NYSUT ACCESS GROUP - Estate Planning Package

Feldman, Kramer & Monaco, P.C.

For Office Use Only

Date Received: Q. Rev. _____ Date Atty Rev. _____ Date

W. Rev. _____ Date Atty Rev. _____ Date

Personal Data

The information requested on this Personal Data Sheet will be used solely for the preparation of your legal documents. All documents drafted in response to this completed questionnaire will be prepared for the Covered Individual named on this Personal Data Sheet. Complete attorney/client confidentiality will be preserved at all times. If you have any questions, please call the Legal Plan Office at **1-800-832-5182**.

(Please Print)

Legal Plan Member's Name:

_____

First Middle Last Member ID #

1. Estate Planning Package to be prepared for: (if different name than above):

_____

First Middle Last

Previous Name (if applicable):_____

2. Relationship to member: _____ 3. Date of Birth: _____

4. Sex: ☐ Male ☐ Female

5. Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Domestic Partners

6. Current Address:

Street: _____ City:_____

County:_____ State:_____ Zip Code:_____

7. Telephone Number(s)

Home: (_____) _____ Cell: (_____) _____ Work: (_____) _____

8. Email Address: _____

9. Country of Citizenship: _____

10. Spouse or domestic partner's name (if applicable): _____

a. Spouse or domestic partner's previous name:_____

b. Spouse or domestic partner's country of citizenship:_____

11. Would you like reciprocal documents for your spouse/domestic partner? ☐ Yes ☐ No

Note: If non-reciprocal documents are to be prepared, please fill out a separate questionnaire.

I. Health Care Proxy and Living Will

A Health Care Proxy 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 for yourself. Your agent's authority will begin when physicians determine that you lack the capacity to make health care decisions. You may appoint your spouse/domestic partner, family member or friend as your agent. Also, you may appoint an alternate agent in the event your primary choice is unable or unwilling to act as your agent. You may appoint one agent and one (or more) alternate agent(s). However, only one agent can act in that capacity at a time and they cannot act together. The order in which they are listed determines the order in which your health care provider will consult with them.

The Living Will (which is not a DNR) is optional. It indicates that no heroic measures should be taken in the event that there is no reasonable expectation of recovery and that you will only survive by life sustaining measures. We will provide you with a Living Will. There is nothing for you to fill out to receive one.

Your Health Care Proxy is required to follow the instructions in your Living Will, if you choose to sign one.

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. Health Care Proxy Designated Agent (decision maker)

Name: _____ Relationship: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone #: (_____)_____ Other #: (_____)_____

2. Alternate Agent (optional)

Name: _____ Relationship: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone #: (_____)_____ Other #: (_____)_____

Note: Reciprocal Health Care Proxies are Health Care Proxies made by two persons in which they are appointing each other or identical agents and identical alternate agents.

☐ **Check this box if you want Reciprocal Health Care Proxies**

II. Power of Attorney for Financial Transactions

The Power of Attorney permits you to designate a person that you completely trust as your decision maker, referred to as your attorney-in-fact, to handle your financial affairs (as opposed to your health affairs). If you prefer to designate more than one person as your attorney(s)-in-fact, you may do so. This Power of Attorney provides your attorney(s)-in-fact with full authority to sign your name to any legal document, in addition to acting as your agent in specific situations, such as making decisions regarding retirement plans, making gifts, tax elections and other financial matters.

1. **Attorney-in-fact:** (*decision maker*)

Name:_____

Address:_____

(*No P.O. Boxes*)_____

Relationship:_____

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

Name:_____

Address:_____

(*No P.O. Boxes*)_____

Relationship:_____

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

1. **Alternate Attorney-in-fact:** (*decision maker*)

Name:_____

Address:_____

(*No P.O. Boxes*)_____

Relationship:_____

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

Name:_____

Address:_____

(*No P.O. Boxes*)_____

Relationship:_____

Note: Reciprocal Powers of Attorney are Powers of Attorney made by two persons in which they are appointing each other or identical agents and identical alternate agents and identical provisions are made.

☐ **Check this box if you want Reciprocal Powers of Attorney.**

The **New York** Power of Attorney allows for you to appoint a third party, a "**monitor**", to **oversee the actions of your agent(s)**. The monitor can demand from your agent(s) documentation concerning the transactions your agent(s) made on your behalf. If you wish to appoint a monitor to oversee your agent(s), please check the box below:

☐ Yes, I would like a monitor to oversee my agent(s).

Name of Monitor:_____

Address of Monitor:_____

☐ No, I would not like to appoint a monitor at this time.

III. Confidential Simple Will Questionnaire Considerations

A. Assets: The Simple Will prepared for you based upon the information you have set forth in this questionnaire will provide for the distribution of your probate estate only.

B. Reciprocal documents are two sets of documents made by two persons in which identical provisions are made. (i.e.: spouse to spouse, domestic partner to domestic partner).

C. Non-reciprocal documents are documents made by two persons in which the provisions are not identical.

D. Your Will affects assets held solely in your name. Jointly owned property will pass to the other joint owner. Property "In Trust For", the beneficiary of an insurance policy or an Individual Retirement Account will pass to that person or persons designated on the policy or account. Your Will only disposes of property that is not jointly owned, has no beneficiary designation or is otherwise controlled by statute.

E. Your estate may be subject to Federal and/or New York State Estate Taxation if the sum of your assets exceeds the applicable exemptions. In addition, your estate may be subject to additional Federal and State estate taxes if you or your spouse or domestic partner are not U.S. citizens. Please call the Legal Plan Office to obtain estate planning advice, which may reduce any tax burden, if you or your spouse or domestic partner are not U.S. citizens, or if your estate exceeds the Federal and/or New York estate tax exemptions.

If you have **children**, please provide the following information for each child (including adopted children):

Full Name	**Sex**	**Date of Birth**	**Child of Current Marriage**
1.			
2.			
3.			
4.			
5.			

If you have **step-children**, please indicate whether you want them to be treated the same as your natural born or adopted children:

☐ **Yes** ☐ **No** If yes, please provide the following information for each child:

Full name	**Sex**	**Date of Birth**	**Parent(s) name(s)**
1.			
2.			
3.			
4.			
5.			

Do you wish to disinherit any direct descendants?

☐ **Yes** ☐ **No** If yes, please list their name(s) and relationship(s) to you:

_____

_____

_____

_____

(OPTIONAL) Please provide your reason for excluding this person(s) from your Will:

_____

_____

_____

_____

Will Provisions

If you are requesting a Reciprocal Simple Will, please check here. ☐

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

_____

A. Married persons or domestic partners with child(ren) or grandchild(ren), or

B. Married persons or domestic partners without child(ren) or grandchild(ren), or

C. Unmarried, divorced or widowed persons with child(ren) or grandchild(ren), or

D. Unmarried, divorced or widowed persons without child(ren) or grandchild(ren), or

E. Individuals desiring an alternate plan of distribution.

_____

Note: Check one box only – A, B, C, D, or E. A check mark in the box adjacent to section A, B, C, or D will indicate that you wish for your property to be 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 sections A, B, 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 or Domestic Partners with Child(ren) or Grandchild(ren)

Generally, most married people and domestic partners with child(ren) or grandchild(ren) provide that upon their death, their property will be distributed as follows:

1. Your probate estate (all property and assets not owned jointly with another person or without beneficiary designations) will be distributed to your surviving spouse or domestic partner, but
2. If your spouse or domestic partner predeceases you, your estate will be divided in equal shares among all of your living children, but
3. If your spouse or domestic partner and one or more of your children predecease you, that child's share will be distributed to his or her child(ren), in equal shares, but
4. If your spouse or domestic partner and all of your children and grandchildren predecease you, your estate will be distributed to your living parent, or equally to your living parents, but
5. Should both of your parents predecease you, your estate will be distributed equally to your brothers and sisters or equally to the children of a predeceased brother or sister.

(Please check box A above only if you wish for your property to be distributed precisely and exactly as indicated in section A, 1 through 5, above.)

B. ☐ Married Persons or Domestic Partners without Child(ren) or Grandchild(ren)

Generally, most married people and domestic partners without child(ren) or grandchild(ren) provide that upon their death, their property will be distributed as follows:

1. Your probate estate (all property and assets not owned jointly with another person or without beneficiary designations) will be distributed to your surviving spouse or domestic partner, but
2. If your spouse or domestic partner predceases you, your estate will be distributed to your living parent, or equally to your living parents, but
3. Should both of your parents predecease you, your estate will be distributed equally to your brothers and sisters or equally to the children of a predeceased brother or sister.

(Please check box B above only if you wish for your property to be distributed precisely and exactly as indicated in section B, 1 through 3, above.)

C. ☐ Unmarried, Divorced, or Widowed Persons with Child(ren) or Grandchild(ren)

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

1. Your probate estate (all property and assets not owned jointly with another person or without beneficiary designations) will be distributed in equal shares to all of your living child(ren), but
2. If one or more of your children predecease you, that deceased child's share will be distributed to his or her child(ren), in equal shares, but
3. If all of your children and grandchildren predecease you, your estate will be distributed to your living parent, or equally to your living parents, but
4. Should both of your parents predecease you, your estate will be distributed equally to your brothers and sisters or equally to the children of a predeceased brother or sister.

(Please check box C above only if you wish for your property to be distributed precisely and exactly as indicated in section C, 1 through 4, above.)

D. ☐ Unmarried, Divorced, or Widowed Persons without Child(ren) or Grandchild(ren)

Generally, most unmarried, divorced, or widowed persons without child(ren) or grandchild(ren) provide that upon their death, their property will be distributed as follows:

1. Your probate estate (all property and assets not owned jointly with another person or without beneficiary designations) will be distributed to your living parent, or equally to your living parents, but
2. Should both of your parents predecease you, your estate will be distributed equally to your brothers and sisters or equally to the children of a predeceased brother or sister.

(Please check box D above only if you wish for your property to be distributed precisely and exactly as indicated in section D, 1 through 2, above.)

E. ☐ Alternate Plan of Distribution

Since your Will is a statement of your wishes and instructions, you may distribute your assets in any manner you choose. However, the following statutory limitations and rights may apply. These limitations and rights may vary by state.

NOTE: In the event that you do not give your spouse at least a one-third share of your estate, your spouse may then, upon your death assert his or her statutory right to receive a one-third share of your estate.

Note: *A spouse (even if separated) retains statutory rights, unless he or she has waived those rights in a separation agreement or other document.*

If, after considering all the preceding provisions and limitations, you choose to provide an alternative method of distribution, check box **"E"** above and describe, in detail, every provision that you desire to be included in your plan of distribution. Please include the full names and relationships of all beneficiaries.

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Estate Executor

The person charged with administering your estate; paying taxes and/or other debts; and preserving, managing, and distributing estate assets and property is called an Executor. This person should be one in whom you have complete trust and confidence. **Your spouse, domestic partner or beneficiary may be named as executor.**

Please provide the following information about the person you wish to name to serve in this capacity:
1. **Primary** choice of **Executor** (can be your spouse, domestic partner or beneficiary):

Full Name_____ Relationship_____

If you wish to have an individual serve with your primary choice as **Co-Executor**, insert that individual's name below:

Full name_____ Relationship_____

2. **Alternate** choice of **Executor** (can be your spouse, domestic partner or beneficiary). This individual will serve in the event that either the primary or Co-Executor is not available or alive at the time of your death.

Full name_____ Relationship_____

If you wish to have an individual serve with your alternate choice as an alternate **Co-Executor**, insert that individual's name below:

Full name_____ Relationship_____

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(ren) under the age of eighteen (18). This Guardian will have legal custody of your children in the event that you and your spouse die before your children reach the age of eighteen (18).

An individual will be disqualified from acting as a **Guardian or Executor** if that individual is:
1 Less than eighteen (18) years of age, or
2. A judicially declared incompetent, or
3. A non-United States citizen who does not reside in the United States, or
4. A convicted felon.

Please provide the following information about the person(s) you select to be Guardian(s). In the event that my spouse predeceases me, I name as Guardian(s):

1**. Primary** Guardian:

Full Name:_____

Relationship:_____

2. **Joint Primary** Guardian: (*optional*)

Full Name:_____

Relationship:_____

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1. **Alternate** Guardian:

Full Name:_____

Relationship:_____

2. **Joint Alternate** Guardian: (*optional*)

Full Name:_____

Relationship:_____

Important information regarding Guardianship: Another factor to consider is how beneficiaries will inherit from your estate if they are under the age of eighteen (18). If you have minor beneficiaries, assets passing under your Will to them, will be placed in a court supervised guardianship account which will oversee their inheritance until they reach the age of eighteen (18). The Guardian appointed by the Court is required to account to the Court annually for the funds in the Guardianship Account until the beneficiary reaches the age of eighteen (18). The Guardian will also have to request the Court's permission to withdraw funds from the Guardianship Account for the beneficiary's needs.

Important information regarding a Trust for children/minors in the Will: Through a Trust, you can name a Trustee(s) (who may also be the same person(s) as the Guardian(s) to hold assets inherited by children/minors, who will use these funds for the child's/minor's needs (health, education, maintenance and support). The Trustee(s) do not need Court permission to withdraw money from the Trust for the child/minor's needs, nor file annual reports with the Court. In addition, you may choose the age at which the trust would end at and the beneficiary would take control of their inheritance from the trustee(s). You may also choose to stagger the outright distribution of the trust at different ages, for example, at ages 25 and 30. Should you wish to establish a Trust for minors/children in your Will, instead of having their inheritance placed in a Guardianship account, please indicate that here: ☐ **Yes** ☐ **No**

Please Note: If you wish to establish a "Minor's Trust" in your will, additional fees may apply. Please contact the legal plan office at 800-832-5182 for additional information.

Please list the name(s) and age(s) of that child or children:

_____

_____

Do you want the guardian you are appointing to also be appointed as the trustee of that child's inheritance?

☐ **Yes** ☐ **No**

If you want to appoint a different person to serve as the trustee, please list that information here:

1. **Primary** Trustee:

Full Name:_____

Relationship:_____

2. **Joint Primary** Trustee: (*optional*)

Full Name:_____

Relationship:_____

1. **Alternate** Trustee:

Full Name:_____

Relationship:_____

2. **Joint Alternate** Trustee: (*optional*)

Full Name:_____

Relationship:_____

At what **age** or **ages** do you want the trust to end and the child take control of their inheritance from the trustee?

_____

Special Needs Beneficiaries

Please Note: If you wish to establish a Special Needs Trust in your will, additional fees may apply. Please contact the legal plan office at 800-832-5182 for additional information.

Do any of your beneficiaries have special needs or are physically and/or mentally disabled?

☐ **Yes** ☐ **No**

In the event that you have a beneficiary that is physically and/or mentally disabled that would benefit from a "special needs trust" do you want your appointed executor to serve as the trustee of that trust as well?

☐ **Yes** ☐ **No**

If you want to appoint a different person to serve as the trustee of a "special needs trust", please list that information below:

1. **Primary** Trustee:

Full Name:_____

Relationship:_____

2. **Joint Primary** Trustee: (*optional*)

Full Name:_____

Relationship:_____

1. **Alternate** Trustee:

Full Name:_____

Relationship:_____

2. **Joint Alternate** Trustee: (*optional*)

Full Name:_____

Relationship:_____

Note: A beneficiary with a disability may be disqualified from receiving SSI or Medicaid benefits if they are named in the will.

Specific Assistance

Please Check the appropriate box of any situation that may apply to you and an attorney will contact you to discuss:

☐ Do you want to appoint an agent in connection with specific burial instructions?

☐ Are you leaving assets to a pet?

☐ Do you have a disabled loved one?

☐ Are you disinheriting any family members?

☐ Are you or a loved one applying for veterans' benefits for home care or assisted living facility?

☐ Do you need assistance applying for home care benefits?

☐ Are you interested in creating a trust to avoid probate or to protect your home?

☐ Do you have any real estate holdings outside of your state of residency?

☐ Do you have estate assets exceeding one million dollars?

☐ Do you or your spouse hold any interest in a business?

Sign, Date and Mail

☐ **NOTE:** There may be additional fees if you are requesting Estate Planning documents for your spouse or domestic partner. Check here if an additional Estate Planning Package is requested. Please contact the Legal Plan office at 1-800-832-5182 to determine your group coverage.

Signature of Covered Individual for whom all documents are to be prepared Date

Signature of Spouse or Domestic Partner if additional documents have been requested Date

Where to mail your completed Estate Planning Package:

Feldman, Kramer & Monaco, P.C., Attorneys at Law

330 Motor Parkway, Suite 400

Hauppauge, NY 11788-5110

Fax No.: 631-231-4732

Email: wills@fkmlaw.com

QUESTIONS? PLEASE CALL: **Tel:** **1-800-832-5182 (N.Y. Calls Only)**
1-800-292-8063 (Outside N.Y.)

Four to six weeks following our receipt of this Estate Planning Package, your Will and documents will be forwarded to you along with appropriate instructions and the name, address and telephone number of an attorney in your geographical area who will supervise their execution at no cost to you.

Please provide your mailing address below if it is different than your home address:

Your Mailing Address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____