

**NELSON MULLINS RILEY & SCARBOROUGH, LLP**  
**FIRE FIGHTERS WILL PROGRAM**  
**EXPLANATION AND QUESTIONNAIRE**

In an effort to show our appreciation for all that fire fighters do to help our community, the law firm of Nelson Mullins Riley & Scarborough, L.L.P., has instituted this program to offer the fire fighters of Richland County a free basic Will and Health Care Power of Attorney.

The Health Care Power of Attorney is basically a South Carolina form document by which you designate another to make your health care decisions for you if you are unable to do so yourself. The form also includes several options whereby you can state whether or not you want to authorize organ donations and want to refuse, or allow your agent to decide if you should be provided with life support systems and tubular feedings and hydration under certain circumstances.

The Wills we are able to offer are not for everyone. To enable us to offer Wills to all Richland County firefighters, the Wills offered need to be "basic." As a result, the basic services offered may not be right for you if you have a large or complicated estate, or want to set up sophisticated Trusts. For the purposes of this Will program, a large estate would constitute an estate in excess of \$600,000.00. Your estate consists of your cash, personal property, stock and bonds, real estate, savings, inheritances and retirement assets like a 401(K). If you have a large or complicated estate or desire complex Trust arrangements, do not partake in this program. You should instead contact a lawyer that specializes in the area of Wills and Trusts.

Please note that Nelson Mullins has not performed a conflict search on your name; if you are aware that the Firm is involved in any legal proceeding involving you, please alert the Nelson Mullins attorney at the beginning of the interview.

With that understanding, this worksheet will answer some common questions and prepare you to discuss your needs with an attorney. It will also provide a convenient form to record your important information. All discussions with a Nelson Mullins attorney will be kept confidential.

You might find the following questions and answers to be helpful to your understanding of why you might want or need a will.

**WHAT IS A WILL?** A Will is a legal document that states your desires concerning what will happen to your assets after your death. A Will also contains other specific directions from you concerning who is to implement your instructions and, perhaps, who will care for any minor children you may leave behind.

**WHY SHOULD I MAKE A WILL?** If you die without a valid Will, the laws of your state of legal residence determine what happens to your assets. Your wishes will not be considered, therefore your assets may go where you don't want them to go.

**ARE ALL OF MY ASSETS CONTROLLED BY MY WILL WHEN I DIE?** No. For example, proceeds of life insurance policies and retirement plan assets are distributed as you direct in a beneficiary designation form and a bank account that you own jointly with another person will, normally, go to the other joint owner. It is extremely important that you coordinate the disposition of these assets with the disposition of the assets of your estate, as provided for in your Will.

WHAT IS PROBATE? Probate is a court procedure by which a Will is proved to be valid or invalid. The probate process accomplishes the transfer of your assets from your name to your beneficiaries under your Will and gives your creditors an opportunity to be paid from your assets.

**HEALTH CARE POWER OF ATTORNEY QUESTIONNAIRE**

*(Please print or write clearly)*

- I want a Health Care Power of Attorney \_\_\_\_\_ Yes \_\_\_\_\_ No
- My Health Care Agent's name is \_\_\_\_\_
- My Alternate Health Care Agent's name, address and telephone number is:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

**WILL QUESTIONNAIRE**

*(Please print or write clearly)*

- Date: \_\_\_\_\_
- Your Name: \_\_\_\_\_  
(First) (Middle) (Last)
- Address: \_\_\_\_\_  
\_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Telephone No.: \_\_\_\_\_
- Spouse's Name: \_\_\_\_\_
- Names and ages of all your children. \_\_\_\_\_

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- Are adopted children, grandchildren, etc. to be treated as your blood children, grandchildren, etc.      Yes      No
  
  - Are there others (e.g. stepchildren) that you would like treated the same as a child of yours? If so, please provide name(s): \_\_\_\_\_  
 \_\_\_\_\_
  
  - Who do you want to be the Personal Representative or Executor of your estate?: \_\_\_\_\_  
 \_\_\_\_\_
  
  - Secondary Personal Representative if your primary Personal Representative is unable or unwilling to serve: \_\_\_\_\_  
 \_\_\_\_\_
  
  - Whom do you wish to be the guardian for and have custody of your minor children? \_\_\_\_\_  
 \_\_\_\_\_
  
  - Backup Guardian? \_\_\_\_\_

**BASIC WILL DISPOSITIVE OPTIONS OFFERED**

(Check the one you want.)

- 1.     Entire estate left to spouse if spouse survives. If spouse does not survive equally to children, grandchildren by a deceased child take the share of the deceased child. Any assets left to someone under age 21 held in trust for his or her benefit until age 21.
  
- 2.     All in trust for spouse (Personal Representative is Trustee), equally to children at death of spouse. Same provisions for a trust for children or grandchildren under age 21 as described in (1) above.

[ ] 3. All to children equally, grandchildren by a deceased child taking the share of the deceased child. Same provisions for a trust for assets left to someone under age 21. SELECT THIS OPTION ONLY IF YOU ARE NOT MARRIED AND HAVE CHILDREN.

[ ] 4. All assets to a designated beneficiary or beneficiaries. If one or more of the beneficiaries is an individual you should clearly provide what is to happen if that individual predeceases you. THIS OPTION NOT AVAILABLE, IF YOU ARE MARRIED.

Beneficiary(ies) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If one of the four options above does not accurately describe the disposition you desire to make of your assets, we are not able to assist you through this program. If one of these four options describes your desired disposition of your assets, please also provide the following information:

- Approximate Value of Estate:
  - Real Estate: \_\_\_\_\_
  - Life Insurance that passes through Estate: \_\_\_\_\_
  - Vehicles: \_\_\_\_\_
  - Stocks & Bonds: \_\_\_\_\_
  - Money owed to you: \_\_\_\_\_
  - Inheritance: \_\_\_\_\_

- Other money and property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign and date below indicating that you have read and completed this Explanation and Questionnaire.

Signed:

\_\_\_\_\_

\_\_\_\_\_

Date