

5. If you would like a reciprocal will I will name your spouse or significant other as executor. If you would like a will for yourself only, the name and address of your executor:

Name: _____ Address: _____

6. Name and address of alternate executor should your spouse or significant other predecease you:

Name: _____ Address: _____

7. Describe how you would like the balance of your estate (other than specific personal property bequeathed in the separate written memorandum) to be distributed, for example, all to spouse or significant other, but if my spouse or significant other predeceases me, to my children in equal shares:

8. Should all named beneficiaries from number 7 and the separate written memorandum mentioned above predecease you how would you like your estate to be distributed, i.e., to a specific charity or via the Virginia Intestacy Statute?:

To Charity or Institution Specified Below Virginia Intestacy Statute

If you would like to have a trust established through your will (testamentary trust) to provide for the care of your children please provide the following additional information:

9. The age at which you would want your children to receive the principal of the trust, i.e., all at age 25, 25% at 21, 25% at 25 and the remainder at 30, etc.

10. The name and address of the person you would like to appoint as trustee should your spouse or significant other predecease you.

Name: Address:

11. The name and address of the person you would like to appoint as alternate trustee should your first choice be unable to serve.

Name: Address:

12. The name and address of the person you would like to appoint as guardian of your children should your spouse or significant other predecease you.

Name: Address:

13. The name and address of the person you would like to appoint as alternate Guardian should your first choice be unable to serve.

Name: Address:

Advance Medical Directive

An advance medical directive or living will is your expression of how you want to be treated in certain medical conditions such as whether or not you wish to be given life-sustaining treatment should you be terminally ill or injured. Advance Medical Directives do not determine your medical treatment in situations which are not considered terminal. You appoint the person to make medical decisions for you when you are unable to express your preferences in the Advance Medical Directive.

1. Name and address of person to hold the power to make medical decisions if not your spouse or significant other:

Name: Address:

2. Name and address of alternate holder of the power should your first choice be unable or unwilling to serve:

Name: Address:

Power of Attorney

A power of attorney gives the person named, your “agent” or “attorney-in-fact” the power to act on your behalf in either a limited, such as granting signature authority for the sale of real estate, or general, granting the holder of the power the ability to do anything you could do acting on your own behalf. The power of attorney may be effective immediately or upon the occurrence of a specified event such as your incapacity due to illness or accident. This is known as a “springing power of attorney.” In addition, the power may expire at your incapacity or be durable and continue should you become incapacitated.

Another important power that can be granted in a power of attorney is the authority to make medical decisions should you be unable to express your wishes yourself.

If you would like me to prepare a Power of Attorney, please submit the following information:

1. Name and address of person to hold the power if not your spouse or significant other:

Name:

Address:

2. Name and address of alternate holder of the power should the named individual be unable or unwilling to serve:

Name:

Address:

3. Do you wish the power to become effectively immediately or upon your incapacity?

Immediately

Upon Incapacity

4. Do you wish for the power to be limited or general? If limited, what are the limitations?

Limited

General

Limitations: