

## Last Will and Testament and Advance Directives

**E**veryone needs a will. Just as in the movies, your will is your last opportunity to have your say, protect your minor children and provide for the people you care about. The primary point of your will, if you have minor children, is to name the person that you want to have take your place in the role of parent. The other point of your will is to wrap up your affairs and distribute your property. If you leave these decisions unmade, someone else will make them for you.

But it is a hassle and the cost may be prohibitive. . . . No, not really.

We have made it both simple and affordable to make a will that expresses your desires, and to issue the advance directives that protect you both during and at the end of your life.

**Here is the deal:** Provide the information requested in the form that follows and send it in with your payment. Payment by money order or bank check results in a one week turnaround; payment by personal check results in a two week turnaround.

**This is what you get:** A Last Will and Testament, customized to your instruction, printed on heavyweight 100% cotton with a cotton envelope and a watermarked copy for your records . . . Plus, all the advance directives you may need: A Durable Healthcare Power of Attorney with Living Will, a Mental Healthcare Power of Attorney and a Prehospital Medical Care Directive – also known as a Do Not Resuscitate or DNR order. You also get two Financial Powers of Attorney – one effective on signing and one effective if you become incapacitated.



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[www.lawhouse.us](http://www.lawhouse.us)

**This is the Cost:** \$300.00 for the Basic Will Package, flat fee, payable in advance. That is all you need to spend to get what you really need.

**If you want a higher level of service:** You may also choose an Upgraded Will Package that includes a consultation with an attorney, *either before or after* the documents are created, to explain and discuss all your possible choices, both on the will and on the advance directives. If you change any of your decisions and need the documents to be revised and reprinted, this is included. The cost for this Upgraded Will Package is \$500.00.

### **Explanation of Powers of Attorney and Advance Directives**

"**Power of Attorney**" means that you are giving someone the power to act in your place with the same effect as if you had taken the action yourself. In this package you get two different Financial Powers of Attorney and two different Healthcare Powers of Attorney.

- **Financial Powers of Attorney** give someone else the power to handle your affairs relating to money. Various powers are described; you and your witness initial by each power that you are giving. One Power of Attorney is effective as soon as you sign it; the other becomes effective only if you become incapacitated.

"**Advance Directives**" is a group term for the four documents that address healthcare issues in the event you are incapacitated, and deal with your concerns at the end of your life.

- **The Healthcare Power of Attorney** identifies the person ("Agent") you trust to make healthcare decisions for you in the event you become incapacitated – that is, either unable to make your own healthcare decisions, or unable to communicate your decisions to others. It communicates the decisions you make as to what powers you do and do not grant your agent, your preferences regarding an autopsy, organ and tissue donation and final disposition of your body.

- **The Living Will** works with the Healthcare Power of Attorney to clarify your choices at the end of your life – what life-sustaining treatment you want depending on your condition.
- **The Prehospital Medical Care Directive** – also known as a Do Not Resuscitate or DNR order. This is for when you know that you are at the end of your life and have made the decision that if your heart or breathing stops, you do not want EMTs or medical personnel to take steps to get your heart or lungs working again.
- **The Mental Healthcare Power of Attorney** – This concerns the one power that is not granted by the general Healthcare Power of Attorney. If you become mentally incapacitated due to accident, illness or substance abuse, you may need to be cared for in a "level 1" mental health facility – that is, a locked, twenty-four hour per day supervised environment. A psychiatrist or psychologist would have to examine you to determine whether you are incapacitated. The Mental Healthcare Power of Attorney is where you identify the person you trust to get you this care if you are unable to make these decisions for yourself and where you detail what treatments you are willing to authorize.

**To Get Started:** Go through the form that follows and supply the information requested. The form is set up to accommodate a variety of information; not everything will apply to you. The language of the will itself and the Arizona law governing wills is designed to handle various "what if" situations. If you need more room or you want to make sure a certain situation is addressed, feel free to attach additional sheets.

## Information Chart for Preparing a Last Will and Testament and Advance Directives

The information you provide here will be translated to the documents we prepare. Not all information requested will apply to you – for example, if you have no minor children, you will not need a Guardian. As well, it is not required that you name your Personal Representative, Agent, Guardian or Witnesses here at this time; if you leave out the information now it can be handwritten in your documents later. With the advance directives, you will initial next to your choices.

<b>About You</b>	
Your Name	
Address1	
Address2	
City, State, Zip	
County	
Tel:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you known by any other names? If so, provide that information below:  _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you serve in the United States Armed Forces?
Race/Ethnicity	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	_____ / _____ / _____
Hair Color	
Eye Color	
<b>Your Personal Representative</b>	This person is also sometimes referred to as the executor(or executrix) or as the administrator. This is the person you select to carry out the terms of your <u>will</u> – to pay your bills, wrap up your affairs and distribute your property and money to the people you name.
Name	
Address1	
Address2	
City, State, Zip	
Tel:	
<b>Alternate Personal Representative</b>	If your first choice of Personal Representative is unable or unwilling to serve, this person is your second choice.
Name	
Address1	
Address2	
City, State, Zip	
Tel:	

<b>Your Agent</b>	This is the person you select to make <u>healthcare and mental healthcare decisions</u> for you if you become incapacitated, and who will ensure that the decisions you make in your living will are communicated to the appropriate parties. Your Agent can be the same person as your Personal Representative.
Name	
Address1	
Address2	
City, State, Zip	
Tel:	
<b>Alternate Agent</b>	If your first choice of Agent is unable or unwilling to serve, this person is your second choice.
Name	
Address1	
Address2	
City, State, Zip	
Tel:	
<b>Guardian for Your Minor Child(ren)</b>	This is the person you select to take your place and <u>act as a parent</u> for your minor(or adult incapacitated) child(ren). This can be the same person as your Agent and/or Personal Representative. Obviously, if you have no children needing a guardian, you can leave this blank.
Name	
Address1	
Address2	
City, State, Zip	
Tel:	
<b>Alternate Guardian for Your Minor Child(ren)</b>	If your first choice of Guardian is unable or unwilling to serve, this person is your second choice.
Name	
Address1	
Address2	
City, State, Zip	
Tel:	

<b>Your Witnesses</b>	If you know for certain who will be the witnesses to your will and advance directives, enter their information here to have the forms pre-filled. If you want to leave those areas blank, do not enter anything here. Your witnesses <u>cannot</u> be anyone named above and <u>cannot</u> be anyone who will receive anything from your estate.
Name	
Address1	
Address2	
City, State, Zip	
Tel:	
Name	
Address1	
Address2	
City, State, Zip	
Tel:	
<b>Your Spouse</b>	Enter your spouse's name here. If your spouse does not live with you, enter the additional address information.
Name	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Address1	
Address2	
City, State, Zip	
Tel:	
<b>Your Children</b>	Enter the information for each of your living children. If you have more than four living children, use a separate piece of paper.
Name	
Date of Birth	
Gender (M or F)	
Name	
Date of Birth	
Gender (M or F)	
Name	
Date of Birth	
Gender (M or F)	
Name	
Date of Birth	
Gender (M or F)	

<p><b>About Bonds</b></p>	<p>You need to make a decision about bonds. A bond is an insurance policy to protect your beneficiaries in the event the Personal Representative of your estate does not faithfully carry out his duties.</p> <p>The cost of a bond can range from 2% to 7% of the value of your estate. therefore, one factor in your decision may be the size of your estate and whether you feel it is more important not to spend that money.</p> <p>Another factor is your choice of Personal Representative, how well you trust that person, whether and how much that person receives from your estate, and the relationship with your other beneficiaries.</p> <p>We've tried to simplify this decision for you with the options below.</p>
<p><input type="checkbox"/></p>	<p>I want to require a bond large enough to protect all my beneficiaries for the full value of my estate.</p>
<p><input type="checkbox"/></p>	<p>I do not want to require a bond. However, any beneficiary named in my will who is going to receive a substantial gift of money or property (10% or more of the value of my estate) can request that a bond be posted -- <b>But</b>, the cost of the bond will be deducted from what that person would otherwise receive.</p>
<p><input type="checkbox"/></p>	<p>I direct that no bond be required.</p>
	<p>If you do not want to require a bond and you want to state one or more reasons for your decision, do so below.</p>
	<p>1. _____</p>
	<p>2. _____</p>
	<p>3. _____</p>
	<p>4. _____</p>
<p><b>Leaving Your Estate</b></p>	<p>You have options.</p> <p><b><u>Leaving Everything</u></b></p> <ul style="list-style-type: none"> <li>• You can leave everything to one person or organization.</li> </ul> <p><b><u>Leaving Personal Property</u></b></p> <ul style="list-style-type: none"> <li>• You can leave specific personal items to specific people and select someone to receive the balance of your personal items.</li> </ul> <p><b><u>Leaving Money</u></b></p> <ul style="list-style-type: none"> <li>• You can leave gifts of specific dollar amounts to specific people.</li> <li>• You can leave the balance of your estate to one person</li> <li>• You can leave the balance of your estate to a group of people, such as your spouse and children. In this case you want to specify the share that each receives.</li> </ul>
<p><b>Leave Everything</b></p>	<p>If you want to leave everything to one person, indicate your choice below.</p>
<p><input type="checkbox"/></p>	<p>I want to leave everything to my spouse</p>
<p><input type="checkbox"/></p>	<p>I want to leave everything to (provide as much identifying information as possible):</p>
	<p>Name:</p>
	<p>Address1:</p>
	<p>Address2:</p>

	City, State, Zip:
	Tel:
<b>Leave Personal Property</b>	To leave specific personal property, you keep a list in your own handwriting that you can update or revise from time to time without affecting the rest of your will. Several pages for this purpose will be provided with your will.
	You need to pick one person or organization to receive the balance of your personal property, whatever you didn't give away item-by-item. Who should receive the balance of your tangible personal property?  _____
<b>Leave Money</b>	You can leave gifts of specific amounts of money, or real estate, or stock, and then leave the balance of your estate to one person or organization or divide it among a group of people by shares. Indicate your choices below. Attach an additional page if necessary.
	1. Name: _____ Amount: _____
	2. Name: _____ Amount: _____
	3. Name: _____ Amount: _____
	4. Name: _____ Amount: _____
	5. Name: _____ Amount: _____
<input type="checkbox"/>	I want to leave the balance of my estate to my spouse
<input type="checkbox"/>	I want to leave the balance of my estate to (provide as much identifying information as possible):
	Name: _____
	Address1: _____
	Address2: _____
	City, State, Zip: _____
	Tel: _____
<input type="checkbox"/>	I want to leave the balance of my estate to the following people in the following shares:
	1. Name: _____ Share: _____
	2. Name: _____ Share: _____
	3. Name: _____ Share: _____
	4. Name: _____ Share: _____
	5. Name: _____ Share: _____
<b>Disinheritance-Spouse</b>	Under Arizona law, you cannot completely disinherit your spouse. Your spouse is entitled to his/her share of the community property, a homestead allowance of \$18,000.00, an exempt property allowance of \$7,000.00 and a reasonable allowance for maintenance during the time the estate is being administered.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want to <u>disinherit</u> your spouse? If you check Yes, this means you want your spouse to receive only the minimum that is required.



<b>Disinheritance- Others</b>	Is there anyone that you want to make sure receives <u>nothing</u> from your estate? Typically this would be a <u>former</u> spouse. However, It could also be an adult child or other relative who might otherwise receive something. If so, list them by name and relationship below.
1. Name:	Relationship:
2. Name:	Relationship:
3. Name:	Relationship:
4. Name:	Relationship:
5. Name:	Relationship:
<b>Final Arrangements</b>	The information you provide here will be reflected in your will. Your living will, because it is likely to be seen sooner, will also list these choices for you to initial.
<input type="checkbox"/>	I want to donate the following organs _____
	<input type="checkbox"/> My organs may be used for any legitimate purpose
	<input type="checkbox"/> I want my organs used for transplant only
<input type="checkbox"/>	I want my body to be buried (as opposed to cremated)  <input type="checkbox"/> I want my body to be buried in _____
	<b>-or-</b>
<input type="checkbox"/>	I want my body to be Cremated (as opposed to buried)  <input type="checkbox"/> I want my ashes to be _____
	<b>-or-</b>
<input type="checkbox"/>	I want to donate my entire body for scientific purposes  <b>-or-</b>
<input type="checkbox"/>	I want my Personal Representative to make these decisions
<b>Other Information</b>	Add additional pages for any additional information you wish to add or specific concern that you want to be sure that you address.