

ELDER APPRECIATION AND WILLS CLINIC INTAKE FORM

The volunteer attorney will use the information on this form to write up your will, power of attorney, and advance health care directive. Please answer each question completely and write neatly. Every question is important. Add additional pages if needed. For assistance in completing this form, please contact the Alaska Bar Association at **(907) 272-7469**. After sending us the completed form, we will call to schedule an appointment at the clinic, **which will be held sometime between October 22 and 24 at the AFN Convention in Anchorage.**

Client Information

1. What is **your legal name**, as shown on your government ID:

2. What are your nicknames, maiden name, or **other names used?** (ot write “*none*”)

3. **Mailing Address:**

4. **Preferred Phone No.** _____ **Alternate Phone No.** _____

5. **Date of Birth:** _____ **Email:** _____

6. **Marital Status** (check all that apply):

- Single Separated
 Married Divorced
 Widowed - date of death of your spouse: _____

7. **If married** (even if separated), what is your date of marriage? _____

Legal name of spouse: _____

8. **Have you ever made a will before?** Yes No

If yes, when did you sign that will? _____

9. **Do you know where the original will is?** Yes No

(If yes, bring it to the clinic, if possible)

10. Sign this box only if you are a US citizen. **I am a citizen of the United States:**

Signature: _____ Date: _____

Family Information

1. If married, **do you want your spouse to receive everything you own when you die?**

Yes No I am not married

2. If your spouse dies before you or you are unmarried, **do you want all your children to receive everything you own in equal shares when you die?**

Yes No I do not have any children.

3. **List ALL your CHILDREN**, including stepchildren, those by a prior marriage, adopted, and deceased children, even if they will not inherit (add additional pages if needed):

	Child's Full Legal Name	Date of Birth	Other Parent's Name (or say "Spouse")
1			
2			
3			
4			
5			

4. List the names of **any other people you would like to provide for in your will** and their relationship to you (i.e., grandchildren, nieces, nephews, etc.):

	Full Legal Name	Date of Birth	Other Parent's Name (or say "Spouse")
1			
2			
3			
4			
5			

5. If you have a **spouse or child who you do not want to inherit from you**, please list them here:

	Full Legal Name	Date of Birth	Relationship (spouse or child)
1			
2			
3			

Financial Information

1. Number of **adults in your household**: count only yourself, your spouse, or unmarried partner (do NOT count other adults, like parents, adult children, or roommates): _____
2. Number of **children under 18** in your household _____
3. Including the PFD, what is your **gross income for all of your listed household members?** (If you have no income, write zero) \$ _____
4. What is the **total estimated value of assets for your household?** \$ _____
(Include savings, investments, vacation/business property, etc. Do not include your home, Native allotments or other restricted property, or any vehicles normally used for transportation)
6. Do you have any **retirement accounts** (i.e. 401(k), IRA, 403(b), PERS, TERS, etc.)?
 Yes No
7. Do you have any shares of **Native Corporation Stock**?
 Yes No
8. Do you have a **stock will** for your Native Corporation stock that correctly shows your wishes?
 Yes No
9. Do you own any **restricted status land (a/k/a “allotments”)**?
 Yes No

10. Do you own a **house or other land that is not tribal land/restricted status?**

Yes (If yes, please send us COPIES of the deeds or property tax statements showing the legal description, or bring them to the clinic, if possible.)

No

If you answered “Yes” to questions 9 or 10, please complete this:

Property 1:

Co-Owner Name (if any) _____

Address _____

Legal Description _____

Property 2:

Co-Owner Name (if any) _____

Address _____

Legal Description _____

Property 3:

Co-Owner Name (if any) _____

Address _____

Legal Description _____

11. Are any of the people you intend to name in your Will currently on **public assistance**, such as SSDI, food stamps (SNAP), or Medicaid?

Yes No

12. Do you own a **Limited Entry Fishing Permit** or **IFQ**?

Yes No

If yes, what is the permit number? _____

If you answered “Yes” to questions 1 to 12, above, please send copies of documents that show this with this completed form, or bring copies to the clinic for your appointment.

Agent Information

For all agents, list the legal name of the people you choose. List a first and second choice (in case the first-choice person is dead or cannot serve). You may also want to list a third choice. For the power of attorney and health care directives, current mailing addresses and phone numbers are required.

1. Personal Representative.

Sometimes also called an “executor,” this is the person responsible for wrapping up your estate after your death. They will be in charge of selling and distributing your property, filing tax returns, and keeping everyone informed. Who would you like to name as your Personal Representative? List the LEGAL names of your first and second choices and you may choose to list a third choice.

Full Legal Names of Choices (in order of preference)

1. _____

2. _____

3. _____

2. Guardian:

If you have a minor child, or if you are the legal guardian of your adult child who has special needs, you can name successor guardians. These people would be responsible for caring for your child upon your death if the other parent does not survive you. Who do you want to name as guardians? (If you do not have children, just write “n/a”)

Full Legal Names of Choices (in order of preference)

1. _____

2. _____

3. _____

3. Power of Attorney Agent.

This is the person responsible for making **financial decisions** for you if you are unable to handle those decisions yourself. You may choose to have them handle such decisions *as soon as you sign the form*, even if you are still capable of doing things for yourself. Who would you like to name as your agent for your Power of Attorney?

List the LEGAL names, addresses and phone numbers of your **first and second choices**. If your first choice is not alive or is unwilling or unable to serve, your second choice will serve. You may choose to also list a third choice.

Full Legal Names of Choices (in order of preference):

1) Name: _____

Address: _____

Phone: _____

2) Name: _____

Address: _____

Phone: _____

3) Name: _____

Address: _____

Phone: _____

4. **Health Care Agent.**

Your health care agent is responsible for **health care decisions** for you if you can't make them for yourself, including end-of-life care decisions. Who would you like to name as your Health Care Agent?

List the LEGAL names, addresses and phone numbers of your first and second choices. If your first choice is not alive or is unwilling or unable to serve, your second choice will serve. You may choose to also list a third choice.

Full Legal Names of Choices (in order of preference):

1) **Name:** _____

Address: _____

Phone: _____

2) **Name:** _____

Address: _____

Phone: _____

3) **Name:** _____

Address: _____

Phone: _____

Other Considerations

- 1. Do any of your beneficiaries (the people you are leaving things to in your Will) need help managing money (health, disability, substance/alcohol abuse, debt problems, etc.)? If yes, please explain: _____

- 2. Are there any family dynamics or special facts that could affect your **wishes being carried out**? If yes, please explain: _____

- 3. **How did you hear about this legal clinic?** _____

- 4. **Additional notes** for the attorney about your wishes: _____

I certify that the above information is true.

Date

Signature of Client

When done, email this form to lmckenna@alaskabar.org or keep a copy for yourself and mail it to:

Alaska Bar Association
840 K Street, Suite 100
Anchorage, AK 99501

We will contact you to schedule an appointment to have an attorney write up your documents for **FREE** on one day (to be scheduled) during the AFN Convention. The AFN Convention is October 22-24, 2026 at the **Den'aina Convention Center in Anchorage**

You **MUST** bring a **government-issued photo ID** (like an Alaska Driver License) with you to your appointment or we cannot complete your documents.

Call us at (907) 272-7469 if you do not have this type of ID or if you need help with this form or have other questions.

If possible, **send COPIES of these documents** to the Alaska Bar Association with this form or bring them to your appointment in October:

1. Deeds or property tax statements for any real estate you own
2. Your current Will, power of attorney, and advance health care directive, if any
3. Documents relating to any Native allotments, limited entry fishing permits, and Native stock wills

Do **NOT** mail original documents. Documents provided will be shredded after the clinic.