish a trust fund, please complete the following:

Name of Beneficiary of the Trust Fund

b) Amount of Trust: _____

c) On what date or upon the happening of what event do you wish to terminate the trust?

1. Attainment of age_____.

2. Other:_____

d) Choice of trustee

Name of Your First Choice for Trustee

Name of Your Second Choice for Trustee

e) For what purposes are the trust assets to be distributed by the trustee to the beneficiary?

Support, education and maintenance

Other (Please specify) _____

f) Other instructions (Please describe).

6. Guardian:

You may wish to request that the courts appoint a certain person to serve as the guardian of your children. If so, please specify the name of your minor children and the nominees for guardian:

Name of Child (1):_____

Name of First Choice for Guardian(s)

Name of Second Choice for Guardian(s)

Name of Child (2): _____

Name of First Choice for Guardian(s)

Name of Second Choice for Guardian(s)

Name of Child (3): _____

Name of First Choice for Guardian(s)

Name of Second Choice for Guardian(s)

If additional spaces are needed, please write on reverse side of this page.

7. Disinheriting Provisions:

You may wish not to give certain people property upon your death. Although this wish may be accomplished by ignoring those people when you write your will, it is better to state in your will that you intend to disinherit those people. Therefore, if you wish to disinherit anyone from your will, please state the person's name and relationship to you.

Name

Relationship

Name

Relationship

Name

Relationship

8. Specific Bequests:

You may want to give specific property to specific people. If so, you should both describe the property and name the intended recipient.

Description of Property

Name of Person to Receive Property

Relationship of that Person to You

If that person does not outlive you, who should this property go to:

- That person's estate
- The residuary of your estate
- Another person (Please name the person and describe the relationship to you)

9. Residuary Bequests:

Once your specific bequests are honored, the remainder of your estate (the residuary) must be divided. Please indicate how such residuary is to be distributed:

In the event that any such beneficiary shall predecease you, how should that (those) person(s) share be distributed:

- Equally to survivor(s)
- Other (Please specify)_____

10. Meaning of "Outlive":

People making a will usually hope tht the people who receive their property will enjoy the property for a long time. However, the beneficiary in a will sometimes dies soon after the person making a will. Therefore, in order to carry out your intent, you may wish to define "outlive" as outliving you for a specific length of time. Please specify the meaning which you want the term to have for purposes of your will:

- Normal meaning
- 1 week
- 2 weeks
- 30 days
- 60 days
- Other (Please specify)_____

11. Personal Representative:

It is the job of the personal representative of your estate to file the correct papers in court, pay your bills, and collect and distribute your assets. Frequently, people choose a spouse or an attorney to serve as personal representative, although generally any adult is eligible. Several people may share the job.

Please specify your preference, if any, for the job of personal representative.

_____	_____
Name	Relationship to You
_____	_____
Successor Personal Representative	Relationship to You

Unless your will states that your personal representative need not post a bond, the court will require that a bond be posted. The estate usually pays for the bond. The bond protects your heirs if the personal representative does not fulfill the duties.

Do you want your personal representative to post a bond?

- No
- Yes

12. Payment of Taxes:

The people who receive property from you under your will may owe taxes on the gift. Frequently, the will instructs that the estate pay the taxes out of the residuary. One reason for making such an instruction is to make sure that those receiving specific bequests need not sell the gift to pay the taxes.

Do you want the estate to pay estate taxes and any other tax levied as a result of the gifts made in your will?

- Yes
- No

13. Any other instructions:

14. Do you need a Power of Attorney?

- Yes
- No

15. Do you desire a Living Will?

- Yes
- No

a) Do you wish your life to be prolonged by artificial means or life- sustaining procedures.

- Yes
- No

b) Do you wish to express your right to refuse medical or surgical treatment and accept the consequences from such refusal?

Yes

No

c) Do you wish to die naturally?

Yes

No

d) Do you desire the administration of medication, nourishment and water or the performance of any medical procedure deemed necessary to provide you with comfort, care or to alleviate pain.

Yes

No

e) Describe what heroic measures you wish employed in the event of incapacitation: _____

f) If your condition is such that you are unable to give directions regarding healthcare decisions or the use or the rejection of the use of life - sustaining procedures, who do you wish to appoint as your agent to make all healthcare decisions for you and on your behalf, without any legal responsibility for so doing.

g) In the event that your agent predeceases you, or if they are unable or unwilling to serve, who do you designate as your substitute agent to make all healthcare decisions for you and on your behalf, without any legal responsibility for so doing.
