WILL-DRAFTING INTAKE FORM

STA Attorneys will use the information on this form to write up your will. Please answer each question completely and write neatly. Every question is important. If you do not know the answer to a question, write "*do not know*" in the space for the answer. Add additional pages if needed. For assistance in completing this form, please contact Annika Krafcik, Deputy Legal Director, at **(907) 747-7163.** After sending us the completed form, we will call to schedule an appointment.

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

_____

2. What is your Tribal enrollment number? _____

3. What are your nicknames or other names used? (If you don't have any, write "*none"*)

_____

4. Mailing Address:

_____

5. Preferred Phone No. _____
6. Alternate Phone No. _____
7. Date of Birth: _____
8. Email: _____
9. If married (even if separated), what is your date of marriage? _____

Legal name of spouse: _____

10. Marital Status (check all that apply):

☐ Single ☐ Separated

☐ Married ☐ Widowed, date of death of your spouse: _____

☐ Divorced

11. If you have ever been married, please list the names of your spouses, their dates of birth, the date of your marriages, whether or not you're still married to that person, and if you're no longer married to that person, how the marriage ended (divorce, death, etc.) and when it ended:

Name of Spouse	Spouse's Date of Birth	Date of Marriage	Status of Marriage (still married,	When ended?

			divorced, etc.)	

12. Have you ever made a will before? ☐Yes ☐No

    If yes, when did you sign that will? _____

13. Do you know where the original will is? ☐ Yes ☐No

    (If yes, bring it to your appointment, if possible)

Agent Information

For all agents, list the legal name of the person you choose. List a first and second choice (in case the first choice person is dead or cannot serve). You may also want to list a third choice. For the power of attorney and health care directives, current mailing addresses and phone numbers are required. If there is not a second client who wants their estate plan done at this clinic, leave the "Client No. 2 Choices" blank.

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

Name of Personal Representative	Date of Birth	Address
1.		
2.		
3.		

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

Name of Guardian	Date of Birth	Address
1.		
2.		
3.		

Family Information

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

☐ Yes ☐No ☐I am not married

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

☐ Yes ☐No ☐I do not have any children.

18. List ALL your CHILDREN (living and deceased), including stepchildren, those by a prior marriage, and those you have adopted (add additional pages if needed):

Name of Child	Child's Date of Birth	Parents	If deceased, date of death

19. List the names of your parents:

Name of Parent	Parent's Date of Birth	If deceased, date of death

20. List the names of your brothers and sisters:

Name of Sibling	Sibling's Date of Birth	Parents	If deceased, date of death

21. List the names of any grandchildren and great-grandchildren who are now living:

Name of Grandchild	Grandchild's Date of Birth	Parents	If deceased, date of death

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

Name of Relation	Relation's Date of Birth	Nature of Relationship

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

Name of Relation	Relation's Date of Birth	Nature of Relationship

Financial Information

1. Number of adults in your household: count only yourself, your spouse, or unmarried partner ___
   (Do NOT count other adults, like parents, adult children, or roommates).

2. Number of children under 18 in your household: _____

3. Including the PFD, what is your gross income for all of your listed household members? (If you have no income, write zero) $ _____

4. What is the total estimated value of assets for your household? $_____
   (Assets include savings, investments, vacation/business property, etc. Do not include your home, Native allotments or other restricted property, any vehicles normally used for transportation)

If you answered "Yes" to any of the questions 5- 12 below, please send copies of documents that show this with this completed form, or bring copies to your appointment.

5. Do you have any **retirement accounts** (i.e. 401(k), IRA, 403(b), PERS, TERS, etc.)?

   ☐ Yes ☐ No

   If yes, provide retirement account numbers:_____

   _____

   Who would you like your retirement account funds to go to?: _____

   Who is your second choice? _____

6. Do you have a **life insurance policy**?

   ☐ Yes ☐ No

   If yes, provide life insurance account numbers:_____

   _____

   Who would you like your life insurance payout to go to?: _____

   Who is your second choice? _____

7. Do you have any shares of **Native Corporation Stock**?

☐ Yes ☐ No

If yes, provide name of Corporation, class of shares (if applicable) and number of shares (e.g., 120 shares of Class B Sealaska stock):_____

_____

Who would you like your Native Corporation Stock to go to?: _____

Who is your second choice? _____

8. Do you have a **stock will** for your Native Corporation stock that correctly shows your wishes?

☐ Yes ☐ No

9. Do you own any **restricted status real property (a/k/a "allotments")?**

☐ Yes ☐ No

If yes, please answer the following:

Restricted Property Address:_____

Restricted Property Legal Description (e.g. Lot 2, Block 4, Plat 4240):_____

Who would you like your **restricted property** to go to?: _____

Who is your second choice? _____

10. Do you own any unrestricted real property (i.e., house or other land that is <u>not</u> tribal land/restricted status)?

☐ Yes (If yes, please send us the deeds or property tax statements or bring them to your appointment, if possible.)

☐ No

Unrestricted Property: Address_____

Property: Legal Description (e.g. Lot 2, Block 4, Plat 4240)_____

Who would you like your **unrestricted property** to go to?: _____

Who is your second choice? _____

_____

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes, what is the permit number? _____

Who would you like your **limited entry fishing permit** to go to?: _____

Who is your second choice? _____

_____

Other Considerations

1. The "residue" clause covers anything that you have forgotten to mention or anything you acquire in the future. Who do you want to give your residue to? If not already included in this questionnaire, list the beneficiaries' date of birth and address (so we can identify them):_____

   _____

2. Who is your second choice? If not already included in this questionnaire, list the beneficiaries' date of birth and address (so we can identify them): _____

   _____

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

   _____

   _____

   _____

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

   _____

   _____

   _____

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

   _____

   _____

6. Additional notes for the attorney about your wishes: _____

   _____

   _____

   _____

   _____

   _____

   _____

I certify that the above information is true.

_____ _____

Date **Signature of Client**

When this form is completed, you may email this form to annika.krafcik@sitkatribe-nsn.gov or drop off a copy at:

Sitka Tribe of Alaska
204 Siginaka Way
Sitka, AK 99835

We will contact you to schedule an appointment to have an attorney write up your documents for FREE on:If possible, **send COPIES of these documents** to Sitka Tribe of Alaska with this form or bring them to your appointment:

1. Deeds or property tax statements for any real estate you own

2. Your current Will, power of attorney, and advance health care directive, if any

3. Documents relating to any Native allotments, limited entry fishing permits, and Native stock wills

Do NOT mail original documents. Documents provided will be shredded after your will is signed and notarized.