

Nassau County PBA Confidential Will Questionnaire

Please be sure to check () all appropriate boxes.

If "none," please state "NONE."

If "not applicable," please state "N/A."

(PLEASE TYPE OR PRINT CLEARLY)

I. Personal Data

Legal Plan Member Membership Certificate No.

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Your Full Name:

First
Middle Initial
Last

Date of Birth: _____
Month
Day
Year

Sex: Male Female

Citizen of what country: _____

Your Present Address:

Street
City

County
State
Zip Code

Your telephone Number (s):
 Area Code () Area Code ()
 Home _____ Business _____

Marital Status:
 Married Widowed Separated
 Single Divorced

If MARRIED OR SEPERATED, please complete:

Spouse's Full Name

First
Middle Initial
Last

Indicate if Spouse has been known by another name:

First
Middle Initial
Last

Spouse is a citizen of what country: _____

If you are the parent or legal guardian of a child or children under the age of eighteen (18) years, please check here.

II. Assets

If your estate exceeds the Federal or State Estate Tax exemption then your estate may be subject to Federal or State estate taxation. In addition, your estate may be subject to Federal and State estate taxes if you or your spouse are not U.S. citizens. Please call the Legal Plan Office to obtain estate planning advice which may reduce any potential estate tax if your assets exceed the exemption limits or if you or your spouse are not U.S. Citizens.

III. Guardian(s) of Minor Children

The surviving parent of a child under the age of eighteen (18) is ordinarily entitled to be the GUARDIAN of that child. In the case of simultaneous death of you and your spouse, or if you are a single parent, you should appoint a GUARDIAN for your child or children under the age of eighteen (18). It is advisable, prior to the completion of this Questionnaire, to make sure that your proposed GUARDIAN(S) is (are) willing to serve as GUARDIAN(S).

NOTE: An individual will be disqualified from acting as a GUARDIAN/EXECUTOR/EXECUTRIX/ PERSONAL REPRESENTATIVE if that individual is:

1. less than eighteen (18) years of age, or
2. an incompetent (judicially declared), or
3. a non-United States citizen who does not reside in the United States, or
4. a convicted felon, or

Provide the following information about the person(s) you select to be GUARDIAN(S). In the event my spouse predeceases me, I name as GUARDIAN(S):

1. **PRIMARY** Choice of GUARDIAN:

Full Name: _____

Relationship: _____

"Joint" GUARDIAN (IF YOU SO DESIRE):

Full Name: _____

Relationship: _____

2. **Alternate** Choice of GUARDIAN:

Full Name: _____

Relationship: _____

"Joint" ALTERNATE GUARDIAN (IF YOU SO DESIRE):

Full Name: _____

Relationship: _____

IV. ESTATE EXECUTOR (MALE) - EXECUTRIX (FEMALE) - PERSONAL REPRESENTATIVE

The person charged with administering your estate, paying taxes and/or other debts, preserving, managing, and distributing estate assets and property is called an Executor, Executrix, or Personal Representative.

This person should be one in whom you have complete trust and confidence (Your spouse may be named if you so desire).

Please provide the following information about the person that you wish to name to serve in this capacity.

1. **PRIMARY** Choice of Executor/Executrix/Personal Representative (can be your spouse).

Full Name: _____
First Middle Initial Last

Relationship: _____ Male Female

Only if you wish an additional individual to serve with your primary choice as co-executor, co-executrix, or co-personal representative then insert that individual's name below:

Full Name: _____
First Middle Initial Last

Relationship: _____ Male Female

2. **ALTERNATE** Choice of Executor/Executrix/Personal Representative.

This individual will serve in the event that either the primary or joint executor(trix)/personal representative is not alive at the time of your death.

Full Name: _____
First Middle Initial Last

Relationship: _____ Male Female

“JOINT” ALTERNATE Executor/Executrix/Personal Representative (if you so desire).

Full Name: _____
First Middle Initial Last

Relationship: _____ Male Female

V. Will Provisions

Subsections A, B, C, or D, below respectively set forth the Will provisions most customarily and usually requested by:

- A. Married persons with child(ren) or grandchild(ren), or
- B. Married persons with no child(ren) or grandchild(ren), or
- C. Single persons with child(ren) or grandchild(ren), or
- D. Single persons without child(ren) or grandchild(ren).

NOTE: CHECK ONE BOX ONLY - A, B, C, D, or E. A check mark in the box adjacent to section A or section B or section C or section D will indicate that you wish your property distributed precisely as indicated in all of the subdivisions of that section.

In the event that you do not wish your property to pass exactly as set forth in all of the subdivisions in section A or B or C or D, check the box adjacent to section E, and indicate your plan of distribution in detail in the space provided in section E. Add additional sheets if necessary.

A. MARRIED PERSONS WITH CHILD(REN) OR GRANDCHILD(REN).

Generally most married people provide that upon their death their property will be distributed as follows:

1. Your estate (all property and assets not owned jointly with another person) will be distributed to your surviving spouse, but
2. If your spouse predeceases you, then your estate will be divided in equal shares among all of your living children, but
3. If your spouse and one or more of your children predeceases you, then that child's share will be distributed to his or her child(ren) in equal shares, but
4. If your spouse and all of your children and grandchildren predecease you, then your estate will be distributed to your living parent, or to your living parents, but
5. Should both of your parents predecease you, then your estate will be distributed equally to your brothers or sisters or equally to the children of a predeceased brother or sister.

Please check A above only if you want your property distributed properly and exactly as indicated in section A, 1 through 5, above.

NOTE: If you have checked section A above, do not check section B, C, D or E.

B. MARRIED PERSONS WITH NO CHILD(REN) OR GRANDCHILD(REN).

Generally most married persons with no child(ren) or grandchild(ren) provide that upon their death their property will be distributed as follows:

1. Your estate (all property and assets not owned jointly with a person) will be distributed to your surviving spouse, but
2. If you spouse predeceases you, then your estate will be distributed to your living parent, or equally to your living parents, but
3. Should both of your parents predecease you, then your estate will be distributed equally to your brothers and sisters or equally to the child(ren) of a predeceased brother or sister.

Please check B above only if you wish your property distributed properly and exactly as indicated in section B, 1 through 3, above.

NOTE: If you have checked section B above, do not check section A, C, D or E.

C. SINGLE PERSONS WITH CHILD(REN) OR GRANDCHILD(REN).

Generally most single persons with child(ren) or grandchild(ren) provide that upon their death their property will be distributed as follows:

1. Your estate (all property and assets not owned jointly with another person) will be distributed in equal shares to all of your living children, but
2. If one or more of your children predeceases you, that deceased child's share will be distributed to his or her child(ren), your grandchild(ren), in equal shares, but
3. If all of your child(ren) and grandchild(ren) predecease you, then your estate will be distributed to your living parent or equally to your parents, but
4. Should both of your parents predecease you, then your estate will be distributed equally to your brothers and sisters or equally to the child(ren) of a predeceased brother or sister.

Please check C above only if you wish your property distributed properly and exactly as indicated in section C, 1 through 4, above.

NOTE: If you have checked section C above, do not check section A, B, D, or E.

D. SINGLE PERSONS WITHOUT CHILD(REN) OR GRANDCHILD(REN).

Generally most single persons with no child(ren) or grandchild(ren) provide that upon their death their property will be distributed as follows:

1. Your estate (all property and assets not owned jointly with another person) will be distributed to your living parent, or equally to your parents, but
2. Should both your parents predecease you, then your estate will be distributed equally to your brothers and sisters or equally to the child(ren) of a predeceased brother or sister.

Please check D above only if you wish your property distributed properly and exactly as indicated in section D, 1 through 2, above.

NOTE: If you have checked section D above, do not check section A, B, C or E.

E. ALTERNATE PLAN OF DISTRIBUTION

IMPORTANT

You may wish to distribute your assets in any manner you choose (your will is a statement of your wishes and instructions); however, the following statutory limitations and rights may apply.

1. In the event that you do not leave your spouse* at least one-third share of your estate, your spouse may then, upon your death, contest the Will and assert his or her statutory right to receive a one-third share of your estate.

2. If you have children under the age 18 whom you named as beneficiaries of your estate, the person's you appoint as their Guardian will oversee your children's inheritance until your children reach age 18. Should you wish to establish a trust for your children in your Will, instead of having their inheritance placed in a Guardianship account, please indicate so below, and you will be contacted by the Legal Plan Office.**

*A Separated Spouse retains the statutory rights set forth in Section V, Subdivision E1 above, unless he or she has waived these rights in a separation agreement or other document.

If, after considering all of the preceding provisions and limitations, you choose to provide an alternative method of distribution, check E and describe specifically and in detail, every provision which you desire to be included in your plan of distribution. Please include the full names and relationships of all beneficiaries. **TYPE OR PRINT CLEARLY.**

You may list specific gifts to individuals and/or divide your estate among several individuals by listing percentages to each, making sure that the percentages total 100%. You may add additional sheets if necessary.

VIEW AND CONSIDER THE FOLLOWING:

The Simple Will which shall be prepared for you based upon the information you have set forth in this questionnaire will provide for the distribution of your estate only.

Reciprocal Wills are two Wills made by two persons in which they have identical provisions in favor of each other (i.e. Husband to Wife or Wife to Husband).

Your Will only affects property held solely in your name. Jointly owned property will automatically pass to the other joint owner. Property owned "In Trust For", or any asset containing a beneficiary designation such as an Individual Retirement Account (I.R.A.) or Tax Deferred Annuity (T.D.A.) or Life Insurance Policy will pass to that person or persons designated as beneficiary on that fund, account or policy and will not be affected in any way by your Will. Therefore, your Will only disposes of property that is not jointly owned or otherwise controlled by statute or a designated beneficiary.

Additional Wills*

Reciprocal Simple Will - check applicable box.

Check here if requesting a Reciprocal Will for your spouse.

If requesting non-identical Simple Will- please fill out an additional questionnaire.

VIII. Signatures

SIGNATURE (of covered individual for whom the Simple Will is to be prepared).

DATE _____

SIGNATURE (of spouse if Reciprocal Will has been requested).

DATE _____

A. Mail your completed Questionnaire to:

Feldman, Kramer & Monaco P.C.
Attorneys at Law
330 Vanderbilt Motor Parkway
Hauppauge, New York 11788

ALLOW 4-6 WEEKS FOLLOWING OUR RECEIPT OF THIS QUESTIONNAIRE FOR A COMPLETED WILL TO BE FOWARDED TO YOU.

FOR OFFICE USE ONLY

Q. REV. _____ W. REV. _____
INITIALS DATE INITIALS

YOUR MEMBERSHIP
CERTIFICATE NUMBER

PLEASE DO NOT DETACH THIS PORTION

Your completed original Will and copy of same will be forwarded to you along with appropriate instructions and the name of an attorney in your geographical area who will supervise its execution. Provide the information requested below in order to facilitate mailing.

TYPE OR PRINT CLEARLY IN THE BOX BELOW.

MAILING ADDRESS

STREET CITY

COUNTY STATE ZIP CODE

**NASSAU COUNTY PBA
CONFIDENTIAL QUESTIONNAIRE FOR
DURABLE POWER OF ATTORNEY FOR FINANCIAL DECISIONS**

As a member of your Legal Plan, a durable Power of Attorney for financial decisions will be prepared for you and/or a covered dependent each year at no cost.

I. Personal Data

1. Your Name (person requesting documents)

First

M.I.

Last

2. Your Date of Birth

____/____/____

3. Your Sex

Male

Female

4. Your Social Security Number

____-____-____

5. Your Current Address

No.

Street

City

County

State

Zip Code

6. Your Telephone Number(s)

Area Code ()

Area Code ()

Home _____

Business _____

The Durable Power of Attorney permits you to designate someone as your attorney(s)-in-fact to handle your financial affairs (as opposed to your health affairs) if you are unable to do so. If you prefer to designate more than one person as your attorney(s)-in-fact, you may do so, but you must specify whether you want those persons to act "JOINTLY" or "SEPARATELY". If they are to act JOINTLY, both must sign your financial papers. If they are to act SEPARATELY, each one can act independently of the other. This document provides your attorney(s)-in-fact with full authority to sign your name to any legal documents, in addition to acting as your agent in specific situations, such as making decisions regarding retirement plans, making gifts, tax elections, etc.

1. Attorney-in-fact (decision maker)

2. Co-Attorney-in-fact (optional)

Name _____

Name: _____

Address _____

Address: _____

Relationship _____

Relationship _____

Social Security # _____

Social Security # _____

CHECK ONE if you appoint more than one person.

Act Separately

Act Jointly

You may also prefer to appoint an alternate agent(s) to manage your financial affairs in the event that your primary agent(s) cannot serve because of death, resignation, incapacity, or any other reason.

1. **Alternate Attorney-in-fact** (optional) 2. **Co-Attorney-in-fact** (optional)

Name _____

Name _____

Address _____

Address _____

Relationship _____

Relationship _____

Social Security # _____

Social Security # _____

CHECK ONE if you appoint more than one person.

Act Separately

Act Jointly

The law office of Feldman, Kramer & Monaco will prepare a Living Will and Health Care Proxy for you and/or your spouse at no cost. The confidentiality of the information which you provide will be protected at all times. Simply complete the questionnaire and submit it to Feldman, Kramer & Monaco, P.C.

THE HEALTH CARE PROXY (also in some states as the “Medical Durable Power of Attorney”) allows you to appoint an agent to make all health care decisions for you in the event that you are unable to make those decisions. Your agent’s authority will begin when physicians determine that you lack the capacity to make health care decisions. You may appoint your spouse if you desire. You also may appoint an alternate agent in the event that your primary choice is unable to, or unwilling to act as your agent.

The Living Will (also known in some states as “Directives for Health Care” or “instructions regarding medical decisions”) indicates that no heroic measures should be taken in the event that you could only survive by life sustaining equipment. Your Health care Proxy is required to follow the instructions in the Living Will. These two (2) documents are necessary.

The person you appoint as agent or alternate agent must be over eighteen (18) years old. If you appoint a physician as your agent he or she may have to choose between acting as your agent or as your attending physician. Also, if you are a patient or resident of a hospital, nursing home, or mental hygiene facility, there are special restrictions about appointing someone who works for that facility as your agent. You should ask personnel at the facility to explain those restrictions.

1. **Designated Agent** (decision maker)

2. **Alternate agent** (optional)

Name _____

Name _____

Address _____
(No P.O. Boxes)

Address _____
(No P.O. Boxes)

relationship _____

relationship _____

Home Telephone No. _____

Home Telephone No. _____

CHECK HERE IF YOU WISH TO OBTAIN RECIPROCAL POWER OF ATTORNEY, HEALTH CARE PROXY AND LIVING WILL FOR YOUR SPOUSE. (Reciprocal documents are those which will be the mirror image of your documents. For example, if you appoint your spouse to act as your agent in the Proxy, then your spouse would appoint you to act in their Proxy.)

Please send completed forms to:
Feldman, Kramer & Monaco, P.C.
330 Motor Parkway, Suite 400, Hauppauge, NY 11788

I have read and understand this questionnaire

Your Signature _____

Date _____

Spouse’s Signature _____

Date _____