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**DAVENPORT'S
VIRGINIA WILLS AND
AND ESTATE PLANNING
LEGAL FORMS**

Alexander William Russell

Ernest Charles Hope

Third Edition – 2018

Published by Davenport Press

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CHAPTER 1

OVERVIEW OF FORMS, BOOK, AND USERS

THERE ARE 9 FORMS IN THIS BOOK BUT MOST PEOPLE ONLY USE A FEW

In this book about 9 legal form are covered, but most only use a few. The forms are:

1. **Last Will And Testament (Standard)** – lets one control things after death like who gets property and money, who is executor, pick legal options to use, and other things
2. **Last Will And Testament (Guardians)** – this is a Will with a “Guardians” paragraph, so is for someone with a child under 18 or giving major things to any minor under 18
3. **Self-Proving Affidavit** – this is often done with a Will to avoid work after a death of showing a Will was signed correctly
4. **Tangible Personal Property List** – lets one put in a simple list outside a Will wanted gifts to occur on death of “tangible personal property” like household items or vehicles
5. **Codicil** – lets one make changes to a Will, but it is often better to just re-do a Will
6. **Virginia Advance Medical Directive** – often called “Combined Power Of Attorney For Health Care And Living Will” this lets a person be named to control health care in case needed, and also lets health care instructions be given in case needed
7. **Durable Do Not Resuscitate** – this form (or similar forms) can be requested from a doctor when in very bad health to quickly show paramedics and other medical personnel to not try restarting the heart or breathing and certain other major treatments
8. **Virginia Power Of Attorney** – sometimes called “Financial Power Of Attorney” lets power over a person’s money, property, and other matters be shared with a very trusted relative or friend so they can help do things usually when the person is ill or away
9. **Designation To Control Funeral And Disposition Of Remains** – lets person be designated to control funeral, bodily remains, and related matters rather than have closest family member do this, and the form also has space for related instructions to be given
10. **Power Of Attorney Of Parent and Standby Guardian** – this form lets a parent or similar share power over a child with someone, including decisions involving healthcare, school, or home, and the form is mostly used if a parent is away many days or away often

BOOK BRIEFLY EXPLAINS LAW AND THEN COVERS FORMS

This book in its first part quickly explains Virginia law and Wills. Some people skip some parts of this book if doing simple things or if using only a few forms, but reading all of this book is recommended. Later chapters each explain and provide 1 legal form.

VIRGINIA “ESTATE PLANNING” CONTROLS THINGS ON ILLNESS OR DEATH

This book is on Virginia “Estate Planning”, about how to do things like legal documents to control on later illness, death, or absence things like health care, property, money, children and dependents, and funeral. These things are fairly simple things and legal forms for most things exist. These documents often are not vital but doing them may avoid some delay, costs, or confusion. Virginia law applies if people live here, or left planning to return, or without deciding on a long-term home (e.g., some military people, students planning to return, or temp workers).

SOME DOCUMENTS NOT IN THIS BOOK ARE LESS COMMON

This book does not provide some less commonly used forms and options.

“**Revocable Living Trust**” papers may be tried to after death and save family small delays and work (by “avoiding probate”), but this is rare as benefits are to others and small and costs are large (one must move ownership of most things to a trust for years);

“**Child Trust**” to have trust hold a minor’s things to age 18 is rarely done, as
a) minors rarely get property or money (a parent usually gives all to the other parent), and
b) if a child gets big money or property a Will or judge can name a “guardian” til age 18.

“**Pet Trust**” by a lawyer are done but it’s easier just to give money and pet to someone.

“**Asset Lists**” with info on assets, debts, passwords, and papers are done yearly by some people to help sort things after their death, which can be done on any blank paper.

“**Organ Donation**” forms can be done separately but are mostly done with drivers license forms or state ID forms (or the “Advance Medical Directive” also covers this).

“**Beneficiary forms**”, joint ownership, or special ownership papers (like trusts, transfer-on-death accounts and deeds, and) can be used to on death automatically transfer things, but as this book later says trying to cover most things is rarely tried.

“**Medicare Planning**” forms and giving away assets using a costly lawyer to maximize government benefits and preserve assets is done if facing huge health issues in the family, but most people find hassle and cost of this for years is not justified (or it is tried and fails).

“**Final Message**” or similar is note on plain paper that is not legal with messages for people.

MAY NEED LAWYER IF PERSON HAS UNUSUAL SITUATIONS OR WISHES

This book can't cover everything but should be sufficient for people with usual situations and wishes. People with unusual situations or wishes may need lawyers for Wills and Estate Planning, like 1) wealth over \$5 million, 3) unusual wishes for gifts or if complex family makes gifting difficult, and 4) large medical concerns (like long-term care or special needs or Medicaid issues). Older or rich people may find lawyers more help. Using lawyers for these things can take a few visits over months, mistakes even with lawyers can occur, and it can be costly (many forms are re-done often raising costs more). Most adults have not used lawyers for this, and most skip all this despite likely benefits or they do find legal forms to use. In business and private life whether to pay lawyers is a common issue for people. **This book with forms is not a substitute for legal advice and does not create any lawyer-client relationship.**

PHOTOCOPY OR DOWNLOAD BOOK FORMS AND USE PEN

To get usable forms people can 1) photocopy book pages or 2) download forms free from www.davenportpress.org. When filling out forms a computer or pen or marker can be used to add words, but signatures and most dates should always be handwritten in pen or marker. For forms that need it a notary can be found at banks or courthouses or (often best to avoid delay and bother) by hiring a notary from the phonebook.

CHAPTER 2

TERMS, PROPERTY LAW, DEBTS, TAX, AND FAMILY

THERE ARE BASIC TERMS AND IDEAS TO KNOW

Some words and ideas are basic to Wills and Estate Planning.

- A person who has died is called a “decedent” or the “deceased”.
- A “Will” or “Will and Testament” is a document that can control issues after death. A “Testament” in olden times was a document used with a Will for certain items. The word “Will” can be capitalized or not.
- A “Testator” is a person doing a Will and being without a Will is “intestate”.
- “Property” is a) “real property” (land, buildings, and fixtures attached to land) or b) “personal property” (all else like money, accounts, vehicles, and small items).
- A person set to get gifts like by Will is a “beneficiary”, or “heir” if family.
- “Probate” (from an old word meaning “to prove”) is a legal process to do things after death like transfer property, pick guardians, share information, and handle owed creditors. In Virginia probate is fairly efficient and short, and also some informal options do exist.
- An “Executor” (often called “Personal Representative”) is a person (like spouse or friend) chosen to be in charge after someone’s death to do things including any probate.
- “Notary” (also called a “notary public”) is a person who observes signings and stamps documents, and they are at banks, court, firms, or by looking in phone books.
- “Respectively” means “in order just said”. To sign under “Seal” has no special step.
- State law is in the “Virginia Code” or “Va. Code” (an example is “Va. Code § 8-11” with § meaning section) and if a law book has notes it is called “annotated”. Federal law is in the United States Code called “U.S.C” for short. Various court rules can also apply.
- In Virginia the court usually involved with Wills is “Circuit Court”, and persons usually involved are the Clerk, Commissioner of Accounts, and only if needed a judge. A person can file a Will early for safekeeping with the court clerk, but this is rarely done.

“ESTATE” MEANS PROPERTY OF DECEDENT OF DECEDENT

The “probate estate”, or just “estate”, is all property of someone who died that on death did not transfer automatically to other owners. Also, “Estate” can mean an entity temporary owning things a few months after death run by an executor. A deceased person’s things might be renamed for few months, like “Estate of John Jay Hill”.

SIMPLER PROBATE PROCESS CAN BE USED IN SOME CASES

This paragraph may be skipped but some may want to know probate options after death.

As explained in this book most Wills in a few words authorize “informal probate” without “bond” or “surety”, which allows faster, cheaper probate procedures to be used.

A Small Estate Procedure can be done if under \$50,000 in the estate, and then family can just sign affidavits to give to banks and others to get transfer of property and money.

Delivery under Va. Code § 64.2-602 lets any party with a small asset worth under \$25,000 in most cases simply deliver it to a successor spouse or child of decedent.

Affidavit for Real Estate under Va. Code § 64.2-510 lets a simple affidavit be used to transfer real estate if no other transfers are needed and certain conditions are met.

For a vehicle a spouse or other family can file title papers to get transfer to them fast, or “transfer on death vehicle title” can be done in advance to name a person future owner.

State law let an executor or spouse get from a bank safe deposit box Wills and papers.

Under state law a spouse usually stays free in the home until rights are determined.

“Ancillary Probate” is a legal proceeding in another state for property there (like real property) but this can be avoided by holding property jointly so it transfers automatically.

IF NO WILL “INTESTATE” LAW CONTROLS PROPERTY AND MONEY

“Intestate” means to die with no Will and then “intestate succession” law says what happens to a person’s “estate property” (property that didn’t transfer somehow on death). If there is no Will the law directs estate property based on a decedent’s surviving family:

If a spouse but no descendants (children or grandchildren), the spouse gets all;

If a spouse and also descendants but all are related to the spouse, a spouse gets all;

If a spouse and some descendants not related to the spouse (i.e., they’re step-children of the spouse), then a spouse gets 1/3 of estate property and any children split the rest;

If descendants but no spouse, the closest descendants get all;

If any parents but no spouse and no descendants, any parents get all;

If any siblings (brothers, sisters) or their descendants, but no spouse and no descendants and no parents, then siblings or their descendants get all; and

In other cases property goes to other close family, and only if this fails to the state.

For these intestate laws adopted children count but not foster or step children, a spouse who deserts the other spouse has no intestate rights, and descendants usually take what a dead ancestor would have gotten (i.e., grandchild may take the share of a dead parent). As just shown, with no Will the law may give a spouse only 1/3 of estate property or may give 100% to a few family members which may not be what is wanted so a Will is needed.

“NON-PROBATE PROPERTY” TRANSFERS IGNORE ANY WILL

Very importantly, property that due to arrangements automatically transfers on a death to new owners is “non-probate property”. Examples are: “beneficiary” forms name a person to get an investment or pension, property is held by 2 people as “joint tenants”, transfer-on-death or pay-on-death accounts are used, or life insurance names a beneficiary. Only things without non-probate transfers is left to be handled by a Will. Having enough non-probate transfers for all things is “avoiding probate”, but it is rare due to high legal costs and hassles for maybe years to save others small work, and often some things are missed so the effort fails and probate occurs. When doing a Will consider non-probate transfers that may occur automatically on death and what may be left for a Will to handle.

PERSON CAN ONLY GIFT INCLUDING IN WILL WHAT THEY OWN

A person can only gift including by Will things they now or at death legally own.

Roughly, legally a person owns money gotten as wages or salary, profit or income from their own property, and things or parts of things their resources bought or fixed.

People can change ownership by a contract or gift, and doing so in writing to be clear is best. A verbal promise to gift or be joint owners often is insufficient.

For property with title papers (real estate or vehicles) or where there is a “listed owner” (like accounts), named persons are usually legal owners except in unusual cases.

But a person in life is free to make gifts or sell property even items listed in a Will.

People should see what is owned by them and may be left to be handled by Will.

PROPERTY CAN BE OWNED IN WAYS THAT AFFECT GIFTING

Real estate (and other property) can be owned in ways that affect gifting:

a) “separate” or normal ownership is the usual case or if just 1 person is listed on title, then an owner usually has power to sell or gift during life and to gift by Will;

b) “tenants in common” may occur if several are listed on title, then each owner has a percent share (like 50%) they can sell or gift in life or gift by Will;

c) “joint tenant” or “joint tenancy with right of survivorship” occurs if multiple owners are on the title and this “joint” language is written on ownership papers or contracts, then

an owner has percent share they can take legal action to sell, but can't gift by Will since on death it goes to other joint owners (also Virginia spouses can hold property in a joint way called "tenancy by the entirety" which further limits gifting during life or by Will gift);

d) a "life estate" is if title papers say this, then a person uses a property for their life but can't sell or gift in life or gift by Will since on death it goes to remainder owners;

e) "trust property" is if papers creates a trust and people transferred property into the trust, and then only a "trustee" can sell or gift trust property, and a Will has no effect.

FOR SPOUSES VIRGINIA USES "SEPARATE PROPERTY" LAW

Virginia is not a "community property" state (like California or Texas) where a spouse usually owns half their spouse's income and half of most purchases during marriage.

Virginia uses "separate property" law where a spouse usually owns all their income and things they buy and this is not split between spouses. Often only if a couple gets property or money with a clear plan to hold it jointly, get it by joint gift, or buys with joint funds are things owned 50-50 by spouses. So, in separate property states ownership of property and money is often very unequal between spouses with main breadwinner owning much or all. A married person doing a Will should consider what is owned by them, owned by a spouse, and what a spouse may feel entitled to so legally fight for if not given.

NO FEDERAL OR STATE TAX USUALLY OWED DUE TO DEATH

Despite what people hear or think, usually no tax is owed due to death in Virginia. First, the "Federal Estate And Gift Tax" only starts when a tax credit is used up covering \$11,180,000 in 2018 after changes by President Trump (which will rise for inflation). And most gifts to charities or a U.S. spouse are fully tax free. Rarely is federal tax owed. Second, Virginia since 2008 no longer has any state estate tax or similar tax due on someone's death. But Virginia does have a tiny "probate tax" for estates over \$15,000 of \$1 for each \$1,000 of estate property (but not on things passing outside probate some way), and half the counties charge a fee of \$.33 for every \$1,000. But overall this local probate tax is small, and an estate of \$200,000 if taxed at \$1.33 for every \$1,000 only pays \$266. Third, another state's estate or inheritance tax may be owed for property there or going to someone there but only 15 states have such taxes often starting at over a million (except Pennsylvania which taxes small amounts). Overall, most people and estates have little to worry about in taxes and fees on death.

CREDITORS OF THE DECEASED USUALLY ARE PAID OFF BEFORE WILL GIFTS

After a person dies creditors they owed have a claim to be paid from a decedent's money and property before most Will gifts are carried out. In a normal probate process after death creditors are contacted or can file a claim within 6 months to demand payment. If there is not enough to pay required debts then Will gifts may be reduced. The order this occurs is gifts of the "Will residue" and then gifts of money are sacrificed first to pay debts, and only if needed are specific gifts of particular property sacrificed to pay debts. If debts are big even non-probate transfers may be undone but this is rare. Debts of a funeral, probate, estate attorneys, last illness, and government medical assistance have priority to be paid before most debts. A spouse and family can feel safe they are not usually liable to pay for a decedent's debts (except if they guaranteed or co-signed). Generally, when doing a Will consider what likely will be left after debts are paid.

DEBTS WITH MORTGAGE OR LIEN NOT PAID OFF

One exception to paying debts of the deceased is if property gifted by Will or by non-probate transfer has a mortgage, vehicle lien, or other secured debt on it, then usually the related debt is not paid off and remains. This is due to state law and usually a Will clause saying not to pay these. This helpfully avoids much estate property and money being used up to pay off large mortgages and liens, which may leave little for other gifts. So, a person who gets by gift property with a mortgage or lien usually must keep paying these to not lose the property. But a mortgage or lien will be paid off if a Will specifically says to pay it off (simple Will language saying "pay all my debts" is not sufficient, but writing "Pay the mortgage on _____" is sufficient).

FAMILY HAS RIGHT TO SOME PROPERTY BEFORE CREDITORS

After a death Virginia gives a spouse and minor children rights to some property and money of a decedent before most creditors must be paid (but funeral debts up to \$4,000 and a similar amount of debts from a last illness usually are paid first). As said below, family if getting most things by Will or other ways often don't bother to claim these rights.

The "**Family Allowance**" law entitles a family to claim during a probate process support of usually \$24,000 if paid lump sum or \$2,000 paid monthly.

The "**Exempt Property**" law entitles a family to pick \$20,000 of "tangible property" of a decedent like household items and vehicles with a credit for any lien on property that is picked (if not enough tangible property exists other items like accounts can be claimed).

The "**Homestead Allowance**" law entitles a family to a reasonable amount for future living costs of usually \$20,000 (this is rarely used except if creditors would get most or the

estate is small, since if used to offset money paid family may lose other Will gifts to them).

Virginia usually lets a spouse or minors stay in a home until all rights are determined.

Note, property listed in Will specific gifts may not be chosen for exempt property or homestead allowance unless there is no other property. Most family rights are in addition to anything a Will, intestate law, or elective share gives. A lawyer's pre or post-nuptial agreement can limit a spouse's family rights but this is rare and can be costly. A spouse who has deserted the other loses these family rights.

These family rights if used may take up most decedent's money and property so may leave little for Will gifts, so a person should consider if family may use these rights. Helpfully, usually people write a Will to give most property to their spouse or family so they usually do not bother to use family rights unless creditors would otherwise get most.

SPOUSE UNHAPPY WITH WILL CAN INSTEAD CLAIM "ELECTIVE SHARE"

A surviving spouse who has not left the other spouse rather than take what a Will gives can instead "elect" to claim an "Elective Share" of 1/2 the "augmented estate" which is reduced to 1/3 if a decedent left surviving descendants (children or grandkids). Elective share law is meant to be fair to a spouse, and to avoid forcing them to get a divorce to be assured money for old age rather than stay married. In rare cases calculating the "augmented estate" is complex, but it is usually the probate estate, large gifts made in last 5 years, property held jointly or transferred on decedent's death, and things decedent somehow had power over (with reductions for what a surviving spouse got like insurance payouts, transfers during marriage, and some separate gifts and inheritances a spouse got). To pay an elective share recipients of Will gifts or similar may have to pay a part back. Helpfully, most people do a Will that gives a spouse most property and family home so most spouses don't bother using elective share rights. Although rare a lawyer pre-nuptial or post-nuptial agreement both spouses sign can give up elective share rights.

DO NEW WILL IF DIVORCE, MARRY, HAVE NEW CHILD, OR MOVE

Divorcing, marrying, having a new child, or moving to a new state after doing a Will can have big legal effects. If these occur it is recommended people do new Will.

CHAPTER 3

WILL BASICS

“WILL” IS COMMON DOCUMENT TO CONTROL ISSUES ARISING AT DEATH

A "Will" is a common legal document done by a person at least age 18 and of sound mind to control issues that may arise after death. Issues in a Will include who gets money and property, if less costly procedures can be used, who will oversee things as “executor”, and who will be guardian of minor children and their property. Not doing a Will can cause confusion, delay, costs, court hearings, and family fights. A Will is a “Last Will And Testament” since a Testament document use to be done with a Will to cover certain property, and person writing a Will is called a “Testator”.

WILL CAN BE REVOKED BY NEW WILL, TEARING UP, OR MARKING

To cancel or “revoke” a Will a person can do a new Will which says it revokes previous Wills, or just acts to show intent to revoke (like tearing up the Will or writing “canceled” on every page). Revoking a Will does not usually bring back into effect an earlier Will. Crossing out or marking just parts of a Will usually does not affect a Will.

IN VIRGINIA USUALLY NEED 2 WITNESSES TO SEE WILL BEING SIGNED

Except as explained in this book in Virginia a Will is invalid and has no effect unless 2 persons as witnesses see it signed by the person doing it and then witnesses sign too. Witnesses can be getting gifts in the Will, can be family, and can be named executor or guardian in a Will. But it is a bit better if Witnesses are not involved in these ways and “disinterested” by not getting any will gifts and also not have a felony criminal record.

“HOLOGRAPHIC” WILL WITHOUT WITNESSES NOT RECOMMENDED

Most Wills are signed with 2 witnesses but Virginia does allow a “Holographic Will” without witnesses if all major parts are handwritten by person doing the Will (not typed or computer printed or written by another person). For example a person could handwrite, “For my Will I give everything 60% to Jon Wat and 40% to Ed Lee” then date and sign. But for unwitnessed Holographic Wills later 2 people who know the person’s writing have to be found and testify well in court. Unwitnessed Wills are rare and not recommended since they leave out helpful legal language and often face more costs, delays, and lawsuits.

IN A WILL CAN NAME “EXECUTOR” TO HANDLE DECEDENT’S AFFAIRS

Wills have a place to name an “executor” to after death do things like probate and paperwork, find and transfer property and money, pay taxes, and pays debts. If needed and no Will names an executor a judge in a maybe difficult hearing picks an executor usually from family who may argue about this. Anyone at least 18 can be executor, like a spouse or family friend. Naming 2 persons as executor is rare due to possible fights and delay. Banks and lawyers can be named executor but this can be costly. Property and money of the deceased will pay executors their expenses and for any needed help of lawyers, and also usually a fee of 5% of estate income and property but excluding most real estate (or a Will can forbid this fee or an executor can decline this as it’s taxable and uses up estate property). An executor not in Virginia must post a costly bond and name a local like a lawyer to accept delivery of papers (so a Virginia resident is best).

IN WILL CAN NAME “GUARDIAN OF THE PERSON” TO CARE FOR MINORS

If someone dies with a child under 18 the other biological or adopted parent (but not step-parent) takes over automatically unless found “unfit” by a court. Just in case needed a Will can name a “guardian of the person” to care for and live with minor children (naming someone avoids a judge at hearing picking usually from family who may argue). Naming 2 persons to be guardian of the person at the same time is allowed but not usual to avoid possible problems (like them arguing or problems if married guardians divorce). Normally people pick a guardian who lives nearby unless moving the children is planned. People without a minor child can remove a guardian clause, skip it, fill it in, or use a Will without this. Since naming for child the other parent as this guardian is pointless (they automatically take over unless unfit), most name a close relative or friend who is healthy.

IN WILL CAN NAME “GUARDIAN OF ESTATE” FOR PROPERTY OF MINORS

In a Will a “guardian of the estate” can be named to manage any property including money of a minor under 18 and carefully pay for a minor’s living costs, health care, and schools til 18 when usually anything left is handed over. This is needed because by law persons under 18 can’t control major property. Unless bad with money often who was named “guardian of the estate” is also named “guardian of the person” to avoid fights. A guardian of the estate usually has the cost of reporting yearly to a court which is a looking for misuse. People with no young child and not giving major things to minors can remove a guardian clause, skip it, fill it in anyway just in case, or do a Will without it. Usually when picking “guardian of the estate” a minor gets things mostly when all parents are dead, so people usually name for this guardian a friend or close relative.

MOSTLY GIVE TO PARENT OF CHILD NOT TO MINOR CHILD

Due to legal costs and problems most people do not gift to minors under 18. Normally 1 parent by Will gifts all to the other parent who is trusted to care for all, and splitting half to spouse and half to children or gifting all to children is rare (unless parents are divorced). To avoid costs some to help a minor give to their family, like “I give \$10 to Ed Hill hoping he helps his son Sam Hill.” But if wanted it is OK to give to minors under 18 money or property, and for this a Will or judge will name a guardian of the estate to help them til 18.

IN WILL CAN SAY NO TO “BOND” AND ALLOW INFORMAL PROBATE

Most Wills say no “bond” or “surety” is required. A bond or surety is insurance against executor misconduct paid using up estate funds, but this usually is not needed as an executor is trusted. Most Wills say unsupervised and informal probate can be used which lets an executor or others choose as informal a probate process as they want.

USUALLY “ALTERNATE” EXECUTOR OR GUARDIAN NOT NEEDED

For the rare case a person who is named executor or guardian dies or is unavailable people can just write a new Will or a judge will pick someone if needed. Since such a person dying is so rare, this book’s Wills do not name alternative executors or guardians. But if want one can put in a Will after an executor or guardian is named words like: “or if they are reasonably unable to serve I nominate ___ to serve”.

WILL IGNORES PLURAL OR GENDER AND HAS MISCELLANEOUS SECTION

Most Wills say singular, plural, or gender meaning of words are ignored which lets people write in blank spaces anything they want. For this reason many Wills use “they” when a Will space might refer to just 1 person. Most Wills also have a “Miscellaneous” section with legal language that help avoid common legal problems.

DO NEW WILL IF DIVORCE, MARRY, HAVE NEW CHILD, OR MOVE

Divorcing, marrying, having a new child, or moving to a new state after doing a Will can have big legal effects. If these occur it is recommended people do new Will.

“TANGIBLE PERSONAL PROPERTY” CAN BE GIVEN IN LIST OUTSIDE A WILL

Virginia law lets people do gifts of “tangible personal property” to occur upon death in a simple list done outside a Will. This list can only give “tangible personal property”, so only things with tangible form and only personal not business items, and examples are household items, vehicles, clothes, jewelry, and tools. Form 4 in this book is List form.

CHAPTER 4

WILLS AND GIFTING IN DETAIL

GIFTS IN WILL CAN SAY ON DEATH WHERE THINGS GO

A Will is the normal way a person says what happens on death to their property and money. As this book said, a Will covers property and money a person owned that is left after any automatic “non-probate” transfers occur after they die. In a Will to do a gift simple words can be used, like “I give ___ to ___”. Simple words avoid need to use complex legal words like “bequest”, “devise” or “legacy”.

FOR WILLS KEEP SIMPLE, GIVE TO FAMILY, AND RE-DO IF NEEDED

As this book shows a Will is not that hard to do. People can write a Will based on circumstances but if things change re-do it. Many people keep it very simple and give 100% including any residence to a spouse or if no spouse to children with few other small gifts, then if a spouse dies a person re-does their Will to gift others more.

CAN GIVE UNEQUAL AMOUNTS OR NOTHING TO PEOPLE BUT NOT SPOUSE

Unlike states like Louisiana or old European law, in Virginia one is free to give unequal amounts or nothing to most people even a child (“disinherit” them). But as said earlier, if a spouse is not getting most things and family house then a spouse may use certain elective rights to 50% or similar share of a decedent’s things.

IN WILL CAN DO “SPECIFIC GIFTS” TO GIFT PARTICULAR PROPERTY

Most Wills in a main area have “Specific Gift” clauses to gift particular things to persons named. Specific gifts can be 1 item or several items, and can include an account or investment, clothing, household item, tools, cars, and real estate. Specific gifts get some preference to be done before most other Will gifts, and the law tries to pay creditors not using things in specific gifts. Examples are:

“I give my Oak Table to Sue Moe”, “I give big piano and ’89 Ford truck to Ed Fox”,
“I give UBank account ending #8473 to Ivy Dee”,
“I give 83 Oak Rd., Greebo, VA property including land and buildings to Amy A. Wall”.

IN WILL CAN DO “GENERAL GIFTS” INCLUDING OF MONEY AMOUNTS

Many people in Wills give “general gifts” where particular items aren’t named, including giving a category of items or money amounts. Giving money is easy, has less

legal risk, and can match exactly what gifting is wanted. Gifting specific property is riskier since maybe over time property was lost or sold, value of property greatly changed, or items may have to be sold to pay debts. An executor by law has power to use accounts and sell property to carry out money gifts. A person named in money gift can agree with to take specific property of same value, so are not limited to money. Money gifts often are put in a Will's specific gift area. Examples of general gifts are:

“I give \$10 to Wendy Olson”,

“I give all clothing to Teresa Baker”,

“I give all accounts, stocks, and investments to Ben Sinatra”,

“I give \$100 to each of my grand-children and great-grandchildren”, and

“I give a total of \$90,000 to Ben Fox, Jan Fox, Bo Hill, Ned Kix, and Larry Chin”.

TYPE OF WILL GIFTS USUALLY DONE IN CERTAIN ORDER

Usually after a death when Will gifts are carried out the order they occur is:

1) “specific gifts” with particular property are done first, 2) “general gifts” like money gifts are done next, and 3) “residue” gift is done last (which covers anything left).

Gifts of same type usually occur in order written in a Will. People should consider if gifts to be carried out earlier may leave less for later gifts (and also consider payment of debts).

IN THIS BOOK'S WILLS “SURVIVAL” BY PERSON IS CONDITION FOR GIFTS

In many Wills some or all gifts may say “to ___ if they survive me”, so if the person gifted is not living when a Will is used the gift does not occur (then usually property in the gift passes via a “residue” left-over clause). If survival is not a condition what happens is uncertain and for close family some laws may provide a replacement if allowed by a Will. But to skip all this work and to avoid confusion this book's Wills make clear in the “Miscellaneous” section survival is a condition for all gifts and overrides any contrary law. But this doesn't stop use of a named alternate beneficiary if wanted, like “Bo Lee or if he fails to survive to Ed Lee” or “To Ed Ho, or if he fails to survive his lineal descendants”.

CAN NAME ALTERNATE BENEFICIARY BY “LINEAL DESCENDANTS”

The term “or their lineal descendants” in a Will gift means if a person named has died the gift goes to their closest descendants like children or grandchildren. Most Wills say “lineal descendants” shall be “per stirpes” meaning “by branch” so if needed it is split into equal shares for each branch of the family. For example, if old Abe dies and his sons Ben and Charlie have already died with 1 and 2 kids respectively, then Ben's 1 child gets 50% and Ken's 2 children get 25%. Usually if a beneficiary of a residue clause dies with no descendants their share goes to other persons named in a residue clause.

CAN NAME PERSON AS ALTERNATE BENEFICIARY BUT NOT DONE HERE

In case a person in a Will gift dies some other Wills name alternate beneficiaries, taking lots of work, like “To Bo Hart but if he doesn’t survive to Ed Smith”. But naming a replacement person in many gifts is confusing and work, and for a rare case a beneficiary dies a Will can be re-done or catch-all “residue” clause handle the property. So, this book’s Wills skips alternate beneficiaries and requires survival and overrules contrary law. But if really wanted an alternative beneficiary can be added, like by adding “or if they don’t survive to _____”.

IN JOINT GIFT SEVERAL GET A THING BUT MUST SURVIVE TO GET

In a “joint gift” the same thing can go to several people to share, like “I give my piano to Ed Coe and Jill Hill” and “I give \$900 to Kim Baker and Ann Moxy”. Wills in this book do say in joint gifts if some beneficiaries have died the others named split the decedent’s share unless an alternate beneficiary is named in a gift. This book’s Wills also say unless all recipients agree how to use a gift the executor can sell it and give cash.

JOINT BENEFICIARIES CAN GET PERCENTAGE NOT JUST EQUAL SHARE

If several people are gifted the same property or money this usually means they get an equal share, but if wanted a percentages can be written out. Often a Will’s “residue clause” is gifted by percentages adding to 100% to get the exact split wanted and felt fair. Examples are, “I give all my furniture 70% to Ken Hud and 30% to Sue Doe” and “I give the residue 90% to Nina Joy my wife and 10% to Judy Boxer my daughter”.

NEED GOOD DESCRIPTION OF PERSONS IN WILL

People named in a Will must be described so persons who knew a decedent can tell who probably was meant. Full legal names are best, and usually use full name of the person doing the Will. If just a legal name may be confusing one can explain, like “Jon Joshua Hill also-known-as Fishy Hill”. Wills can skip most of names if its clear enough, like “I give \$10 to each of my sister Ann’s kids”. It can help to describe a bit, like “Ed Smith my uncle” or “Joe Brown my fishing buddy with ugly hats.” A charity can be phoned for a full name, or just described, like “I give \$900 to the big food bank in town.”

NEED GOOD DESCRIPTION OF PROPERTY GIFTED IN WILL

Property in a Will gift must be described so those who knew a decedent can tell the likely meaning, but this is easy as most people only own 1 of a thing. It is fine to describe property by category, by usual location, or have a long list of property in 1 gift

to save space (like “blue lamp”, “my clothes”, “property usually in my cabin”, or “axes, tools, my tractor, and my 1991 Jeep”). For real property a “legal description” is best (like “Lot 2, Block 4 of Polk’s Addition to Boyd, VA”), but just giving by street address is OK (like “11 Main St., Boyd, VA buildings, land and fixtures”).

IMPORTANTLY, “RESIDUE CLAUSE” HELPS GIFT ANYTHING LEFT

Importantly, Wills have a “residue clause” near their end helpfully giving all property or money not given or used in another way to persons named in the clause. Some call this the “catch-all” or “left-over” clause. If a Will gift fails to occur (like the beneficiary is dead and survival was required) the gift’s property or money is usually controlled by a residue clause. Importantly, many use a residue clause to do most gifting as it has less legal risk and is easy (with no need to describe what is given).

An example of a filled-out residue clause, and the clause from this book’s Wills, is:

EXAMPLE FILLED OUT RESIDUE CLAUSE:

“RESIDUE CLAUSE. I give any property or money not transferred by other Will provisions, and the rest, residue, and remainder of my estate, as follows:

a) to Ann Sue Kent my wife **only if they survive me** with those of these persons who survive taking the share of non-surviving persons, and

b) if none of these just named persons do survive I give this to Michael A. Kent, Edward P. Kent, and Julie M. Zharkov my children **or their lineal descendants** which descendants shall take the share of their non-surviving relative.”

“RESIDUE CLAUSE” IS USEFUL AND HAS OPTIONS TO USE

This book’s Wills residue clause helpfully can handle all property and money left over, and it can usually achieve what people want. This residue clause has:

- 1) a 1st space to name 1 or more persons to get things if they are surviving (alive) at the Will maker’s death, with the share of any of these who has died going to the others, **and**
- 2) a 2nd space to name 1 or more persons to get things if all people named in the 1st space don’t survive past the Will maker, and if a person in this 2nd space has not survived it is said their “descendants” like children take their share.

Many people in this residue clause in the 1st space usually name their closest family like a spouse or if no spouse all their children, and in the 2nd space usually name next closest family like all their children or failing that their other family or friends.

Helpful other options for the residue clause exist:

a) People in the residue clause can leave the 1st space empty and only name people in the 2nd space to ensure if someone named dies their descendants get their share,

and

b) People can list several persons with specific percentages adding to 100%, to give the right share to persons (say 80% to spouse, 15% to kids, rest to friends).

This residue clause is simple, and those in the 1st space gets things if alive, and if 2nd space applies persons here split things or if deceased nearest descendants take their share.

USUALLY KEEP WILL SIMPLE, CONSIDER SPOUSE, AND RE-DO IF WANT

Often people feel they should make a complicated Will, but it is often best to keep gifting simple. But people should remember any spouse may need property to live on with or without children, so if someone has a living spouse they usually give all or most to a spouse in a Will. If people do a Will and then their spouse dies, they can re-do their Will to remove gifts to the spouse to instead gift more to other persons.

CHAPTER 5

FORM 1: LAST WILL AND TESTAMENT (STANDARD)

FORM IS “LAST WILL AND TESTAMENT (STANDARD)” AND HAS NO GUARDIANS

Form 1, the “Last Will And Testament (Standard)” form, is used to control things at a person’s death especially money and property. Anyone of sound mind at least 18 can do a Will. Form 1 is the “Standard” Will form with no “Guardians” paragraph meant for a person with no child under age 18 and likely not gifting major things to anyone under 18.

PEOPLE CAN DO A WILL TO CONTROL THINGS UPON THEIR DEATH

As explained earlier a "Will" is a very common legal document done to control issues that may arise upon their death. It is often called a “Last Will And Testament” and any person writing a Will is called a “Testator”. Please review earlier parts of this book which show how a Will works and how to write gifts, especially how the “residue” clause works. This book’s Will forms are flexible and most people can achieve their goals using them.

WILL FORM HAS BASIC LAYOUT WITH SEVERAL PARTS

This book’s Will in Form 1 has a basic layout.

Right away in the Will form there is a place for the person making the Will, called the Testator, to write his or her name and last city of residence in Virginia.

The 1st paragraph, “Tangible Personal Property List”, has legal language that lets people write anytime a simple list to gift tangible personal property like household items.

The 2nd paragraph, “Gifts”, has many spaces to use if wanted to write gifts of specific property or general gifts like money or categories of items.

The 3rd paragraph, “Residue”, has the very helpful “residue clause” to give anything not disposed of elsewhere to beneficiaries who are named in this paragraph.

The 4th paragraph, “Administration”, has space to name an “executor” to handle property, paperwork, probate, and other matters after someone’s death.

The 5th paragraph, “Miscellaneous”, has several sentences of legal language written to help avoid certain legal problems.

Finally, is a place for Testator writing the Will to sign and for 2 witnesses to sign. Near where people sign are other places to put names of Testator and witnesses, and this can be added at the time of signing or before with a computer or just writing in by hand.

RESIDUE CLAUSE HAS 2 PLACES TO NAME PERSONS

Please read earlier in this book about the residue clause. In a Will residue clause anything left not gifted earlier in a Will goes to those named here, and it is often called a “catch-all” or “left-over” clause. Many people skip most other gifting in a Will and just use a residue clause to gift as it has less legal risk and is easy (there is no need to describe things since anything leftover is gifted). The residue clause may seem complex but it is fairly simple, and those named in the 1st space get things if alive when a Will maker dies (often named here is a spouse or if not married then children), and if the 2nd space applies those named get things or if deceased their descendants take their share (often named here is second closest family, or sometimes friends).

WILL MUST BE SIGNED BY PERSON DOING WILL AND 2 WITNESSES

To be valid a Will should be signed by the Testator doing the Will before 2 witnesses who then sign too within a reasonable time. Near where people date and sign is places for names to be added of testator and witnesses, which can be done at signing or earlier by any method. Everyone should see each others’ hands as they hold a permanent pen or marker and sign. There is no need to sign or initial each page. Witnesses can be getting gifts in the Will, can be family, and can be named executor or guardian in a Will. But it is a bit better if Witnesses are not involved in these ways and “disinterested” by not getting any will gifts and also not have a felony criminal record. Witnesses must be at least 18, and they usually only read and sign the witness paragraph they sign. Before signing no spoken words are required but a testator often says a thing like, “My name is ____ and this is the Will I want, and I want you 2 persons to witness it”.

KEEP WILL IN SAFE PLACE IT WILL BE FOUND

A Will should be kept in a safe place it will be found within weeks of death like a desk, filing cabinet, with a family friend or the executor, in a safe (someone else should have access), or a safe deposit box (people can add a second person to have access but a judge later will grant access too). Many people tell a spouse or executor where a Will and other papers are kept. In Virginia a Will can be filed for safekeeping with the clerk of a court, but this is rare and withdrawing it for changes can take time. People can revoke a Will anytime by doing a new Will, or by action like tearing it up or marking it.

**FORM 1:
LAST WILL AND TESTAMENT (STANDARD)**

LAST WILL AND TESTAMENT

I, _____ of _____ County, Virginia, do hereby make, publish, and declare this to be my Last Will and Testament (called here my “Will”), hereby revoking all Wills and Codicils earlier made by me.

1. GIFTS. I give in this section these specific gifts and general gifts including of money to the following beneficiaries but only if they survive me.

- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.

2. TANGIBLE PERSONAL PROPERTY LIST. I may leave a list or statement signed by me disposing of tangible personal property including as provided by Virginia Code § 64.2-400 or similar law. Except for property specifically disposed of by Will I give to a beneficiary in such writings who survives me the property in such writings.

3. RESIDUE. I give the rest, residue, and remainder of my estate consisting of all property I can distribute by Will not distributed by the preceding Will provisions (including any real property, personal property, or other property of any kind and wherever located, whether now owned or later acquired by me) as follows:

- a) to _____ **only if they survive me** with those of these persons who survive me taking the share of non-surviving persons, and
- b) if none of these just named persons do survive me I give all this to _____ **or their lineal descendants** which descendants shall take the share of their non-surviving relative.

4. ADMINISTRATION. I name and appoint _____ as **executor** of my Will and of my estate.

5. MISCELLANEOUS. The following applies to all parts of this Will and generally. Priority of Will gifts of the same type is based on order they appear in this Will. The words “give” and “gift” also mean devise, bequest, grant, legacy or similar. If joint beneficiaries disagree on use of property the executor may sell it to give cash. For any Will gift a beneficiary must survive to get a gift, and survival is an absolute condition and anti-lapse laws or similar have no effect, but an alternative beneficiary may take a gift for non-surviving persons (including if “lineal descendants” is written).

For a gift to multiple beneficiaries the share of a non-surviving beneficiary passes to other beneficiaries in proportion to their share of the gift, including for the residue, subject to other Will terms or if alternate beneficiaries are written in the gift.

A gift including the residue to “lineal descendants” is “per stirpes”.

Plural, singular, or gender meanings do not limit this Will or any part of it.

No incomplete, blank, or unfilled area is a mistake or not intentional including leaving part of the residue clause undone in which case other parts of the residue clause should be followed, and this Will and any of its parts shall be given effect if possible.

A failure to gift to any family including a child is not a mistake.

My executor has power to pay debts in time and manner and using estate property or money they find best including my executor may select which debts to pay.

Unless said above I direct no debt with an encumbrance such as a mortgage or lien should be paid, and if paid for some reason contribution is owed my estate and others.

No gift or other transfer made during life reduces or offsets any gift or part of this Will, unless during my life it was expressly mostly called a “loan” or “advancement”.

A gift of property that is no longer owned including real property has no effect and a Will gift of such lapses without ademption or replacement.

Any list or statement that would dispose of tangible personal property including under Virginia Code § 64.2-400 should be considered together with all such writings and all such writings followed, with conflicts controlled by the page more recently done.

The residue includes lapsed or failed gifts and also includes property the testator has or had any power of appointment or testamentary disposition over.

I give any executor the fullest power and discretion allowed including without court approval sell, lease, keep, or exchange real or other property with no liability for decrease in value, settle claims for or against the estate, and pay debts. My executor has all powers listed in Virginia Code § 64.2-105 without need for court approval and also power of sale over real and other property. Power given here is supplementary to powers given by law.

The word executor shall also mean personal representative and administrator.

Any executor, personal representative, or guardians of any type serving under this Will or otherwise shall qualify and serve without bond, surety, security, or similar.
I request informal and unsupervised administration of my Will and estate.

SIGNATURE

IN WITNESS WHEREOF, I sign my name to this instrument and declare that I sign and execute this instrument as my Will willingly as Testator, that I execute it as my free and voluntary act for the purposes expressed herein, and that I am at least 18 years of age, of sound mind, and under no constraint or undue influence, this ____ day of _____, 20____.

Testator

WITNESSES

We, _____ and _____ as witnesses signing below, do hereby declare that on the date appearing above _____, Testator, signed and executed this instrument as his or her Will in the presence and hearing of both of us and that Testator signed this instrument willingly, that to the best of our knowledge Testator is at least 18 years of age, of sound mind, and under no constraint or undue influence, that each of us signing below is at least 18 years of age and of sound mind, and that each of us hereby signs this instrument as witness at Testator's request and in the presence and hearing of Testator and each other.

Witness

Witness

CHAPTER 6

FORM 2: LAST WILL AND TESTAMENT (GUARDIANS)

FORM 2 IS A WILL WITH GUARDIANS PARAGRAPH

Form 2 is a Will which can control things especially gifts of property and money after a person's death. Form 2 has a "Guardians" paragraph and is meant for a person with child under 18 or if person is giving property or money to a minor.

PEOPLE CAN DO A WILL TO CONTROL THINGS UPON THEIR DEATH

As explained earlier a "Will" is a very common legal document done to control issues that may arise upon their death. It is often called a "Last Will And Testament" and any person writing a Will is called a "Testator". Please review earlier parts of this book which show how a Will works and how to write gifts, especially how the "residue" clause works. This book's Will forms are flexible and most people can achieve their goals using them. Anyone of sound mind at least 18 can do a Will.

WILL FORM HAS BASIC LAYOUT WITH SEVERAL PARTS

This book's Will in Form 2 has a basic layout.

Right away in the Will form there is a place for the person making the Will, called the Testator, to write his or her name and last city of residence in Virginia.

The 1st paragraph, "Tangible Personal Property List", has legal language that lets people write anytime a simple list to gift tangible personal property like household items.

The 2nd paragraph, "Gifts", has many spaces to use if wanted to write gifts of specific property or general gifts like money or categories of items.

The 3rd paragraph, "Residue", has the very helpful "residue clause" to give anything not disposed of elsewhere to beneficiaries who are named in this paragraph.

The 4th paragraph, "Administration", has space to name an "executor" to handle property, paperwork, probate, and other matters after someone's death.

The 5th paragraph, "Guardians", lets one name a "guardian of the person" to if needed care for children under 18, and lets one name a "guardian of the estate" to if needed manage and spend on them a child's or other minor's property until 18.

The 6th paragraph, "Miscellaneous", has several sentences of legal language written to help avoid certain legal problems.

Finally, is a place for Testator writing the Will to sign and for 2 witnesses to sign.

RESIDUE CLAUSE HAS 2 PLACES TO NAME PERSONS

Please read earlier in this book about the residue clause. In a Will residue clause anything left not gifted earlier in a Will goes to those named here, and it is often called a “catch-all” or “left-over” clause. Many people skip most other gifting in a Will and just use a residue clause to gift as it has less legal risk and is easy (there is no need to describe things since anything leftover is gifted). The residue clause may seem complex but it is fairly simple, and those named in the 1st space get things if alive when a Will maker dies (often named here is a spouse or if not married then children), and if the 2nd space applies those named get things or if deceased their descendants take their share (often named here is second closest family, or sometimes friends).

WILL MUST BE SIGNED BY PERSON DOING WILL AND 2 WITNESSES

To be valid a Will should be signed by the Testator doing the Will before 2 witnesses who then sign too within a reasonable time. Near where people date and sign is places for names to be added of testator and witnesses, which can be done at signing or earlier by any method. Everyone should see each others’ hands as they hold a permanent pen or marker and sign. There is no need to sign or initial each page. Witnesses can be getting gifts in the Will, can be family, and can be named executor or guardian in a Will. But it is a bit better if Witnesses are not involved in these ways and “disinterested” by not getting any will gifts and also not have a felony criminal record. Witnesses must be at least 18, and they usually only read and sign the witness paragraph they sign. Before signing no spoken words are required but a testator often says a thing like, “My name is ____ and this is the Will I want, and I want you 2 persons to witness it”.

KEEP WILL IN SAFE PLACE IT WILL BE FOUND

A Will should be kept in a safe place it will be found within weeks of death like a desk, filing cabinet, with a family friend or the executor, in a safe (someone else should have access), or a safe deposit box (people can add a second person to have access but a judge later will grant access too). Many people tell a spouse or executor where a Will and other papers are kept. In Virginia a Will can be filed for safekeeping with the clerk of a court, but this is rare and withdrawing it for changes can take time. People can revoke a Will anytime by doing a new Will, or by action like tearing it up or marking it.

**FORM 2:
LAST WILL AND TESTAMENT (GUARDIANS)**

LAST WILL AND TESTAMENT

I, _____ of _____ County, Virginia, do hereby make, publish, and declare this to be my Last Will and Testament (called here my "Will"), hereby revoking all Wills and Codicils earlier made by me.

1. GIFTS. I give in this section these specific gifts and general gifts including of money to the following beneficiaries but only if they survive me.

- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.
- I give _____ to _____.

2. TANGIBLE PERSONAL PROPERTY LIST. I may leave a list or statement signed by me disposing of tangible personal property including as provided by Virginia Code § 64.2-400 or similar law. Except for property specifically disposed of by Will I give to a beneficiary in such writings who survives me the property in such writings.

3. RESIDUE. I give the rest, residue, and remainder of my estate consisting of all property I can distribute by Will not distributed by the preceding Will provisions (including any real property, personal property, or other property of any kind and wherever located, whether now owned or later acquired by me) as follows:

- a) to _____ **only if they survive me** with those of these persons who survive me taking the share of non-surviving persons, and
- b) if none of these just named persons do survive me I give all this to _____ **or their lineal descendants** which descendants shall take the share of their non-surviving relative.

4. ADMINISTRATION. I name and appoint _____ as **executor** of my Will and of my estate.

5. GUARDIANS. If any of my children have not reached age 18 then I name and appoint _____ as **guardian over the person** of such children. I also name and appoint _____ as **guardian of the estate** and property of such children or other minors who receive or possess money or property.

6. MISCELLANEOUS. The following applies to all parts of this Will and generally. Priority of Will gifts of the same type is based on order they appear in this Will. The words “give” and “gift” also mean devise, bequest, grant, legacy or similar. If joint beneficiaries disagree on use of property the executor may sell it to give cash. For any Will gift a beneficiary must survive to get a gift, and survival is an absolute condition and anti-lapse laws or similar have no effect, but an alternative beneficiary may take a gift for non-surviving persons (including if “lineal descendants” is written).

For a gift to multiple beneficiaries the share of a non-surviving beneficiary passes to other beneficiaries in proportion to their share of the gift, including for the residue, subject to other Will terms or if alternate beneficiaries are written in the gift.

A gift including the residue to “lineal descendants” is “per stirpes”.

Plural, singular, or gender meanings do not limit this Will or any part of it.

No incomplete, blank, or unfilled area is a mistake or not intentional including leaving part of the residue clause undone in which case other parts of the residue clause should be followed, and this Will and any of its parts shall be given effect if possible.

A failure to gift to any family including a child is not a mistake.

My executor has power to pay debts in time and manner and using estate property or money they find best including my executor may select which debts to pay.

Unless said above I direct no debt with an encumbrance such as a mortgage or lien should be paid, and if paid for some reason contribution is owed my estate and others.

No gift or other transfer made during life reduces or offsets any gift or part of this Will, unless during my life it was expressly mostly called a “loan” or “advancement”.

A gift of property that is no longer owned including real property has no effect and a Will gift of such lapses without ademption or replacement.

Any list or statement that would dispose of tangible personal property including under Virginia Code § 64.2-400 should be considered together with all such writings and all such writings followed, with conflicts controlled by the page more recently done.

The residue includes lapsed or failed gifts and also includes property the testator has or had any power of appointment or testamentary disposition over.

I give any executor the fullest power and discretion allowed including without court approval sell, lease, keep, or exchange real or other property with no liability for decrease

in value, settle claims for or against the estate, and pay debts. My executor has all powers listed in Virginia Code § 64.2-105 without need for court approval and also power of sale over real and other property. Power given here is supplementary to powers given by law.

The word executor shall also mean personal representative and administrator.

Any executor, personal representative, or guardians of any type serving under this Will or otherwise shall qualify and serve without bond, surety, security, or similar.

I request informal and unsupervised administration of my Will and estate.

SIGNATURE

IN WITNESS WHEREOF, I sign my name to this instrument and declare that I sign and execute this instrument as my Will willingly as Testator, that I execute it as my free and voluntary act for the purposes expressed herein, and that I am at least 18 years of age, of sound mind, and under no constraint or undue influence, this ___ day of _____, 20____.

Testator

WITNESSES

We, _____ and _____ as witnesses signing below, do hereby declare that on the date appearing above _____, Testator, signed and executed this instrument as his or her Will in the presence and hearing of both of us and that Testator signed this instrument willingly, that to the best of our knowledge Testator is at least 18 years of age, of sound mind, and under no constraint or undue influence, that each of us signing below is at least 18 years of age and of sound mind, and that each of us hereby signs this instrument as witness at Testator’s request and in the presence and hearing of Testator and each other.

Witness

Witness

CHAPTER 7

FORM 3: SELF-PROVING AFFIDAVIT

FORM 3 IS “SELF-PROVING AFFIDAVIT”

Form 3 is the “Self-Proving Affidavit” form. The form is copied from the statutory form written in law by the Virginia legislature for people to use.

SELF-PROVING AFFIDAVIT WITH WILL IS OPTIONAL BUT REDUCES WORK

A Self-Proving Affidavit is usually done with a Will to avoid legal work after a death of showing a Will was signed correctly. If a Self-Proving Affidavit is not done witnesses to the Will signing or at least persons familiar with everyone’s signatures may have to be found after a death and testify convincingly in court. Without a Self-Proving Affidavit it is more likely a Will cannot be proven so is unenforceable. In most cases a Self-Proving Affidavit is done minutes after a Will is signed, but the Self-Proving Affidavit can be done anytime later such as weeks or months later (some people do a Will quickly and then take their time getting everyone before a notary for the Self-Proving Affidavit). A completed Self-Proving Affidavit is usually attached by staple or paperclip to a Will.

COMPLETE SELF-PROVING AFFIDAVIT BY ALL SIGNING BEFORE NOTARY

To be valid a Self-Proving Affidavit should be completed and then the person making the Will and 2 witnesses to the Will signing should sign the form before a notary. A notary can be found at banks or courthouses or (often best to avoid delay and bother) by hiring a notary from the phonebook. A completed Self-Proving Affidavit should be attached by staple or paperclip to the Will it supports.

**FORM 3:
SELF-PROVING AFFIDAVIT**

SELF-PROVING AFFIDAVIT

STATE OF VIRGINIA

COUNTY/CITY OF _____

Before me, the undersigned authority, on this day personally appeared _____, _____, and _____, known to me to be the testator and the witnesses, respectively, whose names are signed to the attached or foregoing instrument and, all of these persons being by me first duly sworn, _____ the testator, declared to me and to the witnesses in my presence that said instrument is his last will and testament and that he had willingly signed or directed another to sign the same for him, and executed it in the presence of said witnesses as his free and voluntary act for the purposes therein expressed; that said witnesses stated before me that the foregoing will was executed and acknowledged by the testator as his last will and testament in the presence of said witnesses who, in his presence and at his request, and in the presence of each other, did subscribe their names thereto as attesting witnesses on the day of the date of said will, and that the testator, at the time of the execution of said will, was over the age of eighteen years and of sound and disposing mind and memory.

Testator

Witness

Witness

Subscribed, sworn and acknowledged before me by _____, the testator, and subscribed and sworn before me by _____ and _____, witnesses, this ___ day of _____, A.D., _____.

SIGNED _____

(OFFICIAL CAPACITY OF OFFICER)

CHAPTER 8

FORM 4: TANGIBLE PERSONAL PROPERTY LIST

FORM 4 IS “TANGIBLE PERSONAL PROPERTY LIST”

Form 4 in this book is the “Tangible Personal Property List” form.

TANGIBLE PERSONAL PROPERTY CAN BE GIVEN IN LIST OUTSIDE WILL

Virginia law lets people write down gifts of “tangible personal property” to occur on death in a simple list. To use a list property and persons must be described with reasonable certainty, a list must be signed, a Will must authorize such a list, and a list must be available after a person’s death. But if a Will specifically gives certain property the Will controls over any gift called for in a list. A list can be done before or after a Will, changed and added to anytime, and revoked by tearing or marking or throwing it away anytime. If several list pages are done all are followed even if on different dates if it appears this was intended. The more recently done list page controls if there are any conflicts and the same property is given away on multiple pages.

LISTS ONLY GIVE “TANGIBLE PERSONAL PROPERTY” NOT IN A WILL

By law a list can only give “tangible personal property”, so only things with tangible form, and only personal items not real estate, and usually not valuable business property. For example, a list can give clothing, furniture, appliances, household items, tools, collectibles, and vehicles, but a list probably cannot give currency and coins, inventory or equipment used in a business, accounts or other intangible assets, and land or buildings.

DESCRIBE PROPERTY AND PERSONS WITH REASONABLE CERTAINTY

Property and persons in a list must be described with reasonable certainty so that those who knew a decedent can tell what likely is meant. One can add serial numbers and other details, and add full names or how a person is known. Example of property in a list are: “’98 Ford truck”, “All Sewing Equipment”, “Blue Ring”, “5 hp Evinrude motor #493820”. Examples of persons in a list are: “Jon Greg Kent, Jr.” and “Jim Smith my hunting buddy”.

TANGIBLE PERSONAL PROPERTY LIST JUST MUST BE SIGNED

To be valid a Tangible Personal Property List just has to be signed, and it is usually dated. If a list has several pages signing every page not just the last page is recommended.

**FORM 4:
TANGIBLE PERSONAL PROPERTY LIST**

CHAPTER 9

FORM 5: CODICIL

FORM 5 IS THE “CODICIL” FORM THAT MAKES SMALL CHANGES TO A WILL

If a person wants to change parts of a Will it is usually best to do a new Will to reduce any confusion about what words were meant. But if wanted one can use a Codicil to a Will to make small changes to an existing Will.

CODICIL FORM HELPFUL IF CHANGES OR ADDITIONS TO WILL WANTED

A Codicil can make changes to an existing Will. Often a Codicil is used when changes in the real world require making changes to a Will, like if property in a Will gift has been sold or people named in a Will have died. Examples of things to do by Codicil include a) removing the name of a person getting a gift to replace it with someone else, b) replacing property in a gift, c) changing the person named as executor or a guardian, d) removing a Will gift totally, or e) adding 1 or more gifts to a Will (some people keep adding to their Will as they think of things)..

SAY WHAT WORDS ARE REMOVED AND ADDED OR JUST ADD NEW PARTS

It is easy to use a Codicil form. To remove words and replace them with new words, one first writes the words to be removed from a Will and then one writes the new words to be added. Or if one is adding a whole new part (like adding a gift to someone), then skip the removal step and just go on to say what words are added to a Will.

CODICIL MUST BE SIGNED BEFORE 2 WITNESSES WHO THEN SIGN TOO

To be valid a Codicil must be signed just like a Will, so a person doing the form must sign before 2 witnesses who then also sign. Witnesses can be family or persons getting property in the Will or Codicil, but it is best if witnesses are not getting Will gifts and are not felons. When completed a Codicil should be kept in a safe place so it is found later.

**FORM 5:
CODICIL**

C O D I C I L

I, _____, of _____ County, Virginia, declare this to be a Codicil to my Will dated _____, and all references here are to this Will.

FIRST: I hereby do cancel and revoke this part of my Will:

SECOND: I hereby do add the following part to my Will:

THIRD: In all other respects I now do confirm and republish the above-described Will.

SIGNATURE

IN WITNESS WHEREOF, I sign my name to this instrument and declare that I sign and execute this instrument as my Codicil to my Will willingly as Testator, that I execute it as my free and voluntary act for the purposes expressed herein, and that I am at least 18 years of age, of sound mind, and under no constraint or undue influence, on this ___ day of _____, 20___.

Testator

WITNESSES

We, _____ and _____, as witnesses signing below, do hereby declare that on the date appearing above the Testator, _____, signed and executed this instrument as his or her Codicil to a Will in the presence and hearing of both of us and that Testator signed this instrument willingly, that to the best of our knowledge Testator is at least 18 years of age, of sound mind, and under no constraint or undue influence, that each of us signing below is at least 18 years of age and of sound mind, and that each of us hereby signs this instrument as witness at Testator's request and in the presence and hearing of Testator and each other.

Witness

Witness

CHAPTER 10

FORM 6: VIRGINIA ADVANCE MEDICAL DIRECTIVE

FORM 6 IS “VIRGINIA ADVANCE MEDICAL DIRECTIVE” FORM

Form 6 is the “Virginia Advance Medical Directive” form, sometimes called the “Combined Durable Health Care Power of Attorney and Living Will”. This book’s form is copied from the statutory form written in law by the legislature with small changes a hospital group has made that state agencies use and a few other small changes.

FORM COMBINES NAMING AGENT WITH LIVING WILL INSTRUCTIONS

Usually a person remains in control of their own healthcare, but in rare cases a person may lack enough ability to stay conscious, communicate, or think rationally and need help. In earlier times Virginia law was unclear and people had lawyers write long documents called a “Durable Power Of Health Care” to name a person as agent to and give orders, and a “Living Will” to instruct that in serious situations health care should be limited. After courts upheld use of such documents the legislature did laws to clearly allow them. A big improvement is the law now lets a combined “Advance Medical Directive” be used to name persons to control health care if needed, give health care instruction in general, and give instruction about end-of-life issues. People can still choose to use separate documents but it is recommended they put all these things in 1 document like this Form 5.

IN FORM NAME AGENT THEN GIVE OR SKIP INSTRUCTIONS

The form lets a person do all or just some of the following: a) name an agent to control health care if a person is later unable to control their own care, b) give general health care instructions, c) give end-of-life health care instructions, and d) give organ donation (called “anatomical gift”) instructions. Naming a spouse, adult child, or friend as agent may avoid them spending time and money in court to get this power. A person named as agent should be someone who agrees to act as wanted, is available though out of state agents are allowed, and is at least age 18. A person named as agent must follow all known about a person’s past or current beliefs and wishes, except in a few optional places a person can say the agent can overrule them (a doctor must sign to show a person was serious about letting the agent overrule them but this can’t be life-sustaining care, and often a person just lets the agent order them to drug treatment). No matter what doctors usually give full pain relief and comfort care. Importantly, many persons name an agent and then skip instructions since an agent can be verbally told what is wanted and anything written may cause legal problems. If people want a doctor can help fill out this form.

COMPLETE FORM BY PERSON SIGNING BEFORE 2 WITNESSES WHO SIGN

To complete the form it must be signed by a person before 2 witnesses who also sign. Witnesses can be a spouse or other family but must be at least 18 (it is also recommended a witness not be someone who is named agent anywhere in the form). Medical providers should be shown a completed form, and usually the original is kept by a person or their agent. Copies of a form are usually as valid as the original. The form can be revoked in writing or by verbal statement made usually at any time.

**FORM 6:
VIRGINIA ADVANCE MEDICAL DIRECTIVE**

VIRGINIA ADVANCE MEDICAL DIRECTIVE

I, _____, willingly, intentionally, and voluntarily make known my wishes in the event that I am incapable of making an informed decision, as follows:

I understand that my advance directive may include the selection of an agent in addition to setting forth my choices regarding health care. The term "**health care**" means: the furnishing of services to any individual for the purpose of preventing, alleviating, curing or healing human illness, injury or physical disability, including but not limited to medications; surgery; blood transfusions; chemotherapy; radiation therapy; admission to a hospital, nursing home, assisted living facility or other health care facility; psychiatric or other mental health treatment; and life-prolonging procedures and palliative care.

The phrase "**incapable of making an informed decision**" means: unable to understand the nature, extent and probable consequences of a proposed health care decision; unable to make a rational evaluation of the risks and benefits of a proposed health care decision as compared with the risks and benefits of alternatives to that decision; or unable to communicate such understanding in any way.

This advance directive shall not terminate in the event of my disability.

(YOU MAY INCLUDE IN THIS ADVANCE DIRECTIVE ANY OR ALL OF SECTIONS I THROUGH V BELOW.)

SECTION I: APPOINTMENT OF AGENT

(CROSS THROUGH SECTION I AND SECTION II BELOW IF YOU DO NOT WANT TO APPOINT AN AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.)

I hereby appoint the following as my primary agent to make health care decisions on my behalf as authorized in this document:

Name of Primary Agent	Telephone	Fax if any
Address		E-mail if any

If the above-named primary agent is not reasonably available or is unable or unwilling to act as my agent, then I appoint the following as successor agent:

Name of Successor Agent	Telephone	Fax if any
Address		E-mail if any

I hereby grant to my agent named above full power and authority to make health care decisions on my behalf as described below when I have been determined incapable of making an informed decision. My agent's authority is effective as long as I am incapable of making an informed decision.

In exercising the power to make health care decisions on my behalf, my agent shall follow my desires and preferences as stated in this document or as otherwise known to my agent. My agent shall be guided by my medical diagnosis and prognosis and any information provided by my physicians as to the intrusiveness, pain, risks and side effects associated with treatment or nontreatment. My agent shall not make any decision regarding my health care which he or she knows, or upon reasonable inquiry ought to know, is contrary to my religious beliefs or my basic values, whether expressed orally or in writing. If my agent cannot determine what health care choice I would have made on my own behalf, then my agent shall make a choice for me based upon what he or she believes to be in my best interests.

My agent shall not be liable for the costs of health care that he or she authorizes, based solely on that authorization.

SECTION II: POWERS OF MY AGENT

(CROSS THROUGH ANY POWERS IN THIS SECTION II THAT YOU DO NOT WANT TO GIVE YOUR AGENT AND ADD ANY POWERS OR INSTRUCTIONS THAT YOU DO WANT TO GIVE YOUR AGENT.)

The powers of my agent shall include the following:

A. To consent to or refuse or withdraw consent to any type of health care, treatment, surgical procedure, diagnostic procedure, medication and the use of mechanical or other procedures that affect any bodily function, including, but not limited to, artificial respiration, artificially administered nutrition and hydration, and cardiopulmonary resuscitation. This authorization specifically includes the power to consent to the administration of dosages of pain-relieving medication in excess of recommended dosages in an amount sufficient to relieve pain, even if such medication carries the risk of addiction or of inadvertently hastening my death. My agent's authority under this Subsection A and in all parts of this document shall be limited by any specific instructions I give in Section IV below regarding my health care if I have a terminal condition.

B. To request, receive and review any oral or written information regarding my physical or mental health, including but not limited to medical and hospital records, and to consent to the disclosure of this information.

C. To employ and discharge my health care providers.

D. To authorize my admission to or discharge (including transfer to another facility) from any hospital, hospice, nursing home, assisted living facility or other medical care facility. If I have authorized admission to a health care facility for treatment of mental illness, that authority is stated in Subsections E and/or F below.

E. To authorize my admission to a health care facility for the treatment of mental illness for no more than 10 calendar days provided that I do not protest the admission and provided that a physician on the staff of or designated by the proposed admitting facility examines me and states in writing that I have a mental illness, that I am incapable of making an informed decision about my admission, and that I need treatment in the facility; and to authorize my discharge (including transfer to another facility) from the facility.

F. To authorize my admission to a health care facility for the treatment of mental illness for no more than 10 calendar days, **even if I protest**, if a physician on the staff of or designated by the proposed admitting facility examines me and states in writing that I have a mental illness, that I am incapable of making an informed decision about my admission, and that I need treatment in the facility; and to authorize my discharge (including transfer to another facility) from the facility.

(If you give your agent the powers described in Subsection F, your physician must complete the following attestation.)

Physician attestation: I am the physician or licensed clinical psychologist of the declarant of this advance directive. I hereby attest that I believe the declarant to be presently capable of making an informed decision and that the declarant understands the consequences of this provision of this advance directive.

Physician Signature

Date

Physician Name Printed

G. To authorize the following specific types of health care identified in this advance directive **even if I protest**. *(Specifically cross-reference any applicable sections of this advance directive.)*

(If you give your agent the powers described in Subsection G, your physician must complete the following attestation.)

Physician attestation: I am the physician or licensed clinical psychologist of the declarant of this advance directive. I hereby attest that I believe the declarant to be presently capable of making an informed decision and that the declarant understands the consequences of this provision of this advance directive.

Physician Signature

Date

Physician Name Printed

H. To continue to serve as my agent even if I protest the agent's authority after I have been determined to be incapable of making an informed decision.

I. To authorize my participation in any health care study approved by an institutional review board or research review committee according to applicable federal or state law if the study offers the prospect of direct therapeutic benefit to me.

J. To authorize my participation in any health care study approved by an institutional review board or research review committee pursuant to applicable federal or state law that aims to increase scientific understanding of any condition that I may have or otherwise to promote human well-being, even though the study offers no prospect of direct benefit to me.

K. To make decisions regarding visitation during any time that I am admitted to any health care facility, consistent with the following directions:

L. To take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to medical providers.

(Add below any additional powers you give your agent, limits you impose on your agent or other information to guide your agent.)

I further instruct my agent as follows:

SECTION III: HEALTH CARE INSTRUCTIONS

(CROSS THROUGH SUBSECTIONS A AND/OR B BELOW IF YOU DO NOT WANT TO GIVE ADDITIONAL SPECIFIC INSTRUCTIONS ABOUT YOUR HEALTH CARE.)

A. I specifically direct that I receive the following health care if it is medically appropriate under the circumstances as determined by my attending physician:

B. I specifically direct that the following health care not be provided to me under the following circumstances: *(You also may specify that certain health care not be provided under any circumstances.)*

SECTION IV: INSTRUCTIONS ABOUT END-OF-LIFE CARE (“LIVING WILL”)

(CROSS THROUGH THIS SECTION IV IF YOU DO NOT WANT TO GIVE SPECIFIC INSTRUCTIONS ABOUT YOUR HEALTH CARE IF YOU HAVE A TERMINAL CONDITION.)

If at any time my attending physician should determine that I have a terminal condition where the application of **life-prolonging procedures** – including artificial respiration, cardiopulmonary resuscitation, artificially administered nutrition and artificially administered hydration – would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain. If I am an organ, eye or tissue donor (see Section V below), I want this instruction applied in such a manner as to ensure the medical suitability of my organs, eyes and tissues for donation.

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this advance directive shall be honored by my family and physician as the final expression of my legal right to refuse health care and my acceptance of the consequences of such refusal.

(Cross through Subsections A and/or B below if you do not want to give additional instructions about care at the end of your life.)

A. OTHER DIRECTIONS ABOUT LIFE-PROLONGING PROCEDURES

(If you wish to provide your own directions about **life-prolonging procedures**, or if you wish to add to the directions you have given above, you may do so in this Subsection A. If you wish to give specific instructions regarding certain life-prolonging procedures, such as artificial respiration, cardiopulmonary resuscitation, artificially administered nutrition and artificially administered hydration, this is where you should write them. If you give specific instructions in this Subsection A, cross through any of the language above in this SECTION IV if your specific instructions that follow are different.)

I direct that:

B. DIRECTIONS ABOUT CARE OTHER THAN LIFE-PROLONGING PROCEDURES

(You may give here any other instructions about your health care if you have a **terminal condition** aside from your instructions about life-prolonging procedures, which are addressed in Subsection A above.)

I direct that:

SECTION V: ANATOMICAL GIFTS

(YOU MAY USE THIS DOCUMENT TO RECORD YOUR DECISION TO DONATE YOUR ORGANS, EYES AND TISSUES OR YOUR WHOLE BODY AFTER YOUR DEATH. IF YOU DO NOT MAKE THIS DECISION HERE OR IN ANY OTHER DOCUMENT, YOUR AGENT CAN MAKE THE DECISION FOR YOU UNLESS YOU SPECIFICALLY PROHIBIT HIM/HER FROM DOING SO, WHICH YOU MAY DO IN THIS OR SOME OTHER DOCUMENT. CHECK ONE OF THE BOXES BELOW IF YOU WISH TO USE THIS SECTION TO MAKE YOUR DONATION DECISION.)

I donate my organs, eyes and tissues for use in transplantation, therapy, research and education. I direct that all necessary measures be taken to ensure the medical suitability of my organs, eyes or tissues for donation. I understand that I may register my directions at the Department of Motor Vehicles or directly on the donor registry, www.DonateLifeVirginia.org, and that I may use the donor registry to amend or revoke my directions; **OR**

I donate my whole body for research and education.

[Write here any specific instructions you wish to give about anatomical gifts.]

(You must sign below in the presence of two witnesses.)

AFFIRMATION AND RIGHT TO REVOKE: By signing below, I state that I am emotionally and mentally capable of making this advance directive and that I understand the purpose and effect of this document. I understand that I may revoke all or any part of this document at any time (i) with a signed, dated writing; (ii) by physical cancellation or destruction of this advance directive by myself or by directing someone else to destroy it in my presence; or (iii) by my oral expression of intent to revoke.

Signature of Declarant

Date

The declarant signed the foregoing advance directive in my presence.

Witness

Witness

CHAPTER 11

FORM 7: DURABLE DO NOT RESUSCITATE

FORM 7 IS “DURABLE DO NOT RESUSCITATE” FORM

Form 7 in this book is the “Durable Do Not Resuscitate” form which is a standard form written by the Virginia Department Of Health. This form is often called a “D.N.R.” or “Out of Hospital D.N.R.” and is usually called an “Order”.

FORM CONTROLS EMERGENCY MEDICAL CARE

People when their condition is extremely serious can ask health professional like a doctor for a Durable Do Not Resuscitate form to quickly show paramedics and other health personnel no attempt to restart the heart or breathing should be tried (this is often called cardiopulmonary resuscitation or “CPR”). Even if this form is done pain relief and comfort care will still be provided, so even with a form people should seek help. The form is “durable” since it is effective even if a person is incapacitated. People to ensure the form is followed keep it near a person or wear a special “bracelet” showing a form was done (also usually the form is copied into medical files to be followed). The form can be revoked by tearing it up or by verbal statement by a person anytime including even to paramedics. Paramedics and similar persons trying to act fast follow only a Durable Do Not Resuscitate and not usually an Advance Medical Directive. The Durable Do Not Resuscitate form is mainly used outside any facility, and while doctors and facilities will follow a Durable Do Not Resuscitate they usually prefer more detailed forms (forms like the Advance Medical Directive, P.O.L.S.T. or P.O.S.T.).

PERSON AND A DOCTOR OR SIMILAR PROFESSIONAL MUST SIGN FORM

To complete the Durable Do Not Resuscitate form by law a doctor or similar professional must fill out and sign the form along with the person, and a doctor usually provides and explains the form to a person. If a person is incapacitated their health care agent or any person with authority to act can sign the form but only if this matches a person’s known values or verbal or written instructions. When completed a copy of the Durable Do Not Resuscitate form usually goes with a person, goes into medical files, and may be partly put into a bracelet or similar thing a person can wear.

**FORM 7:
DURABLE DO NOT RESUSCITATE**



Durable Do Not Resuscitate Order

Virginia Department of Health

Patient's Full Legal Name _____ Date _____

Physician's Order

I, the undersigned, state that I have a bona fide physician/patient relationship with the patient named above. I have certified in the patient's medical record that he/she or a person authorized to consent on the patient's behalf has directed that life-prolonging procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

I further certify (must check 1 or 2):

- 1. The patient is CAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment. (Signature of patient is required)
- 2. The patient is INCAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment because he/she is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision.

If you checked 2 above, check A, B, or C below:

- A. While capable of making an informed decision, the patient has executed a written advanced directive which directs that life-prolonging procedures be withheld or withdrawn.
- B. While capable of making an informed decision, the patient has executed a written advanced directive which appoints a "Person Authorized to Consent on the Patient's Behalf" with authority to direct that life-prolonging procedures be withheld or withdrawn. (Signature of "Person Authorized to Consent on the Patient's Behalf" is required.)
- C. The patient has not executed a written advanced directive (living will or durable power of attorney for health care). (Signature of "Person Authorized to Consent on the Patient's Behalf" is required)

I hereby direct any and all qualified health care personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide the patient other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or alleviate pain.

Physician's Printed Name

Physician's Signature

Emergency Phone Number

Patient's Signature

Signature of Person Authorized to Consent on the Patient's Behalf

CHAPTER 12

FORM 8: VIRGINIA POWER OF ATTORNEY

FORM 8 IS “VIRGINIA POWER OF ATTORNEY”

Form 8 is the “Virginia Power Of Attorney” form which is copied from the official form written for the Virginia Uniform Power of Attorney Act but left out of the final law. This form is often called a “Financial Power of Attorney” or just “Power of Attorney”.

POWER OF ATTORNEY FORM LETS PERSON SHARE POWER WITH AGENT

The form lets a person (called “Principal”) share powers with another person (called “Agent” or “Attorney-in-Fact”). Often a person names a trusted adult child, spouse, or friend as agent so they can help with accounts, property, or paperwork when a person is sick, ill, or busy. This form may avoid need for a guardianship or nursing home. In the form a person can name who they would want as guardian or conservator of property if case a court later orders these. This book’s form is “durable” since it continues even if a person is incapacitated, but power ends at a death. This book’s form is effective when signed, and is not a “springing power” needing a trigger like bad health proven to a bank. Unlike this book’s form some other forms let successor agents be named to act if needed or lets multiple agents be named to act together but this may cause delay, issues, or fights. When acting agents should identify themselves fully, especially by a signature, like “Jan Sue Doe as power of attorney Agent for Jill Kim Hart”.

FORM LETS POWER GIVEN TO AGENT BE PICKED

This book’s form lets people initial areas to select powers or write information into several places on the form. But to help avoid legal problems usually broad power is given to an agent. Many people give broad power by writing something like :“I give my Agent power to act for me in any way including any way I myself could do if I were personally present.” An agent can get fair pay for their time unless a form forbids this.

AGENT CAN DO DANGEROUS THINGS SO MANY PEOPLE SKIP THIS FORM

Using the Power of Attorney form an agent can do dangerous things like sell a principal’s property, use accounts, borrow money, and sign for and bind a principal. The law imposes a legal duty on agents to act in “best interests” of principals, keep records, and not mix their property with principal’s, but misconduct can still occur causing losses or theft. This form has an “Important Information For Agent” page to guide an agent. Usually a principal who used the Power of Attorney form cannot blame

banks or others if they did what the agent told them to do, and in these cases banks and others are not usually liable for any losses. Due to the risk many people skip this form, or write a form with limited powers, or don't give out the form until really needed. People should be careful and consider if using the Power of Attorney is really needed.

MAY NEED ATTORNEY IF DOING MAJOR OR UNUSUAL THINGS WITH FORM

The laws around Power of Attorney forms are complex. Many things are improper for an Agent to do using the form, for example it is illegal to use the form to gift to themselves or family large amounts. If an Agent will do major or unusual things they may need the help of an attorney to avoid acting improperly or criminally. Some Agents are careful to do only basic things like access records or pay bills to avoid wrong-doing.

TO COMPLETE FORM PERSON MUST SIGN BEFORE NOTARY

To be valid a Virginia Power of Attorney must be signed by a person before a notary. To let the form be used in other states some people also sign with 2 witnesses who should not be family or who has any possible financial involvement. A form can be revoked anytime by written notice to the agent, and then banks and others who saw the form should be informed. Often months after a Virginia Power of Attorney was done, banks or others may have the Agent do an affidavit to confirm the form is still valid and this book has this form called the "Agent's Certification".

**FORM 8:
VIRGINIA POWER OF ATTORNEY**

VIRGINIA POWER OF ATTORNEY

IMPORTANT INFORMATION

THIS POWER OF ATTORNEY AUTHORIZES ANOTHER PERSON(S) (YOUR AGENT) TO MAKE DECISIONS CONCERNING YOUR PROPERTY FOR YOU (THE PRINCIPAL). YOUR AGENT WILL BE ABLE TO MAKE DECISIONS AND ACT WITH RESPECT TO YOUR PROPERTY (INCLUDING YOUR MONEY) WHETHER OR NOT YOU ARE ABLE TO ACT FOR YOURSELF. THE MEANING OF AUTHORITY OVER SUBJECTS LISTED ON THIS FORM IS EXPLAINED IN THE UNIFORM POWER OF ATTORNEY ACT (§ 26-71.01 ET SEQ. OF THE CODE OF VIRGINIA).

This power of attorney does not authorize the agent to make health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent.

You may name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I _____ (Name of Principal) name the following person as my agent:

Name of Agent: _____

Agent's Address: _____

Agent's Telephone Number: _____

[**Optional:** If you are appointing two or more persons, insert their names, addresses, and phone numbers below]

[If more than one agent is designated, choose one of the following three choices by putting your initials in one of the blank spaces to the left of your choice:]

- () Each Agent may exercise its authority INDEPENDENTLY
- () The Agents must exercise their authority by UNANIMOUS decision
- () The Agents may exercise their authority by MAJORITY decision

(If none or more than one of the blanks are initialed, each agent may exercise its authority independently)

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If every agent named above is unable or unwilling to act for me, I name as my successor agent(s):

Name of Successor Agent: _____

Successor Agent's Address: _____

Successor Agent's Telephone Number: _____

[Optional: If you are appointing two or more persons, insert their names, addresses, and phone numbers below]

If every successor agent named above is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: _____

Second Successor Agent's Address: _____

Second Successor Agent's Telephone Number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act (§ 26-71.01 et seq. of the Code of Virginia):

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject. Initialing the "All Preceding Subjects" line includes a grant of authority to the agent to make gifts of any amount of your property in accordance with your personal history of making or joining in the making of lifetime gifts.

You may, if desired, grant additional limited authority to make gifts by initialing an appropriate grant of specific authority as permitted below and you may provide specific instructions limiting or broadening authority to make gifts in express language of your choosing in the "Special Instructions" section below.)

- () Real Property
- () Tangible Personal Property
- () Stocks and Bonds
- () Commodities and Options
- () Banks and Other Financial Institutions
- () Operation of Entity or Business
- () Insurance and Annuities
- () Estates, Trusts, and Other Beneficial Interests
- () Claims and Litigation
- () Personal and Family Maintenance
- () Benefits from Governmental Programs or Civil or Military Service
- () Retirement Plans
- () Taxes
- () All Preceding Subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

- () Create, amend, revoke, or terminate an inter vivos trust
- () Make a gift, subject to the limitations of § 26-72.17 of the Uniform Power of Attorney Act (§ 26-71.01 et seq. of the Code of Virginia) and any special instructions in this power of attorney
- () Create or change rights of survivorship
- () Create or change a beneficiary designation
- () Authorize another person to exercise the authority granted under this power of attorney
- () Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- () Exercise fiduciary powers that the principal has authority to delegate

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

REVOCAION OF EXISTING GENERAL DURABLE POWERS OF ATTORNEY

I hereby Revoke () Do Not Revoke () all general durable powers of attorney previously created by me and terminate all agency relationships created thereunder except for powers created by me on forms provided by financial institutions granting the right to write checks on deposit funds to, and withdraw funds from accounts to which I am signatory or granting access to a safe deposit box.

(If no box is initialed, no prior general durable power of attorney is revoked.)

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a conservator or guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of Nominee for conservator of my estate: _____

Nominee's Address: _____

Nominee's Telephone Number: _____

Name of Nominee for guardian of my person: _____

Nominee's Address: _____

Nominee's Telephone Number: _____

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Your Signature

Date

Your Name Printed

Your Address

Your Telephone Number

State of _____

County/City of _____

This document was acknowledged before me on _____ (Date), by _____ (Name of Principal).

Signature of Notary Public _____

My Commission Expires: _____

Notary Identification Number: _____

(Seal, if any)

IMPORTANT INFORMATION FOR AGENT

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked.

You must:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) Act in good faith;
- (3) Do nothing beyond the authority granted in this power of attorney; and
- (4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:
(Principal's Name) by (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) Act loyally for the principal's benefit;
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) Act with care, competence, and diligence;
- (4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) Death of the principal;
- (2) The principal's revocation of the power of attorney or your authority;
- (3) The occurrence of a termination event stated in the power of attorney;
- (4) The purpose of the power of attorney is fully accomplished; or
- (5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

Liability of Agent

The meaning of the authority granted to you is defined in the Uniform Power of Attorney Act (§ 26-71.01 et seq. of the Code of Virginia). If you violate the Uniform Power of Attorney Act or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

**AGENT'S CERTIFICATION AS TO THE VALIDITY OF
POWER OF ATTORNEY AND AGENT'S AUTHORITY**
(OPTIONAL: VIRGINIA CODE § 26-73.02.)

State of _____

County/City of _____

I, _____ (Name of Agent), certify under penalty of perjury that _____ (Name of Principal) granted me authority as an agent or successor agent in a power of attorney dated _____.

I further certify that to my knowledge:

(1) The Principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and

(4) _____

_____.

(Insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Agent's Signature

Date

Agent's Name Printed

Agent's Address

Agent's Telephone Number

This document was acknowledged before me on _____ (Date),
by _____ (Name of Agent).

(Seal, if any)

Signature of Notary _____

My commission expires: _____

Notary Identification Number: _____

CHAPTER 13

FORM 9: DESIGNATION TO CONTROL FUNERAL AND DISPOSITION OF REMAINS

FORM “DESIGNATION TO CONTROL FUNERAL & DISPOSITION OF REMAINS”

Form 9 is the “Designation To Control Funeral And Disposition Of Remains” form.

USE FORM TO DESIGNATE PERSON TO CONTROL FUNERAL AND BURIAL

A person at least age 18 can in a notarized writing designate a person to control their funeral, disposition of bodily remains, and related matters. In the form these persons are called the “designator” and “designee” respectively. To be effective the person named must sign to accept power, and a copy of the form given to the funeral or cemetery place within 48 hours of receipt of body. If no form is done closest family starting with a spouse, then adult children, control these issues. Property and money in the estate of the deceased person pays for funeral and related matters chosen by a designated person or family, and a funeral or cemetery place will follow instructions from whoever is in charge. If people die in military service any military form done will control.

IN FORM CAN GIVE SUGGESTIONS TO AGENT

By law the person designated in a form or if no form the decedent’s closest relative is somewhat free to do as they want, partly because rarely would anyone notice and the time is so short before a funeral and burial. So people should make sure someone who is in charge who will follow instructions and the person’s wishes. In this book’s form there is a spot for “Suggestions” to be given. In the form a person can request things like a preferred church, pastor, readings, ceremonies, locations, funeral home, tombstone or markers, burial or cremation preference, cemetery, family to invite, and how costly should things be. If the deceased person made any pre-paid funeral or similar contracts they probably should be followed as they may best show what a person wanted.

COMPLETE FORM BY SIGNING BEFORE A NOTARY

To be valid the form must be signed by a person before a notary. When completed the form should be held in a place it will be found within 1-2 days of death, or many person give the form immediately to a spouse or the person designated. To be effective the person named must sign to accept power, and a copy of the form given to the funeral or cemetery place within 48 hours of receipt of body.

**FORM 9:
DESIGNATION TO CONTROL FUNERAL AND
DISPOSITION OF REMAINS**

DESIGNATION TO CONTROL FUNERAL AND DISPOSITION OF REMAINS

I, _____ (called here the "designator") of _____, Virginia, hereby designate _____ (called here the "designee") as the individual who shall make arrangements and be otherwise responsible for my funeral and the disposition of my remains, including cremation, interment, entombment, or memorialization, or some combination thereof, upon my death. Designee shall have priority over all persons otherwise entitled to make such arrangements if a copy of this writing is provided to the funeral service establishment and to the cemetery, if any, no later than 48 hours after the funeral service establishment has received the remains. Designee shall have no power before designee signs to accept this designation.

I provide the following suggestions for my agent:

(attach additional pages if needed)

SIGNATURE OF DESIGNATOR

Signature: _____ Date: _____
Printed Name: _____

NOTARY

State of _____

County/City of _____

This document was acknowledged before me on the ___ day of _____, 20__ by _____ the person who signed above.

(Seal, if any)

Signature of Notary Public _____

My Commission Expires: _____

Notary Identification Number: _____

ACCEPTANCE OF DESIGNEE

I accept designation of me as the person to make funeral, burial, and other arrangements.

Signature: _____ Date: _____

CHAPTER 14

FORM 10: POWER OF ATTORNEY OF PARENT AND STANDBY GUARDIAN

FORM 10 IS “POWER OF ATTORNEY OF PARENT” AND “STANDBY GUARDIAN”

Form 10 in this book is actually 2 forms, the “Power Of Attorney Of Parent” form and “Standby Guardian” form both of which concern letting another person care for a child.

“POWER OF ATTORNEY OF PARENT” FORM GIVES POWER OVER CHILD

The first form here is the “Power of Attorney of Parent” form. Most states let a Power of Attorney form be used to let parent or similar share power with a person (called “agent”) over a child’s home life, school, and especially medical treatment to avoid risky delays. Some Virginia lawyers do a form like Form 9. This form may be used to share power over a child if a person watches a child often (like nanny, grandma, or friend), or watches a child for a long time like weeks (like if parent is in hospital or travelling). Doing a form can reassure worried neighbors or police. Be warned, not all may follow a form and schools or doctors tend to listen and act if it’s an emergency but then stop for a parent, so a parent in advance may want to explain this form to them. Note, a child at 18 controls their medical care and also can do Advance Medical Directive to share control of medical care (many at 18 do this to share power with parents). To complete a Power Of Attorney Of Parent form it is signed by a parent before a notary, and then usually give to the agent. This form is revocable by telling the agent and then usually others. This form is only valid for 6 months.

“STANDBY GUARDIAN” FORM AVOIDS ANY GAP IN CARE OF CHILD

The second form here is the “Standby Guardian” form. This form is usually skipped and only done if a parent is very sick and may die or become incapacitated and the other parent is not near, and this form upon a “trigger” lets someone have power over children without the normal few weeks delay for a court to act. Triggers to choose are: 1) doctor’s determination of incompetence, 2) doctor’s finding debilitation so bad a child can’t be cared for and parent must sign too for this, and/or 3) parent’s death and death certificate. To complete a Standby Guardian form it just needs signing before a notary, and then it is usually given to the person getting power. After a trigger if found by doctors the named person instantly has power over a child like a guardian. But within 30 days of trigger a “Petition for Approval” must be filed at court and other family told. Eventually the other parent usually takes over if available, or whoever will be permanent guardian takes over.

**FORM 10:
POWER OF ATTORNEY OF PARENT
-- AND --
STANDBY GUARDIAN**

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STANDBY GUARDIAN

I, _____ (name and address of parent) am the parent of _____
_____ (name, address, and date of birth of child).

I hereby appoint _____ (name and address of person appointed) as Standby Guardian of the child to take effect upon occurrence of any of the following:

(Select and write out some or all of the following: 1) certificate of death of parent, 2) determination of incompetence of parent, 3) a determination of debilitation of parent and consent signed by parent or another person on parent's behalf)

Date: _____ Signature of parent: _____

APPENDIX A: **SAMPLE FILLED OUT LEGAL FORMS**

THE REST OF THIS BOOK HAS SAMPLE FILLED OUT LEGAL FORMS INCLUDING MANY SAMPLE WILLS.

TO GET FORMS THIS BOOK CAN BE PHOTOCOPIED OR A COMPUTER FILE CAN BE DOWNLOADED FROM WWW.DAVENPORTPRESS.ORG.

TO ADD WORDS TO A FORM THIS CAN BE DONE BY HAND USING A PEN OR MARKER, OR CAN BE DONE BY TYPING WORDS ONTO A FORM ON A COMPUTER. NEATNESS AND PERFECT WRITING IS NOT REQUIRED.

ALL SIGNATURES AND DATES BY SIGNATURES SHOULD BE WRITTEN WITH PERMANENT PEN OR MARKER.

**SAMPLE FILLED OUT
FORM 1:
LAST WILL AND TESTAMENT (STANDARD)**

LAST WILL AND TESTAMENT

I, Mary Ann Lawson of Jefferson County, Virginia, do hereby make, publish, and declare this to be my Last Will and Testament (called here my “Will”), hereby revoking all Wills and Codicils earlier made by me.

1. GIFTS. I give in this section these specific gifts and general gifts including of money to the following beneficiaries but only if they survive me.

I give \$2,000 and my cat Elvis to Miranda Ruth Kent .

I give my largest diamond ring to Anne Samantha Lynn-Hutchinson .

I give a total of \$10,000 to Larry Henry Cole, Pamela A. Dawber, and Roger Hud.

I give Anchor Bank accounts ending in #8303 and #1109 to Mary Ann Boon.

I give \$2,500 to Appleton Food Bank the charity in town.

I give all my Irish Silver jewelry to Mary G. Smith and Cindy Lee Farmer .

I give \$14,000 to Kim Sue Grant in the hope she helps her son Robbie.

I give all DVDs and Audiobooks to Larry Thomas Houston .

I give \$5,000 to Sacred Heart my church .

I give all my tools and construction equipment to Larry Thomas Houston .

I give 2011 Ford Truck and 2013 Acura to Patrick Matt Winchester .

I give all fishing and boating equipment to Susan Hawk my fishing buddy.

I give \$1,000 to David Mitchell who helped when our house flooded .

I give 2 carat fake diamond ring to Brenda Kiki Honeywell .

I give all jewelry other than the jewelry given above to Emily Brown .

I give 42 River Road, Mitchburg, Virginia, including land, buildings, and fixtures to Melanie Davina Peller .

I give Queen Anne dresser and table to Florence Cobey .

I give Steinway piano and bench and all music books to Susan Moore.

2. TANGIBLE PERSONAL PROPERTY LIST. I may leave a list or statement signed by me disposing of tangible personal property including as provided by Virginia Code § 64.2-400 or similar law. Except for property specifically disposed of by Will I give to a beneficiary in such writings who survives me the property in such writings.

3. RESIDUE. I give the rest, residue, and remainder of my estate consisting of all property I can distribute by Will not distributed by the preceding Will provisions (including any real property, personal property, or other property of any kind and wherever located, whether now owned or later acquired by me) as follows:

a) to Jon Alan Lawson my husband **only if they survive me** with those of these persons who survive me taking the share of non-surviving persons, and

b) if none of these just named persons do survive me I give all this to Eric Kenneth Lawson and Judy Mary Kent my children **or their lineal descendants** which descendants shall take the share of their non-surviving relative.

4. ADMINISTRATION. I name and appoint Jon Alan Lawson my husband as **executor** of my Will and of my estate.

5. MISCELLANEOUS. The following applies to all parts of this Will and generally. Priority of Will gifts of the same type is based on order they appear here. The words “give” and “gift” also mean devise, bequest, grant, legacy or similar. If joint beneficiaries disagree on use of property the executor may sell it to give cash. For any Will gift a beneficiary must survive to get a gift, and survival is an absolute condition and anti-lapse laws or similar have no effect, but an alternative beneficiary may take a gift for non-surviving persons (including if “lineal descendants” is written).

For a gift to multiple beneficiaries the share of a non-surviving beneficiary passes to other beneficiaries in proportion to their share of the gift, including for the residue, subject to other Will terms or if alternate beneficiaries are written in the gift.

A gift including the residue to “lineal descendants” is “per stirpes”.

Plural, singular, or gender meanings do not limit this Will or any part of it.

No incomplete, blank, or unfilled area is a mistake or not intentional including leaving part of the residue clause undone in which case other parts of the residue clause should be followed, and this Will and any of its parts shall be given effect if possible.

A failure to gift to any family including a child is not a mistake.

My executor has power to pay debts in time and manner and using estate property or money they find best including my executor may select which debts to pay.

Unless said above I direct no debt with an encumbrance such as a mortgage or lien should be paid, and if paid for some reason contribution is owed my estate and others.

No gift or other transfer made during life reduces or offsets any gift or part of this

Will, unless during my life it was expressly mostly called a “loan” or “advancement”.

A gift of property that is no longer owned including real property has no effect and a Will gift of such lapses without ademption or replacement.

Any list or statement that would dispose of tangible personal property including under Virginia Code § 64.2-400 should be considered together with all such writings and all such writings followed, with conflicts controlled by the page more recently done.

The residue includes lapsed or failed gifts and also includes property the testator has or had any power of appointment or testamentary disposition over.

I give any executor the fullest power and discretion allowed including without court approval sell, lease, keep, or exchange real or other property with no liability for decrease in value, settle claims for or against the estate, and pay debts. My executor has all powers listed in Virginia Code § 64.2-105 without need for court approval and also power of sale over real and other property. Power given here is supplementary to powers given by law.

The word executor shall also mean personal representative and administrator.

Any executor, personal representative, or guardians of any type serving under this Will or otherwise shall qualify and serve without bond, surety, security, or similar.

I request informal and unsupervised administration of my Will and estate.

SIGNATURE

IN WITNESS WHEREOF, I sign my name to this instrument and declare that I sign and execute this instrument as my Will willingly as Testator, that I execute it as my free and voluntary act for the purposes expressed herein, and that I am at least 18 years of age, of sound mind, and under no constraint or undue influence, this 1st day of July, 2018.

Mary Ann Lawson

Testator

WITNESSES

We, Pamela Grace Popo and Charles Xi Lee as witnesses signing below, do hereby declare that on the date appearing above Mary Ann Lawson, Testator, signed and executed this instrument as his or her Will in the presence and hearing of both of us and that Testator signed this instrument willingly, that to the best of our knowledge Testator is at least 18 years of age, of sound mind, and under no constraint or undue influence, that each of us signing below is at least 18 years of age and of sound mind, and that each of us hereby signs this instrument as witness at Testator’s request and in the presence and hearing of Testator and each other.

Pamela Grace Popov

Witness

Charles Xi Lee

Witness

**SAMPLE FILLED OUT
FORM 2:
LAST WILL AND TESTAMENT (GUARDIANS)**

LAST WILL AND TESTAMENT

I, Michael Thomas Martin of Princess Anne County, Virginia, do hereby make, publish, and declare this to be my Last Will and Testament (called here my “Will”), hereby revoking all Wills and Codicils earlier made by me.

1. GIFTS. I give in this section these specific gifts and general gifts including of money to the following beneficiaries but only if they survive me.

I give \$1,000 to Mary Perez my nurse or her lineal descendants.

I give \$500 to First Christian of Fairfax church which I and my wife attended, and during life we already gave them plenty of money.

2. TANGIBLE PERSONAL PROPERTY LIST. I may leave a list or statement signed by me disposing of tangible personal property including as provided by Virginia Code § 64.2-400 or similar law. Except for property specifically disposed of by Will I give to a beneficiary in such writings who survives me the property in such writings.

3. RESIDUE. I give the rest, residue, and remainder of my estate consisting of all property I can distribute by Will not distributed by the preceding Will provisions (including any real property, personal property, or other property of any kind and wherever located, whether now owned or later acquired by me) as follows:

a) to Karen Lili Maxwell my wife **only if they survive me** with those of these persons who survive me taking the share of non-surviving persons, and

b) if none of these just named persons do survive me I give all this to Paul Jon Martin my son who gets 40%, Alex Greg Martin my son who gets 40%, and Ed Martin my brother who gets 20% **or their lineal descendants** which descendants shall take the share of their non-surviving relative.

4. ADMINISTRATION. I name and appoint Karen Lili Martin my wife as **executor** of my Will and of my estate.

5. GUARDIANS. If any of my children have not reached age 18 then I name and appoint Vera Cathy Hart my sister as **guardian over the person** of such children. I also name and appoint Vera Cathy Hart my sister as **guardian of the estate** and property of such children or other minors who receive or possess money or property.

6. MISCELLANEOUS. The following applies to all parts of this Will and generally.

Priority of Will gifts of the same type is based on order they appear in this Will.

The words “give” and “gift” also mean devise, bequest, grant, legacy or similar.

If joint beneficiaries disagree on use of property the executor may sell it to give cash.

For any Will gift a beneficiary must survive to get a gift, and survival is an absolute condition and anti-lapse laws or similar have no effect, but an alternative beneficiary may take a gift for non-surviving persons (including if “lineal descendants” is written).

For a gift to multiple beneficiaries the share of a non-surviving beneficiary passes to other beneficiaries in proportion to their share of the gift, including for the residue, subject to other Will terms or if alternate beneficiaries are written in the gift.

A gift including the residue to “lineal descendants” is “per stirpes”.

Plural, singular, or gender meanings do not limit this Will or any part of it.

No incomplete, blank, or unfilled area is a mistake or not intentional including leaving part of the residue clause undone in which case other parts of the residue clause should be followed, and this Will and any of its parts shall be given effect if possible.

A failure to gift to any family including a child is not a mistake.

My executor has power to pay debts in time and manner and using estate property or money they find best including my executor may select which debts to pay.

Unless said above I direct no debt with an encumbrance such as a mortgage or lien should be paid, and if paid for some reason contribution is owed my estate and others.

No gift or other transfer made during life reduces or offsets any gift or part of this Will, unless during my life it was expressly mostly called a “loan” or “advancement”.

A gift of property that is no longer owned including real property has no effect and a Will gift of such lapses without ademption or replacement.

Any list or statement that would dispose of tangible personal property including under Virginia Code § 64.2-400 should be considered together with all such writings and all such writings followed, with conflicts controlled by the page more recently done.

The residue includes lapsed or failed gifts and also includes property the testator has or had any power of appointment or testamentary disposition over.

I give any executor the fullest power and discretion allowed including without court approval sell, lease, keep, or exchange real or other property with no liability for decrease in value, settle claims for or against the estate, and pay debts. My executor has all powers listed in Virginia Code § 64.2-105 without need for court approval and also power of sale over real and other property. Power given here is supplementary to powers given by law.

The word executor shall also mean personal representative and administrator.

Any executor, personal representative, or guardians of any type serving under this Will or otherwise shall qualify and serve without bond, surety, security, or similar.

I request informal and unsupervised administration of my Will and estate.

SIGNATURE

IN WITNESS WHEREOF, I sign my name to this instrument and declare that I sign and execute this instrument as my Will willingly as Testator, that I execute it as my free and voluntary act for the purposes expressed herein, and that I am at least 18 years of age, of sound mind, and under no constraint or undue influence, this 23rd day of November, 2017.

Michael Thomas Martin

Testator

WITNESSES

We, Brian Miles Sheen and Marilyn Joyce Smith as witnesses signing below, do hereby declare that on the date appearing above Michael Thomas Martin, Testator, signed and executed this instrument as his or her Will in the presence and hearing of both of us and that Testator signed this instrument willingly, that to the best of our knowledge Testator is at least 18 years of age, of sound mind, and under no constraint or undue influence, that each of us signing below is at least 18 years of age and of sound mind, and that each of us hereby signs this instrument as witness at Testator's request and in the presence and hearing of Testator and each other.

Brian Miles Sheen

Witness

Marilyn Joyce Smith

Witness

**EXTRA SAMPLE FILLED OUT
FORM 1:
LAST WILL AND TESTAMENT (STANDARD)**

LAST WILL AND TESTAMENT

I, Ruth Beth Kent of Jefferson County, Virginia, do hereby make, publish, and declare this to be my Last Will and Testament (called here my "Will"), hereby revoking all Wills and Codicils earlier made by me.

1. GIFTS. I give in this section these specific gifts and general gifts including of money to the following beneficiaries but only if they survive me.

I give my clothes and my non-gold jewelry to my daughter Kim Ann Hill.

I give a total of \$4,000 to: 50% to Abraham Daniel Walker, 40% to Amy Ann Hope, and 10% to Jennifer Kim Beaufort.

I give \$3,300 and my cat Bob and all his stuff to Laura Cobb who I trust to care for Bob.

I give my old 1987 Ford Truck to Reginald William Porter my nephew.

I give \$800 to Greg Best but if he fails to survive then his wife Jo Best.

I give \$100 to each of my grandchildren.

I give \$1,000 to the United States Cancer Society.

2. TANGIBLE PERSONAL PROPERTY LIST. I may leave a list or statement signed by me disposing of tangible personal property including as provided by Virginia Code § 64.2-400 or similar law. Except for property specifically disposed of by Will I give to a beneficiary in such writings who survives me the property in such writings.

3. RESIDUE. I give the rest, residue, and remainder of my estate consisting of all property I can distribute by Will not distributed by the preceding Will provisions (including any real property, personal property, or other property of any kind and wherever located, whether now owned or later acquired by me) as follows:

a) to John Rufus Kent my husband **only if they survive me** with those of these persons who survive me taking the share of non-surviving persons, and

b) if none of these just named persons do survive me I give all this to Mary Sue Long and Karen Helen Wisnosky my daughters **or their lineal descendants** which descendants shall take the share of their non-surviving relative.

4. ADMINISTRATION. I name and appoint John Rufus Kent my husband as **executor** of my Will and of my estate.

5. MISCELLANEOUS. The following applies to all parts of this Will and generally.

Priority of Will gifts of the same type is based on order they appear here.

The words “give” and “gift” also mean devise, bequest, grant, legacy or similar.

If joint beneficiaries disagree on use of property the executor may sell it to give cash.

For any Will gift a beneficiary must survive to get a gift, and survival is an absolute condition and anti-lapse laws or similar have no effect, but an alternative beneficiary may take a gift for non-surviving persons (including if “lineal descendants” is written).

For a gift to multiple beneficiaries the share of a non-surviving beneficiary passes to other beneficiaries in proportion to their share of the gift, including for the residue, subject to other Will terms or if alternate beneficiaries are written in the gift.

A gift including the residue to “lineal descendants” is “per stirpes”.

Plural, singular, or gender meanings do not limit this Will or any part of it.

No incomplete, blank, or unfilled area is a mistake or not intentional including leaving part of the residue clause undone in which case other parts of the residue clause should be followed, and this Will and any of its parts shall be given effect if possible.

A failure to gift to any family including a child is not a mistake.

My executor has power to pay debts in time and manner and using estate property or money they find best including my executor may select which debts to pay.

Unless said above I direct no debt with an encumbrance such as a mortgage or lien should be paid, and if paid for some reason contribution is owed my estate and others.

No gift or other transfer made during life reduces or offsets any gift or part of this Will, unless during my life it was expressly mostly called a “loan” or “advancement”.

A gift of property that is no longer owned including real property has no effect and a Will gift of such lapses without ademption or replacement.

Any list or statement that would dispose of tangible personal property including under Virginia Code § 64.2-400 should be considered together with all such writings and all such writings followed, with conflicts controlled by the page more recently done.

The residue includes lapsed or failed gifts and also includes property the testator has or had any power of appointment or testamentary disposition over.

I give any executor the fullest power and discretion allowed including without court approval sell, lease, keep, or exchange real or other property with no liability for decrease in value, settle claims for or against the estate, and pay debts. My executor has all powers listed in Virginia Code § 64.2-105 without need for court approval and also power of sale over real and other property. Power given here is supplementary to powers given by law.

The word executor shall also mean personal representative and administrator.

Any executor, personal representative, or guardians of any type serving under this Will or otherwise shall qualify and serve without bond, surety, security, or similar.

I request informal and unsupervised administration of my Will and estate.

SIGNATURE

IN WITNESS WHEREOF, I sign my name to this instrument and declare that I sign and execute this instrument as my Will willingly as Testator, that I execute it as my free and voluntary act for the purposes expressed herein, and that I am at least 18 years of age, of sound mind, and under no constraint or undue influence, this **8th** day of **May**, 20**18**,

Ruth Beth Kent

Testator

WITNESSES

We **Lucy Ann Pamway** and **Pam Ann Rogers** the Witnesses, declare and say that in our presence on the date appearing above **Ruth Beth Kent**, Testator, signed and executed this instrument as his or her Will in the presence and hearing of both of us and that Testator signed this instrument willingly, that to the best of our knowledge Testator is at least 18 years of age, of sound mind, and under no constraint or undue influence, that each of us signing below is at least 18 years of age and of sound mind, and that each of us hereby signs this instrument as witness at Testator's request and in the presence and hearing of Testator and each other.

Lucy Ann Pamway

Witness

Pam Ann Rogers

Witness

**EXTRA SAMPLE FILLED OUT
FORM 2:
LAST WILL AND TESTAMENT (GUARDIANS)**

LAST WILL AND TESTAMENT

I, John Paul Rocker of Princess Anne County, Virginia, do hereby make, publish, and declare this to be my Last Will and Testament (called here my "Will"), hereby revoking all Wills and Codicils earlier made by me.

1. GIFTS. I give in this section these specific gifts and general gifts including of money to the following beneficiaries but only if they survive me.

I give a total of \$10,000 to Brian Oscar Peterson, Michael Paul Peterson, Mary Hart, Tom Jackson, and Beverly Wannawaker.

I give \$600 to each of the following: Beth Tina Smith, Frank M. Smith, David Shore, Adam Wannamaker, Karen Boulder, and Jane Boulder.

I give \$5,000 to Loretta Switt in the hope she will help her daughter Megan Switt.

I give Wells Fargo savings account ending in #8923 to Lawrence Deer.

I give all cars and trucks I own at my death to Victor Perez my mechanic.

I give all fishing rods to John Running Bear or his lineal descendants.

I give my wood boat to Ed Boot but if doesn't survive me I give this to Roger Poe.

NOTE: I talked to my wife Susan about other gifts and I trust her to do what is best.

2. TANGIBLE PERSONAL PROPERTY LIST. I may leave a list or statement signed by me disposing of tangible personal property including as provided by Virginia Code § 64.2-400 or similar law. Except for property specifically disposed of by Will I give to a beneficiary in such writings who survives me the property in such writings.

3. RESIDUE. I give the rest, residue, and remainder of my estate consisting of all property I can distribute by Will not distributed by the preceding Will provisions (including any real property, personal property, or other property of any kind and wherever located, whether now owned or later acquired by me) as follows:

a) to Susan Marie Rocker my wife **only if they survive me** with those of these persons who survive me taking the share of non-surviving persons, and

b) if none of these just named persons do survive me I give all this to Henry John Rocker, Sandra Sue Rocker, Brian Thomas Rocker, Laura Ann Lowell, and Geraldine Sharon Rocker my children **or their lineal descendants** which descendants shall take the share of their non-surviving relative.

4. ADMINISTRATION. I name and appoint Susan Marie Rocker my wife as **executor** of my Will and of my estate.

5. GUARDIANS. If any of my children have not reached age 18 then I name and appoint Vera Lynn Hart my sister as **guardian over the person** of such children. I also name and appoint Vera Lynn Hart my sister as **guardian of the estate** and property of such children or other minors who receive or possess money or property.

6. MISCELLANEOUS. The following applies to all parts of this Will and generally. Priority of Will gifts of the same type is based on order they appear in this Will. The words “give” and “gift” also mean devise, bequest, grant, legacy or similar. If joint beneficiaries disagree on use of property the executor may sell it to give cash. For any Will gift a beneficiary must survive to get a gift, and survival is an absolute condition and anti-lapse laws or similar have no effect, but an alternative beneficiary may take a gift for non-surviving persons (including if “lineal descendants” is written).

For a gift to multiple beneficiaries the share of a non-surviving beneficiary passes to other beneficiaries in proportion to their share of the gift, including for the residue, subject to other Will terms or if alternate beneficiaries are written in the gift.

A gift including the residue to “lineal descendants” is “per stirpes”.

Plural, singular, or gender meanings do not limit this Will or any part of it.

No incomplete, blank, or unfilled area is a mistake or not intentional including leaving part of the residue clause undone in which case other parts of the residue clause should be followed, and this Will and any of its parts shall be given effect if possible.

A failure to gift to any family including a child is not a mistake.

My executor has power to pay debts in time and manner and using estate property or money they find best including my executor may select which debts to pay.

Unless said above I direct no debt with an encumbrance such as a mortgage or lien should be paid, and if paid for some reason contribution is owed my estate and others.

No gift or other transfer made during life reduces or offsets any gift or part of this Will, unless during my life it was expressly mostly called a “loan” or “advancement”.

A gift of property that is no longer owned including real property has no effect and a Will gift of such lapses without ademption or replacement.

Any list or statement that would dispose of tangible personal property including under Virginia Code § 64.2-400 should be considered together with all such writings and all such writings followed, with conflicts controlled by the page more recently done.

The residue includes lapsed or failed gifts and also includes property the testator has or had any power of appointment or testamentary disposition over.

I give my executor the fullest power and discretion allowed including without court

approval sell, lease, keep, or exchange real or other property with no liability for decrease in value, settle claims for or against the estate, and pay debts. My executor has all powers listed in Virginia Code § 64.2-105 without need for court approval and also power of sale over real and other property. Power given here is supplementary to powers given by law.

The word executor shall also mean personal representative and administrator.

Any executor, personal representative, or guardians of any type serving under this Will or otherwise shall qualify and serve without bond, surety, security, or similar.

I request informal and unsupervised administration of my Will and estate.

SIGNATURE

IN WITNESS WHEREOF, I sign my name to this instrument and declare that I sign and execute this instrument as my Will willingly as Testator, that I execute it as my free and voluntary act for the purposes expressed herein, and that I am at least 18 years of age, of sound mind, and under no constraint or undue influence, this 23rd day of November, 2017.

John Paul Rucker

Testator

WITNESSES

We, Brian Miles Sheen and Marilyn Joyce Smith as witnesses signing below, do hereby declare that on the date appearing above John Paul Rucker, Testator, signed and executed this instrument as his or her Will in the presence and hearing of both of us and that Testator signed this instrument willingly, that to the best of our knowledge Testator is at least 18 years of age, of sound mind, and under no constraint or undue influence, that each of us signing below is at least 18 years of age and of sound mind, and that each of us hereby signs this instrument as witness at Testator's request and in the presence and hearing of Testator and each other.

Brian Miles Sheen

Witness

Marilyn Joyce Smith

Witness

**SAMPLE FILLED OUT
FORM 3:
SELF-PROVING AFFIDAVIT**

SELF-PROVING AFFIDAVIT

STATE OF VIRGINIA

COUNTY/CITY OF Henry

Before me, the undersigned authority, on this day personally appeared Eliza Maria Bester, Michael Paul Bester, and Ivan Alan Patril, known to me to be the testator and the witnesses, respectively, whose names are signed to the attached or foregoing instrument and, all of these persons being by me first duly sworn, Eliza Maria Bester the testator, declared to me and to the witnesses in my presence that said instrument is his last will and testament and that he had willingly signed or directed another to sign the same for him, and executed it in the presence of said witnesses as his free and voluntary act for the purposes therein expressed; that said witnesses stated before me that the foregoing will was executed and acknowledged by the testator as his last will and testament in the presence of said witnesses who, in his presence and at his request, and in the presence of each other, did subscribe their names thereto as attesting witnesses on the day of the date of said will, and that the testator, at the time of the execution of said will, was over the age of eighteen years and of sound and disposing mind and memory.

Eliza Maria Bester

Testator

Michael Paul Bester

Witness

Ivan Alan Patril

Witness

Subscribed, sworn and acknowledged before me by Eliza Maria Bester, the testator, and subscribed and sworn before me by Ivan Alan Patril and Michael Paul Bester, witnesses, this 3rd day of June, A.D., 2015.

SIGNED *Dorothea Wanda Chesterhill*

NOTARY
(OFFICIAL CAPACITY OF OFFICER)

**SAMPLE FILLED OUT
FORM 4:
TANGIBLE PERSONAL PROPERTY LIST**

TANGIBLE PERSONAL PROPERTY LIST

I, the undersigned, wish this list to dispose of tangible personal property not otherwise specifically disposed of by a Will, including as provided by Virginia Code § 64.2-400 or similar law. I give property listed below to the recipient named next to it but only if the recipient survives me as a Will defines.

PROPERTY	RECIPIENT
<u>1998 Ford Truck</u>	<u>Samantha Bell</u>
<u>large 1.3 carat diamond ring</u>	<u>Abigail Reed</u>
<u>all Italian engraved jewelry</u>	<u>Samantha Bell</u>
<u>fishing boat, 2 canoes, and life preservers</u>	<u>Samantha Bell</u>
<u>sailboat painting by Walker</u>	<u>Spencer D. Wheeler</u>
<u>all music records</u>	<u>Rebecca B. Stewart</u>
<u>Parkhurst-style bench from living room</u>	<u>Luke Bailey Sr.</u>
<u>glass table with wood chairs</u>	<u>Jenny and Evelyn Parker</u>
<u>set of 8 copper candlesticks</u>	<u>Jason Brooks</u>
<u>2 outboard motors with numbers #2939 and #8732</u>	<u>Abigail Reed</u>
<u>all antique lanterns</u>	<u>William Kelly</u>
<u>my wedding dress and shoes</u>	<u>Susie Ditcher</u>
<u>Stihl chainsaw that is not working</u>	<u>Jason Brooks</u>
<u>Stihl 2 horsepower chainsaw</u>	<u>Abigail Reed</u>
<u>all antique lanterns</u>	<u>William Kelly</u>
<u>my wedding dress and shoes</u>	<u>Susie Ditcher</u>
<u>Tucker my pet dog and all dog food and supplies</u>	<u>Kristin Kohn</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Date: 2-17-2015

Signed: Amy Helen Baker

**SAMPLE FILLED OUT
FORM 5:
CODICIL**

C O D I C I L

I, Jennifer Bridgett Pond, of Fairfax County, Virginia, declare this to be a Codicil to my Will dated January 22, 2005, and all references here are to this Will.

FIRST: I hereby do **cancel and revoke** this part of my Will:

I give \$20,000 to Paul Jacob Farmer

I give 1969 Dodge Charger to Ned Baker

I name and appoint Erik John Johanns as executor of my Will and of my estate.

SECOND: I hereby do **add** the following part to my Will:

I give \$20,000 to Henry John Farmer

I give 1969 Dodge Charger to Bill Baker

I name and appoint Samantha Pullman as executor of my Will and of my estate.

THIRD: In all other respects I now do confirm and republish the above-described Will.

SIGNATURE

IN WITNESS WHEREOF, I sign my name to this instrument and declare that I sign and execute this instrument as my Codicil to my Will willingly as Testator, that I execute it as my free and voluntary act for the purposes expressed herein, and that I am at least 18 years of age, of sound mind, and under no constraint or undue influence, on this this 23rd day of November, 2017.

Jennifer Bridgett Pond

Testator

WITNESSES

We, Brian Miles Sheen and Marilyn Joyce Smith as witnesses signing below, do hereby declare that on the date appearing above Jennifer Bridgett Pond, the Testator, signed and executed this instrument as his or her Codicil to a Will in the presence and hearing of both of us and that Testator signed this instrument willingly, that to the best of our knowledge Testator is at least 18 years of age, of sound mind, and under no constraint or undue influence, that each of us signing below is at least 18 years of age and of sound mind, and that each of us hereby signs this instrument as witness at Testator's request and in the presence and hearing of Testator and each other.

Brian Miles Sheen

Witness

Marilyn Joyce Smith

Witness

**SAMPLE FILLED OUT
FORM 6:
VIRGINIA ADVANCE MEDICAL DIRECTIVE**

VIRGINIA ADVANCE MEDICAL DIRECTIVE

I, **John William Harvest**, willingly, intentionally, and voluntarily make known my wishes in the event that I am incapable of making an informed decision, as follows:

I understand that my advance directive may include the selection of an agent in addition to setting forth my choices regarding health care. The term "**health care**" means: the furnishing of services to any individual for the purpose of preventing, alleviating, curing or healing human illness, injury or physical disability, including but not limited to medications; surgery; blood transfusions; chemotherapy; radiation therapy; admission to a hospital, nursing home, assisted living facility or other health care facility; psychiatric or other mental health treatment; and life-prolonging procedures and palliative care.

The phrase "**incapable of making an informed decision**" means: unable to understand the nature, extent and probable consequences of a proposed health care decision; unable to make a rational evaluation of the risks and benefits of a proposed health care decision as compared with the risks and benefits of alternatives to that decision; or unable to communicate such understanding in any way.

This advance directive shall not terminate in the event of my disability.

(YOU MAY INCLUDE IN THIS ADVANCE DIRECTIVE ANY OR ALL OF SECTIONS I THROUGH V BELOW.)

SECTION I: APPOINTMENT OF AGENT

(CROSS THROUGH SECTION I AND SECTION II BELOW IF YOU DO NOT WANT TO APPOINT AN AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.)

I hereby appoint the following as my primary agent to make health care decisions on my behalf as authorized in this document:

<u>Gloria Jennifer Harvest</u>	<u>434-555-9578</u>	_____
Name of Primary Agent	Telephone	Fax if any
<u>21 Main Street, Alexandria VA 20137</u>	<u>gloria83278@gmail.com</u>	_____
Address	E-mail if any	

If the above-named primary agent is not reasonably available or is unable or unwilling to act as my agent, then I appoint the following as successor agent:

_____	_____	_____
Name of Successor Agent	Telephone	Fax if any
_____	_____	_____
Address		E-mail if any

I hereby grant to my agent named above full power and authority to make health care decisions on my behalf as described below when I have been determined incapable of making an informed decision. My agent's authority is effective as long as I am incapable of making an informed decision.

In exercising the power to make health care decisions on my behalf, my agent shall follow my desires and preferences as stated in this document or as otherwise known to my agent. My agent shall be guided by my medical diagnosis and prognosis and any information provided by my physicians as to the intrusiveness, pain, risks and side effects associated with treatment or nontreatment. My agent shall not make any decision regarding my health care which he or she knows, or upon reasonable inquiry ought to know, is contrary to my religious beliefs or my basic values, whether expressed orally or in writing. If my agent cannot determine what health care choice I would have made on my own behalf, then my agent shall make a choice for me based upon what he or she believes to be in my best interests.

My agent shall not be liable for the costs of health care that he or she authorizes, based solely on that authorization.

SECTION II: POWERS OF MY AGENT

(CROSS THROUGH ANY POWERS IN THIS SECTION II THAT YOU DO NOT WANT TO GIVE YOUR AGENT AND ADD ANY POWERS OR INSTRUCTIONS THAT YOU DO WANT TO GIVE YOUR AGENT.)

The powers of my agent shall include the following:

A. To consent to or refuse or withdraw consent to any type of health care, treatment, surgical procedure, diagnostic procedure, medication and the use of mechanical or other procedures that affect any bodily function, including, but not limited to, artificial respiration, artificially administered nutrition and hydration, and cardiopulmonary resuscitation. This authorization specifically includes the power to consent to the administration of dosages of pain-relieving medication in excess of recommended dosages in an amount sufficient to relieve pain, even if such medication carries the risk of addiction or of inadvertently hastening my death. My agent's authority under this Subsection A and in all parts of this document shall be limited by any specific instructions I give in Section IV below regarding my health care if I have a terminal condition.

B. To request, receive and review any oral or written information regarding my physical or mental health, including but not limited to medical and hospital records, and to consent to the disclosure of this information.

C. To employ and discharge my health care providers.

D. To authorize my admission to or discharge (including transfer to another facility) from any hospital, hospice, nursing home, assisted living facility or other medical care facility. If I have authorized admission to a health care facility for treatment of mental illness, that authority is stated in Subsections E and/or F below.

E. To authorize my admission to a health care facility for the treatment of mental illness for no more than 10 calendar days provided that I do not protest the admission and provided that a physician on the staff of or designated by the proposed admitting facility examines me and states in writing that I have a mental illness, that I am incapable of making an informed decision about my admission, and that I need treatment in the facility; and to authorize my discharge (including transfer to another facility) from the facility.

F. To authorize my admission to a health care facility for the treatment of mental illness for no more than 10 calendar days, **even if I protest**, if a physician on the staff of or designated by the proposed admitting facility examines me and states in writing that I have a mental illness, that I am incapable of making an informed decision about my admission, and that I need treatment in the facility; and to authorize my discharge (including transfer to another facility) from the facility.

(If you give your agent the powers described in Subsection F, your physician must complete the following attestation.)

Physician attestation: I am the physician or licensed clinical psychologist of the declarant of this advance directive. I hereby attest that I believe the declarant to be presently capable of making an informed decision and that the declarant understands the consequences of this provision of this advance directive.

Physician Signature

Date

Physician Name Printed

G. To authorize the following specific types of health care identified in this advance directive **even if I protest**. *(Specifically cross-reference any applicable sections of this advance directive.)*

(If you give your agent the powers described in Subsection G, your physician must complete the following attestation.)

Physician attestation: I am the physician or licensed clinical psychologist of the declarant of this advance directive. I hereby attest that I believe the declarant to be presently capable of making an informed decision and that the declarant understands the consequences of this provision of this advance directive.

Physician Signature

Date

Physician Name Printed

H. To continue to serve as my agent even if I protest the agent's authority after I have been determined to be incapable of making an informed decision.

—page 2 of 4—

I. To authorize my participation in any health care study approved by an institutional review board or research review committee according to applicable federal or state law if the study offers the prospect of direct therapeutic benefit to me.

J. To authorize my participation in any health care study approved by an institutional review board or research review committee pursuant to applicable federal or state law that aims to increase scientific understanding of any condition that I may have or otherwise to promote human well-being, even though the study offers no prospect of direct benefit to me.

K. To make decisions regarding visitation during any time that I am admitted to any health care facility, consistent with the following directions:

L. To take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to medical providers.

(Add below any additional powers you give your agent, limits you impose on your agent or other information to guide your agent.)

I further instruct my agent as follows:

SECTION III: HEALTH CARE INSTRUCTIONS

(CROSS THROUGH SUBSECTIONS A AND/OR B BELOW IF YOU DO NOT WANT TO GIVE ADDITIONAL SPECIFIC INSTRUCTIONS ABOUT YOUR HEALTH CARE.)

~~**A.** I specifically direct that I receive the following health care if it is medically appropriate under the circumstances as determined by my attending physician:~~

~~**B.** I specifically direct that the following health care not be provided to me under the following circumstances: *(You also may specify that certain health care not be provided under any circumstances.)*~~

SECTION IV: INSTRUCTIONS ABOUT END-OF-LIFE CARE (“LIVING WILL”)

(CROSS THROUGH THIS SECTION IV IF YOU DO NOT WANT TO GIVE SPECIFIC INSTRUCTIONS ABOUT YOUR HEALTH CARE IF YOU HAVE A TERMINAL CONDITION.)

If at any time my attending physician should determine that I have a terminal condition where the application of **life-prolonging procedures** – including artificial respiration, cardiopulmonary resuscitation, artificially administered nutrition and artificially administered hydration – would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain. If I am an organ, eye or tissue donor (see Section V below), I want this instruction applied in such a manner as to ensure the medical suitability of my organs, eyes and tissues for donation.

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this advance directive shall be honored by my family and physician as the final expression of my legal right to refuse health care and my acceptance of the consequences of such refusal.

(Cross through Subsections A and/or B below if you do not want to give additional instructions about care at the end of your life.)

~~A. OTHER DIRECTIONS ABOUT LIFE-PROLONGING PROCEDURES~~

~~(If you wish to provide your own directions about life-prolonging procedures, or if you wish to add to the directions you have given above, you may do so in this Subsection A. If you wish to give specific instructions regarding certain life-prolonging procedures, such as artificial respiration, cardiopulmonary resuscitation, artificially administered nutrition and artificially administered hydration, this is where you should write them. If you give specific instructions in this Subsection A, cross through any of the language above in this SECTION IV if your specific instructions that follow are different.)~~

~~I direct that:~~

~~B. DIRECTIONS ABOUT CARE OTHER THAN LIFE-PROLONGING PROCEDURES~~

~~(You may give here any other instructions about your health care if you have a terminal condition aside from your instructions about life-prolonging procedures, which are addressed in Subsection A above.)~~

~~I direct that:~~

SECTION V: ANATOMICAL GIFTS

(YOU MAY USE THIS DOCUMENT TO RECORD YOUR DECISION TO DONATE YOUR ORGANS, EYES AND TISSUES OR YOUR WHOLE BODY AFTER YOUR DEATH. IF YOU DO NOT MAKE THIS DECISION HERE OR IN ANY OTHER DOCUMENT, YOUR AGENT CAN MAKE THE DECISION FOR YOU UNLESS YOU SPECIFICALLY PROHIBIT HIM/HER FROM DOING SO, WHICH YOU MAY DO IN THIS OR SOME OTHER DOCUMENT. CHECK ONE OF THE BOXES BELOW IF YOU WISH TO USE THIS SECTION TO MAKE YOUR DONATION DECISION.)

I donate my organs, eyes and tissues for use in transplantation, therapy, research and education. I direct that all necessary measures be taken to ensure the medical suitability of my organs, eyes or tissues for donation. I understand that I may register my directions at the Department of Motor Vehicles or directly on the donor registry, www.DonateLifeVirginia.org, and that I may use the donor registry to amend or revoke my directions; **OR**

I donate my whole body for research and education.

[Write here any specific instructions you wish to give about anatomical gifts.]

(You must sign below in the presence of two witnesses.)

AFFIRMATION AND RIGHT TO REVOKE: By signing below, I state that I am emotionally and mentally capable of making this advance directive and that I understand the purpose and effect of this document. I understand that I may revoke all or any part of this document at any time (i) with a signed, dated writing; (ii) by physical cancellation or destruction of this advance directive by myself or by directing someone else to destroy it in my presence; or (iii) by my oral expression of intent to revoke.

John William Harvest

Signature of Declarant

10-22-2015

Date

The declarant signed the foregoing advance directive in my presence.

Irene Louisa Wachowski

Witness

Robert Mark King

Witness

—page 4 of 4—

**SAMPLE FILLED OUT
FORM 7:
DURABLE DO NOT RESUSCITATE**



Durable Do Not Resuscitate Order

Virginia Department of Health

Patient's Full Legal Name **Clifford James Carlson** Date **12-17-2014**

Physician's Order

I, the undersigned, state that I have a bona fide physician/patient relationship with the patient named above. I have certified in the patient's medical record that he/she or a person authorized to consent on the patient's behalf has directed that life-prolonging procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

I further certify (must check 1 or 2):

- 1. The patient is CAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment. (Signature of patient is required)
- 2. The patient is INCAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment because he/she is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision.

If you checked 2 above, check A, B, or C below:

- A. While capable of making an informed decision, the patient has executed a written advanced directive which directs that life-prolonging procedures be withheld or withdrawn.
- B. While capable of making an informed decision, the patient has executed a written advanced directive which appoints a "Person Authorized to Consent on the Patient's Behalf" with authority to direct that life-prolonging procedures be withheld or withdrawn. (Signature of "Person Authorized to Consent on the Patient's Behalf" is required.)
- C. The patient has not executed a written advanced directive (living will or durable power of attorney for health care). (Signature of "Person Authorized to Consent on the Patient's Behalf" is required)

I hereby direct any and all qualified health care personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide the patient other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or alleviate pain.

Dr. Mark Kipp *Dr. Mark Kipp* **757-555-9273**

Physician's Printed Name

Physician's Signature

Emergency Phone Number

Clifford James Carlson

Patient's Signature

Signature of Person Authorized to Consent on the Patient's Behalf

**SAMPLE FILLED OUT
FORM 8:
VIRGINIA POWER OF ATTORNEY**

VIRGINIA POWER OF ATTORNEY

IMPORTANT INFORMATION

THIS POWER OF ATTORNEY AUTHORIZES ANOTHER PERSON(S) (YOUR AGENT) TO MAKE DECISIONS CONCERNING YOUR PROPERTY FOR YOU (THE PRINCIPAL). YOUR AGENT WILL BE ABLE TO MAKE DECISIONS AND ACT WITH RESPECT TO YOUR PROPERTY (INCLUDING YOUR MONEY) WHETHER OR NOT YOU ARE ABLE TO ACT FOR YOURSELF. THE MEANING OF AUTHORITY OVER SUBJECTS LISTED ON THIS FORM IS EXPLAINED IN THE UNIFORM POWER OF ATTORNEY ACT (§ 26-71.01 ET SEQ. OF THE CODE OF VIRGINIA).

This power of attorney does not authorize the agent to make health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent.

You may name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I William James Johnson (Name of Principal) name the following person as my agent:

Name of Agent: Mary Beth Johnson

Agent's Address: 87 Forest Lane, Roanoke, VA 23696

Agent's Telephone Number: 804-555-1234

[**Optional:** If you are appointing two or more persons, insert their names, addresses, and phone numbers below]

[If more than one agent is designated, choose one of the following three choices by putting your initials in one of the blank spaces to the left of your choice:]

- () Each Agent may exercise its authority INDEPENDENTLY
- () The Agents must exercise their authority by UNANIMOUS decision
- () The Agents may exercise their authority by MAJORITY decision

(If none or more than one of the blanks are initialed, each agent may exercise its authority independently)

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If every agent named above is unable or unwilling to act for me, I name as my successor agent(s):

Name of Agent: **Chester William Johnson**

Agent's Address: **102 Mountain View Lane, Burtonville, VA 23696**

Agent's Telephone Number: **757-555-4567**

[**Optional:** If you are appointing two or more persons, insert their names, addresses, and phone numbers below]

If every successor agent named above is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: _____

Second Successor Agent's Address: _____

Second Successor Agent's Telephone Number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act (§ 26-71.01 et seq. of the Code of Virginia):

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject. Initialing the "All Preceding Subjects" line includes a grant of authority to the agent to make gifts of any amount of your property in accordance with your personal history of making or joining in the making of lifetime gifts.

You may, if desired, grant additional limited authority to make gifts by initialing an appropriate grant of specific authority as permitted below and you may provide specific instructions limiting or broadening authority to make gifts in express language of your choosing in the "Special Instructions" section below.)

(**W.J.J.**) Real Property

(**W.J.J.**) Tangible Personal Property

(**W.J.J.**) Stocks and Bonds

(**W.J.J.**) Commodities and Options

(**W.J.J.**) Banks and Other Financial Institutions

() Operation of Entity or Business

(**W.J.J.**) Insurance and Annuities

(**W.J.J.**) Estates, Trusts, and Other Beneficial Interests

(**W.J.J.**) Claims and Litigation

(**W.J.J.**) Personal and Family Maintenance

(**W.J.J.**) Benefits from Governmental Programs or Civil or Military Service

(**W.J.J.**) Retirement Plans

(**W.J.J.**) Taxes

() All Preceding Subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

- () Create, amend, revoke, or terminate an inter vivos trust
- () Make a gift, subject to the limitations of § 26-72.17 of the Uniform Power of Attorney Act (§ 26-71.01 et seq. of the Code of Virginia) and any special instructions in this power of attorney
- (W.J.J.)** Create or change rights of survivorship
- (W.J.J.)** Create or change a beneficiary designation
- () Authorize another person to exercise the authority granted under this power of attorney
- () Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- () Exercise fiduciary powers that the principal has authority to delegate

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

REVOCAION OF EXISTING GENERAL DURABLE POWERS OF ATTORNEY

I hereby Revoke () Do Not Revoke **(W.J.J.)** all general durable powers of attorney previously created by me and terminate all agency relationships created thereunder except for powers created by me on forms provided by financial institutions granting the right to write checks on deposit funds to, and withdraw funds from accounts to which I am signatory or granting access to a safe deposit box.

(If no box is initialed, no prior general durable power of attorney is revoked.)

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a conservator or guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of Nominee for conservator of my estate: **Mary Beth Johnson**

Nominee's Address: **87 Forest Lane, Roanoke, VA 23696**

Nominee's Telephone Number: **804-555-1234**

Name of Nominee for guardian of my person: **Mary Beth Johnson**

Nominee's Address: **87 Forest Lane, Roanoke, VA 23696**

Nominee's Telephone Number: **804-555-1234**

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

William James Johnson

8-22-2014

Your Signature

Date

William James Johnson

Your Name Printed

87 Forest Lane, Roanoke, VA 23696

Your Address

804-555-1234

Your Telephone Number

State of **VIRGINIA**

County/City of **FRANKLIN**

This document was acknowledged before me on **8-22-2014** (Date), by

William James Johnson (Name of Principal).

Signature of Notary Public *Cordelia Mary Richmond*

My Commission Expires: **Nov. 7, 2019**

Notary Identification Number: **80340830**

(Seal, if any)

IMPORTANT INFORMATION FOR AGENT

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked.

You must:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) Act in good faith;
- (3) Do nothing beyond the authority granted in this power of attorney; and
- (4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:
(Principal's Name) by (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) Act loyally for the principal's benefit;
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) Act with care, competence, and diligence;
- (4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) Death of the principal;
- (2) The principal's revocation of the power of attorney or your authority;
- (3) The occurrence of a termination event stated in the power of attorney;
- (4) The purpose of the power of attorney is fully accomplished; or
- (5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

Liability of Agent

The meaning of the authority granted to you is defined in the Uniform Power of Attorney Act (§ 26-71.01 et seq. of the Code of Virginia). If you violate the Uniform Power of Attorney Act or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

**AGENT'S CERTIFICATION AS TO THE VALIDITY OF
POWER OF ATTORNEY AND AGENT'S AUTHORITY
(OPTIONAL: VIRGINIA CODE § 26-73.02.)**

State of VIRGINIA

County/City of FRANKLIN

I, Mary Beth Johnson (Name of Agent), certify under penalty of perjury that William James Johnson (Name of Principal) granted me authority as an agent or successor agent in a power of attorney dated 8-22-2014.

I further certify that to my knowledge:

(1) The Principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and

(4) _____

(Insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Mary Beth Johnson

Agent's Signature

12-22-2014

Date

Mary Beth Johnson

Agent's Name Printed

87 Forest Lane, Roanoke, VA 23696

Agent's Address

804-555-1234

Agent's Telephone Number

This document was acknowledged before me on 12-22-2014 (Date),

by Pham Long Nguyen (Name of Agent).

(Seal, if any)

Signature of Notary Pham Long Nguyen

My commission expires: Nov. 3, 2019

Notary Identification Number: 80203824

**SAMPLE FILLED OUT
FORM 9:
DESIGNATION TO CONTROL FUNERAL AND
DISPOSITION OF REMAINS**

DESIGNATION TO CONTROL FUNERAL AND DISPOSITION OF REMAINS

I, **Patrick Sean McConnell** (called here the "designator") of **Richmond**, Virginia, hereby designate **Lawrence Kenneth Eagleton** (called here the "designee") as the individual who shall make arrangements and be otherwise responsible for my funeral and the disposition of my remains, including cremation, interment, entombment, or memorialization, or some combination thereof, upon my death. Designee shall have priority over all persons otherwise entitled to make such arrangements if a copy of this writing is provided to the funeral service establishment and to the cemetery, if any, no later than 48 hours after the funeral service establishment has received the remains. Designee shall have no power before designee signs to accept this designation.

I provide the following suggestions for my agent:
I request no military funeral and as affordable a funeral and burial as reasonably possible, with Father Ken Jong involved if possible, and burial at Oak Cemetery in Jolville, Virginia, with a simple headstone

(attach additional pages if needed)

SIGNATURE OF DESIGNATOR

Signature: **Patrick Sean McConnell** Date: **Nov. 2, 2014**
Printed Name: **Patrick Sean McConnell**

NOTARY

State of **Virginia**
County/City of **Dinwiddie**

This document was acknowledged before me on the **2nd** day of **November**, 20**14** by **Patrick Sean McConnell** the person who signed above.

(Seal, if any)

Signature of Notary Public **María Inez Gonzalez**
My Commission Expires: **Jan. 3, 2019**
Notary Identification Number: **4324623432**

ACCEPTANCE OF DESIGNEE

I accept designation of me as the person to make funeral, burial, and other arrangements.

Signature: **Lawrence Kenneth Eagleton** Date: **Dec. 3, 2014**

**SAMPLE FILLED OUT
FORM 10:
POWER OF ATTORNEY OF PARENT
-- AND --
STANDBY GUARDIAN**

POWER OF ATTORNEY OF PARENT

I, Mary Ann Winkler residing at 808 Ocean Avenue, Salem, VA 22476, am a parent of Hannah Belle Winkler born on November 2, 2012 (called herein "child").

I as principal hereby name Jennifer Bridget Haplet as my agent under the Uniform Power of Attorney Act of the Code of Virginia and give my agent power and authority to act in any way I myself could do if I were personally present in anything involving or concerning the child. My agent may do anything necessary or convenient to exercise their power and authority.

Without limitation my agent shall have power and authority over the child's health care, medications, diagnostic care, X-rays, dental care, admission to facilities, insurance, school, extra-curricular events, sports, schedule, custody, insurance, cars, property, and legal affairs.

Without limitation my agent may control and consent to the child's medical and related treatment, all without delay or attempt to contact me or other person, and all without need for any degree of emergency or need being shown.

I agree to pay for any medical treatment or other goods or services provided due to this Power of Attorney and specifically medical or related treatment given the child.

This Power of Attorney and authority granted my agent are effective immediately and shall expire and be ineffective 6 months after the date signed below.

This Power of Attorney shall not be affected by my subsequent disability or incapacity or any doubt as to if I am alive, or by lapse of time.

Notwithstanding any other provision no power over marriage or adoption is given.

Any person or party may rely on the validity of this power of attorney or a copy of it unless they know it has terminated or is invalid. I agree to indemnify any person or party for any claims that arise against them because of reliance on this Power of Attorney.

SIGNATURE AND ACKNOWLEDGMENT

Mary Ann Winkler Mary Ann Winkler Nov. 8, 2014
Signature Printed Name Date

State of VIRGINIA

County/City of GILES

This document was acknowledged before me on November 8, 2014 (date), by Mary Ann Winkler (name of principal).

(Seal, if any)

Signature of Notary Public Hilda Gita Brunheimer

My Commission Expires: December 8, 2019

Notary Identification Number: 149347

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STANDBY GUARDIAN

I, **Mary Ann Winkler, 808 Ocean Avenue, Salem, VA, 22476** (name and address of parent) am the parent of **Hannah Belle Winkler, 808 Ocean Avenue, Salem, VA, 22476, born 11-2-2012** (name, address, and date of birth of child).

I hereby appoint **Jennifer Bridget Haplet, 31 Rose Street, Kent, VA, 22476** (name and address of person appointed) as Standby Guardian of the child to take effect upon occurrence of any of the following:

- _____
- certificate of death of parent, or** _____
- determination of incompetence of parent, or** _____
- determination of debilitation of parent and consent signed by parent or another person on parent's behalf** _____
- _____
- _____

(select and write out some or all of the following: 1) certificate of death of parent , 2) determination of incompetence of parent, 3) a determination of debilitation of parent and consent signed by parent or another person on parent's behalf).

Date: **Dec. 11, 2014**

Signature of parent: **Mary Ann Winkler**

END OF BOOK

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