

**Senior Connections
Life Planning Documents Clinic
General Information for Volunteers**

Date and Time: _____
(Please arrive 15 minutes early)

Location: _____

Host: _____

Parking: _____

Law Students: _____

PRO BONO Credit: Service at the clinic qualifies under both Virginia and ABA rules and is governed by the VSB Rules of Professional Conduct.

Clients.

All clients will have been screened and scheduled by the host and determined to be eligible for pro bono services.

Each client will have completed the attached questionnaire offering a simple will, power of attorney and advance medical directive.

Encourage the client to accept all three documents offered by the clinic.

Limitations.

Each client must be over 18 and a Virginia resident.

The provided forms matching the Questionnaire meet the needs of 99% of all clients and cannot be changed. If a form does not meet the client's wishes, decline to provide the document. The key to the clinic is simplicity.

There can be only one executor or agent with an alternate. Co-executors and co-agents are not permitted.

There are no specific bequests. A provided FAQ sheet offers alternative solutions. Disposition of specific items of tangible personal property is handled through a form each client receives as part of a departure kit.

The clinic does not include review of documents, preparation of codicils, handle real estate transfers or providing general legal advice.

If a client's needs are beyond the scope of the clinic, refer the client to the Virginia State Bar's Lawyer Referral Service, 804-775-0500 or to Central Virginia Legal Aid Society 804-648-1012.

The clinic does not retain copies of the client's documents.

Forms and Equipment.

Each workstation is provided with a laptop and a flash drive containing the forms. All dates and notary blocks will have been completed. Each workstation will also have computer instructions together with a desk book with answers to frequently asked questions. Assistance will always be available.

Procedure.

Review the Questionnaire with the client to verify the client's wishes, the correct spelling of names and relationship of all persons named in the documents.

Use short, simple, non-technical explanations.

Request assistance if there are questions regarding competency, undue influence or any other matter.

Before printing the documents, remove all headers and unused options. Print only one set of documents.

After printing the documents, review the documents with the client.

Following approval of the documents, and the answering of all questions, witnesses and a notary will be provided.

Each client is given a departure kit containing the form to dispose of tangible personal property together with an explanation of each document executed.

Each client must execute the provided termination letter confirming that all representation is ended and that there is no continuing attorney-client relationship.

Conflicts.

Under Rule 6.5 governing pro bono clinics, a conflict exists only if a lawyer actually knows of a conflict.

Training.

The clinic is designed for attorneys with no T & E experience. However, a free 1.5 hour webinar is available through the University of Richmond School of Law at <https://law.richmond.edu/public-service/pro-bono/programs.html> (Estate Planning).

Assistance: Assistance will be available to answer questions or deal with special issues.

Malpractice Coverage.

Volunteers without malpractice coverage may obtain coverage without charge for work performed at the clinic through the Greater Richmond Bar Foundation. Send your name, bar number and names of clients served to sharper@grbf.org. Coverage is automatic upon receipt of information.

CLIENTS HAVE BEEN SCHEDULED WITH THE EXPECTATION THAT YOU WILL BE PRESENT. IF FOR ANY REASON YOU CANNOT ATTEND THE CLINIC, YOU ARE RESPONSIBLE FOR FINDING A SUBSTITUTE.

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QUESTIONNAIRE

GREATER RICHMOND BAR FOUNDATION PRO BONO WILL, POWER OF ATTORNEY AND ADVANCE MEDICAL DIRECTIVE CLINIC

The Greater Richmond Bar Foundation in cooperation with host _____ have enlisted volunteer lawyers to prepare a basic will, power of attorney and advance medical directive for individuals selected by the host as being eligible for the service. The free, confidential service you are being offered does not include business, tax, estate planning or general legal advice. Representation is strictly limited to the preparation of the selected documents. If the options offered do not meet your needs, the clinic cannot help you. There is no continuing attorney-client relationship. Copies of the documents are not retained.

PLEASE PRINT

1. Your Name: _____
(First) (Middle) (Last)

2. Address: _____
(Street) (Apt.)

(City) (State) (Zip)

3. Telephone: _____ E-Mail: _____

4. Resident of the City or County of _____ Virginia
You must be a Virginia resident and over 18 to participate in the Clinic.

5. Marital Status:
 Married
 Unmarried (includes widow/widower)
 Separated from _____ (name of spouse)
 Divorced (final with papers)

6. Do you own a business? Yes No

If the answer to question 6 is “yes,” we cannot provide a will for you. If you wish, we can provide a durable power of attorney and an advance medical directive. Skip to the durable power of attorney and advance medical directive questionnaires.

7. Property passing outside of your will. If any of your property is jointly owned with survivorship with another person, that property will pass outside of your will. Also bank accounts, insurance policies, IRA's and 401(k) plans also pass outside of your will where a beneficiary is named.

8. Please choose the Will you desire:

YOU WILL BE GIVEN MATERIALS THAT WILL PERMIT YOU TO LEAVE SPECIFIC TANGIBLE PERSONAL PROPERTY (“KEEPSAKES”) TO NAMED INDIVIDUALS.

*****(SELECT ONE AND ONLY ONE OPTION)*****

OPTION A: All of my property to my spouse. If my spouse does not survive me, all of my property will be divided equally among my children or my children’s children if a child predeceases me.

Name of Spouse: _____
Name(s) of Children: _____

OPTION B: All of my property divided equally among my children or my children’s children if a child predeceases me.

Name(s) of Children: _____

OPTION C: All of my property to a designated person or to an alternate person if the person first named does not survive me.

Name of Beneficiary: _____
Name of Alternate Beneficiary: _____

OPTION D: All of my property divided equally among designated persons who survive me.

Names of Beneficiaries: _____

9. Omitted Children: Name(s) of children who you do not want to inherit anything:

STOP: IF ONE OF THE WILL OPTIONS ABOVE DOES NOT ACCURATELY DESCRIBE THE DISPOSITION YOU DESIRE TO MAKE OF YOUR PROPERTY, WE ARE NOT ABLE TO ASSIST YOU THROUGH THIS CLINIC. IF YOU WISH, WE CAN PROVIDE A DURABLE POWER OF ATTORNEY AND AN ADVANCE MEDICAL DIRECTIVE.

10. Who do you wish to serve as Executor of your Estate? (The person who handles collecting and distributing your property according to your will). Your Executor is NOT personally responsible for your debts.

YOU MAY NAME ONLY ONE PERSON.

11. Name of person you wish to serve as your Executor if the previous person is unable or unwilling to serve.

YOU MAY NAME ONLY ONE PERSON.

GUARDIANS

Only in wills for persons whose own children are under the age of 18.

NOMINATION OF GUARDIAN.

12. Who do you wish to nominate to serve as the Guardian of the person and property of your minor child/children if either your spouse predeceases you or survives but does not provide for a guardian for your minor children?

YOU MAY NAME ONLY ONE PERSON.

13. Name of person you wish to nominate to serve as Guardian of the person and property of your minor child/children if the previous person is unable or unwilling to serve.

YOU MAY NAME ONLY ONE PERSON.

DURABLE POWER OF ATTORNEY

A durable power of attorney allows the agent that you appoint to conduct your business and to deal with your money and property on your behalf. The power of attorney includes the right to request access to digital accounts and records.

You should only select someone you trust. The durable power of attorney does not terminate on your disability, incompetence or incapacity. The power automatically ends on death.

The durable power of attorney does not authorize your agent to make health care decisions for you.

1. Name of the person you would like to appoint as your agent under a durable general power of attorney.

YOU MAY NAME ONLY ONE PERSON.

(Name)

2. Name of the person you would like to serve as your alternate agent under your durable power of attorney.

YOU MAY NAME ONLY ONE PERSON.

(Name)

ADVANCE MEDICAL DIRECTIVE

A medical directive appoints an individual to act as your agent and to make health care decisions on your behalf. The power granted becomes effective **ONLY** when you are declared unable to make your own medical decisions. You should appoint someone who will carry out your wishes. You should give a copy of your Advance Medical Directive to your healthcare provider and let your healthcare provider know your wishes.

1. Name of the person you would like to appoint as your agent for health care decisions.

YOU MAY NAME ONLY ONE PERSON.

(Name)

(Telephone)

2. Name of the person you would like to appoint as your alternate agent for health care decisions if the previous person is unable or unwilling to act.

YOU MAY NAME ONLY ONE PERSON.

(Name)

(Telephone)

GENERAL INFORMATION

Based on the information that you provide a volunteer lawyer will prepare the documents you have selected. Before signing, you should carefully review the documents to be certain that your wishes are followed and that all names, and other information are correct.

After any questions are answered and any corrections made, you will sign the documents and will be given a complete package. The package will contain the documents you executed as well as an explanation of the documents.

With the delivery of the documents, the attorney-client relationship with the volunteer lawyer is ended. No copies of your documents are kept by anyone.

You must bring a current government issued photo ID when you come to the clinic.

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