

# QUESTIONNAIRE

## ARTS ALLIANCE'S **WILLS FOR THE ARTS! PRO BONO PROJECT**

The Arts Alliance has enlisted volunteer lawyers to prepare basic wills, powers of attorney, and advance medical directives for individuals selected by the participating arts organizations as being eligible for these free legal services. The free legal services do not include business, tax, estate planning, or general legal advice; instead, the volunteer lawyers' representation will be limited strictly to preparing the documents selected by the represented individuals. There will not be a continuing attorney-client relationship after the documents are prepared, and the clinic will not retain copies of the prepared documents. The Arts Alliance and the participating arts organizations will host a document signing party on March 21, 2024, at the offices of Williams Mullen, 999 Waterside Drive, Suite 1700, in Norfolk, with witnesses and notaries present to assist you with the execution of their documents.

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

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  
**NOTE:** You must be a Virginia resident and over 18 years of age to participate in the program.

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

6. Do you own a business?  Yes  No

**STOP:** 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/or 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. Bank accounts, insurance policies, IRA's and 401(k) plans will also pass outside of your will where a beneficiary is named.

8. If married, would you like to obtain documents for your spouse? If yes, please provide:

Spouse's name: \_\_\_\_\_

Contact email: \_\_\_\_\_

9. From the personal property disposition options listed below, please choose the option you desire:

**NOTE:** You will be given materials that will permit you to leave specific items of tangible personal property (e.g., jewelry, keepsakes, etc.) to specific individuals.

**\*\*\*\* SELECT ONLY ONE OPTION BELOW \*\*\*\***

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

**STOP:** If one of the will options listed above does not accurately describe the property disposition you desire to make, we will not be able to assist you through this program. If you wish, we can provide a durable power of attorney and/or advance medical directive. Skip to the durable power of attorney and advance medical directive questionnaires.

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

---

---

---

11. 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.**

---

12. 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**

**NOTE:** Only in wills for persons whose children are under the age of 18.

13. 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.**

---

14. 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.**

---

End of Will Questionnaire  
Continue to Durable Power of Attorney Questionnaire on Following Page

**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.

A 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)

End of Durable Power of Attorney Questionnaire  
Continue to Advance Medical Directive Questionnaire on Following Page

**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.

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)

**End of Advance Medical Directive Questionnaire**  
**Continue to Document Signing Party Reservation on Following Page**

**DOCUMENT SIGNING PARTY RESERVATION**

Your documents will not be valid unless and until they are signed properly before witnesses and a notary, so **the final step in your life planning documents process will be to attend the document signing party at the offices of Williams Mullen, located at 999 Waterside Drive, Suite 1700, in Norfolk, on Thursday, March 21, 2024.**

Please check  one box below to reserve your time slot at document signing party:

- 9:00 a.m. to 11:00 a.m.
- 11:00 a.m. to 1:00 p.m.
- 1:30 p.m. to 4:00 p.m.

Please reserve the date and your selected time slot on your calendar now!

**IMPORTANT NOTE: You must present a current, government-issued photo ID to the notary when you execute your documents.**

We will send a document signing event reminder email along with additional document execution instructions the week before the document signing party.

**PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE AND RESERVATION FORM TO YOUR ARTS ORGANIZATION AS SOON AS POSSIBLE TO RESERVE YOUR SPACE!**