

## 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. If you do not know the answer to a question, write "*do not know*" in the space for the answer. 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 **on October 17, 2025**.

### Client No. 1 Information

1. What is your legal name, including any middle names: \_\_\_\_\_  
\_\_\_\_\_
2. What are your nicknames? (If you don't have any, write "*none*")  
\_\_\_\_\_
3. If married (even if separated), what is your date of marriage? \_\_\_\_\_  
Legal name of spouse: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Preferred Telephone No. \_\_\_\_\_ Alternate Telephone No. \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_
7. Marital Status (check all that apply):
  - ☐ Single
  - ☐ Married, date of marriage: \_\_\_\_\_
  - ☐ Divorced
  - ☐ Separated, date of marriage: \_\_\_\_\_
  - ☐ Widowed, date of death of your 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: \_\_\_\_\_

## Client No. 2 Information

Fill out information here with information about a **spouse, romantic partner, or parent of your child** if both people are comfortable with the other knowing what their wishes are as listed on this form. Both will have to sign this form.

1. Relationship to Client 1: ☐ Spouse ☐ Romantic Partner ☐ Parent of Client 1's child
2. What is your (Client No. 2's) legal name, including any middle names:  
\_\_\_\_\_
3. What are your nicknames? (If you don't have any, write "*none*")  
\_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Preferred Telephone No. \_\_\_\_\_ Alternate Telephone No. \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_
7. Marital Status (check all that apply):  
☐ Single  
☐ Married  
☐ Divorced  
☐ Separated  
☐ Widowed, date of death of your spouse: \_\_\_\_\_
8. If married (even if separated), what is your date of marriage? \_\_\_\_\_  
Legal name of spouse: \_\_\_\_\_
9. Have you ever made a will before? ☐ Yes ☐ No  
If yes, when did you sign that will? \_\_\_\_\_
10. Do you know where the original will is? ☐ Yes ☐ No  
(If yes, bring it to the clinic, if possible.)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Family Information</b>
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1. If you are 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, and those you have adopted (add additional pages if needed):

	<u><b>Full Legal Name</b></u>	<u><b>Date of Birth</b></u>	<u><b>Parents</b></u>	<u><b>If deceased, date of death</b></u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____

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.):

	<u><b>Full Legal Name</b></u>	<u><b>Date of Birth</b></u>	<u><b>Relationship</b></u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____

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

	<b><u>Full Legal Name</u></b>	<b><u>Date of Birth</u></b>	<b><u>Relationship</u></b>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

<b>Financial Information</b>
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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 0) \$ \_\_\_\_\_
4. What is the total estimated value of assets for your household? \$ \_\_\_\_\_
5. (Do not include your home, Native allotments or other restricted property, 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 the deeds or property tax statements or bring them to the clinic, if possible.)

Legal Description or Address 1 \_\_\_\_\_

Legal Description or Address 2 \_\_\_\_\_

☐ No

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 Permit** or **IFQ**?

- ☐ Yes ☐ No

If you answered “yes” to any of the questions 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 person 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.

Client No. 1 Choices:

Client No. 2 Choices:

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. Who do you want to name as guardians? (If you do not have children, just write “n/a”)

Client No. 1 Choices:

Client No. 2 Choices:

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 your money yourself. If you choose to do so, they may even be able to help you handle your money *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. You may choose to also list a third choice.

Client No. 1 Choices:

Client No. 2 Choices:

**1.Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**2. Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**3. Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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. You may choose to also list a third choice.**

Client No. 1:

**1.Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**2. Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**3. Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Client No. 2:

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>Other Considerations</b>
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1. Do any of your beneficiaries (the people you are leaving things to in your Will) need assistance managing assets (health, disability, substance abuse, debt problems, etc.)? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you have any legal issues we should be aware of? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are there any family dynamics or special facts that could affect your planning? If yes, please explain:

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4. How did you hear about this legal clinic? \_\_\_\_\_

**I certify that the above information is true.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Client 1**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Client 2**

When done, email this form to [lmckenna@alaskabar.org](mailto:lmckenna@alaskabar.org) or mail it to:

Lea McKenna  
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:

**October 17, 2025**  
**Elder Appreciation and Wills Clinic**  
**Den'aina Convention Center in Anchorage**  
**2<sup>nd</sup> floor, Tubughnenq' Room 5**



If possible, send COPIES of these documents to the Alaska Bar Association with this form or bring them to your appointment on October 17, 2025:

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 permits, and Native stock wills.