

ARKANSAS PRO BONO PARTNERSHIP

Equal Access to Justice Panel | River Valley Volunteer Attorney Project
Volunteer Organization of Center for Arkansas Legal Services

WILLS CLINIC

PROJECT RESOURCE BOOKLET

(last updated March 2014)

PRO BONO
ARKANSAS PRO BONO PARTNERSHIP
www.arlegalservices.org



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INTRODUCTION AND ACKNOWLEDGEMENTS

The purpose of this manual is to provide participating attorneys with the basic forms and pleadings necessary to respond to provide basic estate planning assistance to clients at pro bono outreach events.

Some of the following content and forms have been reproduced from the American Bar Association project and from a previous pro bono outreach produced by the Equal Access to Justice Panel.

We would like to provide special recognition to Renee Brida, Rebecca Hurstand, Tamra Cochran, Thomas Overbey, and Katie Watson for contributing to the development of the forms in this packet.

The Arkansas Pro Bono Partnership would like to thank all the attorneys and organizations that have helped make this project possible.

RESOURCE OVERVIEW

The Arkansas Pro Bono Partnership has reviewed and edited the sample forms to be used in this project. However, we urge you to review these documents and provide any suggestions and/or modifications to the Arkansas Pro Bono Partnership so we can pool the collective expertise for the benefit of all participants.

Other client education materials (fact sheets) will be provided onsite on a variety of topics. Over 120 fact sheets on a variety of legal topics have been developed by the Arkansas Legal Services Partnership. These fact sheets are written for a 5th – 9th grade reading level. A selection of topics that are likely to be requested will be provided. A full list of these resources can be viewed at <http://www.arlegalservices.org/quickfacts>.

Copies of other necessary forms and documents will be provided at the event by the Arkansas Pro Bono Partnership including: Client Participant Sign Up Sheet; Client Participant Screening Form; Limited Client Agreement; Project Evaluation Form (to be filled out by Attorneys); and Project Evaluation Form (to be filled out by Clients).

Electronic versions of the forms will be made available on USB drives, which volunteer advocates can adapt for individual clients served. On-site IT support will be provided for the computer and printer equipment generally. There will also be on-site support provided the developer of these automated document forms. The developer is an Arkansas licensed attorney.

Thank you for your pro bono services. With your assistance, we can help meet the unmet legal needs of veterans and families of children with serious medical needs. If you would like more information or have additional questions regarding this program please see the contact information at the end of the manual.

DISCLAIMER

The materials contained herein have been prepared as a guide and for reference purposes. These materials are not intended to be an all-inclusive survey of the various topics addressed, and we do not purport to have covered every particular issue which may come within the realm of any specific topic. Consequently, we may have excluded pertinent provisions of topics which could have some relevance to a particular client's situation. Accordingly, if, you should encounter specific problems to which the forms and pleadings relate, you should independently research those issues.

Although we have developed these resources as useful templates it is important that affiliates and volunteer lawyers review these documents to meet the participant's professional standards. The contents of this manual are not meant to serve as legal advice.

LEGAL FORMS OVERVIEW FOR ADVOCATE

1. LIVING WILL

- Allows the client to specify which medical treatments he or she wishes to refuse in the event that the client becomes terminally ill or permanently unconscious.
- In the absence of a Living Will, a medical provider will provide any and all treatments necessary to keep the client alive, even if his or her quality of life will not improve.
- Typical medical treatments that can be refused include: surgery, blood transfusions, antibiotics, CPR, artificial nutrition, and artificial hydration. The client may specify that all life-sustaining treatments should be withheld, or may identify specific treatments to be withheld.
- Even if the client refuses specific medical treatments through a Living Will, medications and treatments will be provided to you to keep the client comfortable during end-of-life care.

2. DURABLE POWER OF ATTORNEY for HEALTH CARE

- Allows the client to appoint a person to make decisions about the client's medical care in the event the client becomes disabled or incapacitated.
- Gives the person appointed (also known as the "proxy") broad powers to make decisions about the client's medical care or treatment, including hospitalization, long-term care, or end-of-life care.
- DOES NOT allow the proxy to make decisions about the withholding or withdrawal of life-sustaining treatment if the client becomes terminally ill or permanently unconscious. *If the client wishes to refuse life-sustaining medical treatment if he or she is terminally ill or permanently unconscious, or if the client wants to allow his or her proxy to refuse life-sustaining treatment on his or her behalf, then the client should create a LIVING WILL in addition to the POWER of ATTORNEY for HEALTH CARE)*

3. GENERAL POWER OF ATTORNEY

- Allows the client to appoint a person to make broad decisions about the client's affairs, including finances.
- It can be helpful if the client becomes incapacitated or plans to be away from home for an extended period of time.
- The client can choose for it to be:
 - i. *effective immediately and durable (to continue in the event of disability or incapacity),*
OR
 - ii. *effective for a specific, limited period of time, OR*
 - iii. *effective only once a doctor certifies that the client is no longer capable of making decisions about his or her own affairs*

4. SIMPLE WILL

- Allows the client control who will receive the client's estate when he or she dies. The client's estate does not include such items as life insurance policies or retirement accounts that designate one or more beneficiaries.
- Allows the client to request that a specific person be appointed by a court as a guardian for any minor children.
- In the absence of a will, a court will distribute the client's estate to survivors according to intestacy laws in place at the time of the client's death.
- A Simple Will should only be used if the client plans to leave his or her estate to immediate family members. A Simple Will should not be used if the client wishes to set up a trust for an adult family member with special needs.
- If the client has family members who are enrolled in Medicaid, it is important for the client to know that the family member's eligibility for those programs could be affected if that family member inherits from the client. The client may avoid disqualifying the family member by specifically identifying that person in the will and then specifically stating that the family member does not inherit anything under the will.

STATE OF ARKANSAS)
)
COUNTY OF [COUNTY])

LIVING WILL DECLARATION

I, [CLIENT'S FULL NAME], a resident of the State of Arkansas, being of sound mind and having reached the age of eighteen (18) years, do hereby make, publish and declare the following:

If the time comes when I can no longer take part in health care decisions for my own future, let this statement stand as an expression of my wishes and my declaration while I am of sound mind.

(a) This document is executed under the provisions of the “Arkansas Rights of the Terminally Ill or Permanently Unconscious Act” (Ark. Code Ann. §§ 20-17-201 et seq. – Act 713 of the Arkansas Acts of 1987), as amended, and the “Arkansas Healthcare Decisions Act” (Ark. Code Ann. §§ 20-6-101 et seq.), as amended.

(b) If I should have an incurable or irreversible condition that will cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act and the Arkansas Healthcare Decisions Act, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain.

(c) If I should become permanently unconscious, I direct my attending physician, pursuant to the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act and the Arkansas Healthcare Decisions Act, to withhold or withdraw life-sustaining treatments that are no longer necessary to my comfort or to alleviate pain.

(d) It is my specific directive that the following treatments be withheld or withdrawn after consultation with my attending physician:

- Cardiopulmonary resuscitation (CPR)
 - Surgery
 - Antibiotics
 - Kidney dialysis
 - Respiratory support
 - Chemotherapy
 - Blood products
 - Invasive diagnostic tests
 - Artificial nutrition
 - Artificial hydration (IV fluids)
 - Other(s): _____
-

(e) **[INCLUDE THIS LANGUAGE ONLY IF CLIENT DESIGNATES A HEALTH CARE PROXY:** Should my attending physician have any doubt as to these directions, I direct my attending physician to follow the instructions of **[NAME OF AGENT]**, whom I appoint as my Health Care Proxy, to decide what life-sustaining treatment should be withheld or withdrawn. In the event **[NAME OF AGENT]** is unable or unwilling to serve as my Health Care Proxy, then **[NAME OF SUCCESSOR AGENT]**, able and willing to serve in such capacity, shall serve as my Health Care Proxy hereunder with all the powers granted herein.]

DATED this _____ day of _____, 20____

[FULL NAME OF CLIENT]
[FULL ADDRESS OF CLIENT]
[PHONE NUMBER OF CLIENT]

WE HEREBY BEAR WITNESS that **[NAME OF CLIENT]** signed the foregoing instrument in the presence of each of us and acknowledged to each of us that he had signed the foregoing instrument and requested us to sign our names as witnesses.

DATED ____ day of _____, 20____

WITNESS:

WITNESS:

Signature

Signature

Print Name

Print Name

Address

Address

Address

Address

ACKNOWLEDGMENT

STATE OF ARKANSAS)
)
COUNTY OF _____)

On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared [NAME OF CLIENT], known to me (or satisfactorily proven) to be the person who subscribed to the within instrument and acknowledged that he/she executed the same for the consideration, use and purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this __ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:

(S E A L)

STATE OF ARKANSAS)
) **DURABLE POWER OF**
) **ATTORNEY FOR HEALTH CARE**
COUNTY OF [COUNTY])

I, [CLIENT'S FULL NAME], a resident of the State of Arkansas, being of sound mind and having reached the age of eighteen (18) years, do hereby make, publish and declare the following:

Durable Power of Attorney for Health Care Decisions. During any period in which I am incapacitated, in the opinion of my attending physician, or am unable to make or communicate a choice regarding a particular health care decision, I hereby delegate health care decision-making powers to [NAME OF AGENT] as my agent, to make decisions relating to any care, treatment, service, or procedure to maintain, diagnose, treat or provide for my physical or mental health or personal care. Pursuant to the foregoing, and to the extent allowed by law (including Ark. Code Ann. § 20-13-104 – Act 1448 of the Arkansas Acts of 1999 and Ark. Code Ann. § 20-6-101 *et seq.*), my aforementioned agent shall be authorized as follows:

(a) To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including, but not limited to, artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation;

(b) To have access to medical records and information to the same extent that I am entitled to, including the right to disclose the contents to others;

(c) To authorize my admission to or discharge, even against medical advice, from any hospital, nursing home, residential care, assisted living or similar facility or other healthcare facility;

(d) To contract on my behalf for any health care related service or facility on my behalf, without my agent incurring personal financial liability for such contracts;

(e) To select and discharge medical, social service, and other support personnel responsible for my care;

(f) To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of, but not intentionally cause, my death;

(g) To take any other action necessary to do what I authorize here, including but not limited to granting any waiver or release from liability required by any hospital, physician, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advice; and pursuing any legal

action in my name, and at the expense of my estate, to force compliance with my wishes as determined by my agent, or to seek actual or punitive damages for the failure to comply; and

(h) In addition to the foregoing:

(1) This power of attorney is intended to be a durable power of attorney and shall not be affected by my subsequent disability or incapacity; and

(2) In the event [NAME OF AGENT] is unable or unwilling to serve as my agent for health care purposes contemplated hereunder, then [NAME OF SUCCESSOR AGENT], able and willing to serve in such capacity, shall serve as my agent for health care purposes hereunder with all the powers granted herein.

This document hereby revokes and supersedes any prior power of attorney for health care decisions.

DATED this _____ day of _____, 20____

[FULL NAME OF CLIENT]
[FULL ADDRESS OF CLIENT]
[PHONE NUMBER OF CLIENT]

WE HEREBY BEAR WITNESS that [NAME OF CLIENT] signed the foregoing instrument in the presence of each of us and acknowledged to each of us that he had signed the foregoing instrument and requested us to sign our names as witnesses.

DATED ____ day of _____, 20____

WITNESS:

WITNESS:

Signature

Signature

Print Name

Print Name

Address

Address

Address

Address

STATE OF ARKANSAS)
) **POWER OF ATTORNEY**
) **FOR MINOR**
COUNTY OF [COUNTY])

IN THE MATTER OF
[MINOR'S FULL NAME]
A Minor

I, [PARENT'S FULL NAME], of [PARENT COUNTY] County, Arkansas, being the natural [MOTHER/FATHER] and legal custodian of [MINOR'S FULL NAME], [hereafter the "child"] appoint [AGENT'S FULL NAME] of who resides at [AGENT'S ADDRESS] and whose telephone number is [AGENT'S PHONE NUMBER] my true and lawful Agent and Attorney-in-Fact for me and in my name, place and stead and in my behalf, and to do and perform all of the following responsibilities and have all the rights in connection therewith:

1. Perform and act as and for me in a parental capacity as and to the child;
2. Give consent and permission for any kind of medical care and treatment, and to sign any papers to have the child admitted to a hospital for such purpose, or as may be required to maintain the health of the child;
3. Give consent and permission for enrollment in and admission to school and to resolve problems arising from school attendance, and to sign any papers necessary for such purpose or sign other documents relating to the child's welfare at school;
4. Perform any act necessary to obtain relief or aid that might benefit the child;
5. Perform any other acts for support, health, and general care of the child as may be required or necessary.
6. I, [PARENT'S FULL NAME], do hereby give and grant to [AGENT'S FULL NAME], my said Agent and Attorney-in-fact, full power and authority to do and perform any and all acts required to protect and promote the welfare of the child, as fully and for all intents and purposes as I might or could do if I were personally present at the time thereof, hereby ratifying and confirming all that my said Agent may or shall lawfully do or cause to be done by virtue of this Power-of-Attorney and the rights and powers herein granted.
7. **[USE THIS PARAGRAPH IF CLIENT WANTS SELF-REVOCAION CLAUSE]** This Power of Attorney appointing [AGENT'S FULL NAME] as my Agent and Attorney-in-Fact performing and acting for me in a parental capacity for my child, [MINOR'S FULL NAME], will be revoked automatically on the [SELF-REVOCAION DATE].

STATE OF ARKANSAS)
)
) **POWER OF ATTORNEY**
) **FOR MINOR REVOCATION**
COUNTY OF _____)

IN THE MATTER OF
[FULL NAME OF MINOR]
A Minor

I, [PARENT'S NAME], of [NAME OF COUNTY] County, Arkansas, being the natural [MOTHER/FATHER] of [CHILD'S NAME], (hereafter "the child") do hereby revoke the Power of Attorney appointing [AGENT'S NAME] of [NAME OF COUNTY] County, Arkansas, as my agent and attorney-in-fact, performing and acting for me in a parental capacity for my child, [CHILD'S NAME]. I am revoking all powers of attorney signed before this date.

DATED this _____ day of _____, 20__

[FULL NAME OF PARENT]
[FULL ADDRESS OF PARENT]
[PHONE NUMBER OF PARENT]

ACKNOWLEDGMENT

STATE OF ARKANSAS)
)
COUNTY OF _____)

On this _____ day of _____, 20__, before me, the undersigned officer, personally appeared [NAME OF PARENT], known to me (or satisfactorily proven) to be the person who subscribed to the within instrument and acknowledged that he/she executed the same for the consideration, use and purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ___ day of _____, 20__

NOTARY PUBLIC

My Commission Expires:

(S E A L)

STATE OF ARKANSAS)
)
COUNTY OF [COUNTY])

**ARKANSAS STATUTORY FORM
POWER OF ATTORNEY**

I. DESIGNATION OF AGENT

I, [CLIENT], of the City of [CITY], County of [COUNTY], State of Arkansas, hereby appoint [NAME OF AGENT], who resides at [FULL ADDRESS OF AGENT] and whose telephone number is [AGENT’S PHONE NUMBER] as my true and lawful agent and attorney-in-fact.

If my agent is unable or unwilling to act for me, I name as my successor agent [SUCCESSOR AGENT NAME], who resides at [FULL ADDRESS] and whose telephone number is [PHONE NUMBER].

If my successor agent is unable or unwilling to act for me, I name as my second successor agent [NAME OF SECOND SUCCESSOR], who resides at [FULL ADDRESS] and whose telephone number is [PHONE NUMBER].

II. 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, Arkansas Code Title 28, Chapter 68: **[THE CLIENT HAS THE OPTION OF SELECTING THE FOLLOWING:** 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].

III. GRANT OF SPECIFIC AUTHORITY [OPTIONAL]

My agent is granted authority do the following specific acts for me: **[THE CLIENT HAS THE OPTION OF SELECTING THE FOLLOWING, ANYTHING NOT SELECTED WILL GO DOWN TO NEXT SECTION, “LIMITATION ON AGENT’S AUTHORITY”:**

Amend, revoke, or terminate an inter vivos trust;

Make a gift, subject to the limitations of Ark. Code Ann. § 28-68-217 of the Uniform Power of Attorney Act 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.]

IV. LIMITATION ON AGENT'S AUTHORITY

My agent MAY NOT do any of the following specific acts for me: **[THESE ARE THE ITEMS THAT CLIENT DID NOT SELECT TO GRANT AGENT AUTHORITY TO DO, IF NONE, THEN ONLY THE LAST PARAGRAPH WILL BE IN PLACE:**

Amend, revoke, or terminate an inter vivos trust;

Make a gift, subject to the limitations of Ark. Code Ann. § 28-68-217 of the Uniform Power of Attorney Act 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.]

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 listed below.

V. SPECIAL INSTRUCTIONS

[CLIENT CAN LIST ANY SPECIAL INSTRUCTIONS HERE]

[ALSO, CLIENT HAS OPTION OF SELECTING ONE OF THE FOLLOWING, HAVE THESE ITEMS IN BOLD, IF POSSIBLE: This power of attorney is effective immediately and shall not be affected by my subsequent disability or incapacity.] OR [This power of attorney shall become effective only upon my disability or incapacity and shall endure through such events.]

[IF OPTION # 2 IS SELECTED, THEN THE FOLLOWING LANGUAGE NEEDS TO BE IN PLACE: For purposes of determining my incapacity, I shall be deemed to be incapacitated in the event my agent shall come into possession of either of the following:

(1) A valid court order appointing a guardian or conservator of my person or estate, or otherwise holding me to be legally incapacitated to act on my own behalf; or

(2) A duly executed and acknowledged written certificate of a licensed physician certifying that such physician has examined me and has concluded that by

reason of accident, physical or mental illness, deterioration, or other similar cause, I have become incapacitated and unable to act rationally and prudently in financial matters.

Such incapacity shall be deemed to continue until such court order or certificate have become inapplicable or have been revoked. A physician's certificate may be revoked by a similar certificate to the effect that I am no longer incapacitated, executed either (i) by the originally certifying physician or (ii) by another licensed physician.

I hereby authorize the physician(s) who examine me for the purposes of determining my incapacity to disclose my physical or mental condition to the person(s) named herein as my agent and attorney-in-fact. This authorization is intended to comply with the requirements of the Health insurance Portability and Accountability Act of 1996 (HIPAA), HIPAA regulations, and other State and Federal laws and regulations that may create a right of privacy in the health information approved to be disclosed by this authorization.]

VI. NOMINATION OF GUARDIAN [THIS IS OPTIONAL & THE HEADING SHOULD BE REMOVED IF CLIENT ELECTS NOT TO NOMINATE A GUARDIAN]

[If it becomes necessary for a court to appoint a guardian of my estate or guardian of my person, I nominate the following person for appointment [FULL NAME], who resides at [FULL ADDRESS], and whose phone number is [PHONE NUMBER].

VII. 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.

DATED this _____ day of _____, 20____

[FULL NAME OF CLIENT]
[FULL ADDRESS OF CLIENT]
[PHONE NUMBER OF CLIENT]

ACKNOWLEDGMENT

STATE OF ARKANSAS)
)
COUNTY OF [COUNTY])

On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared [NAME OF CLIENT], known to me (or satisfactorily proven) to be the person who subscribed to the within instrument and acknowledged that he/she executed the same for the consideration, use and purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this __ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:

(S E A L)

IMPORTANT INFORMATION FOR PRINCIPAL

This power of attorney authorizes another person (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, Arkansas Code Title 28, Chapter 68.

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.

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement 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 also 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.

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, Arkansas Code Title 28, Chapter 68. If you violate the Uniform Power of Attorney Act, Arkansas Code Title 28, Chapter 68, 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.

**LAST WILL AND TESTAMENT
OF
[CLIENT NAME]**

I, [CLIENT NAME], a citizen and resident of [CLIENT CITY], [CLIENT COUNTY], Arkansas, make this my Last Will and Testament. I revoke all wills or testamentary documents previously executed by me.

At the time I make this Will, *[IF SPOUSE SURVIVES]*

I am married to: _____.

[IF NO SPOUSE / SPOUSE DOES NOT SURVIVE]

I am unmarried. / I am unmarried, but I was formerly married to _____, who is now deceased.

[IF CHILD/CHILDREN IS/ARE LIVING]

I have ___ living children, namely: _____.

[IF CHILD/CHILDREN ARE DECEASED]

I have ___ deceased children, namely: _____.

[IF NO CHILD/CHILDREN]

I have no children, living or deceased.

FIRST: All valid claims against my estate, including any state or federal estate, inheritance or death taxes, shall be paid from and charged against my residuary estate devised and bequeathed under Article THIRD below.

SECOND: Except as I may otherwise designate in a signed memorandum pertaining to this subject, I give and bequeath any automobiles, furniture, household, and personal effects I may own at the time of my death to *[IF SPOUSE SURVIVES]* my spouse, *[SPOUSE NAME]*, if **he/she* survives me, and if my spouse does not survive me, to those of my children who survive

me, to be divided as they may agree among themselves. [IF NO SPOUSE] to those of my children who survive me, to be divided as they may agree among themselves.

THIRD: I give, devise, and bequeath the remaining assets of my estate (including those payable to or transferred to my estate by virtue of my death) to [IF SPOUSE SURVIVES] my spouse, [SPOUSE NAME], if *he/she survives me, otherwise equally to my children, [CHILDREN'S NAMES], with the share of any deceased child to such child's descendants, per stirpes; [IF NO SPOUSE] to my children, [CHILDREN'S NAMES], with the share of any deceased child to such child's descendants, per stirpes.

FOURTH: Throughout this instrument, the masculine or singular shall include the feminine, neuter or plural, where applicable, and vice versa. The words "children" or "descendants" include persons standing in that relationship by legal adoption, as well as natural children or descendants.

SIXTH: I appoint [NAME] as Executor of my estate, if able and willing to serve. Otherwise, I appoint [NAME] as Executor of my estate.

Each personal representative named above is authorized to serve without bond of any kind and is given all of the powers set forth in Ark. Code Ann. § 28-69-304 (1987), which section is incorporated herein by reference.

IN WITNESS WHEREOF, I now execute this instrument in [CITY], Arkansas, in the presence of the undersigned attesting witnesses to whom I declare this to be my Last Will and Testament on this _____ day of _____, 20__.

[NAME OF CLIENT]

We, the undersigned, do hereby certify that [NAME OF CLIENT], the [TESTATOR/TESTATRIX] in the foregoing instrument, subscribed the same in our presence at the time declaring to us that said instrument was [HIS/HER] Last Will and Testament; and we, at [HIS/HER] request and in her presence and in the presence of each other, now sign our names as attesting witnesses.

Attesting Witness

Attesting Witness

LAST WILL AND TESTAMENT
OF
[CLIENT NAME]

I, [CLIENT NAME], a citizen and resident of [CLIENT CITY], [CLIENT COUNTY], Arkansas, make this my Last Will and Testament. I revoke all wills or testamentary documents previously executed by me.

At the time I make this Will, *[IF SPOUSE SURVIVES]*

I am married to: _____.

[IF NO SPOUSE / SPOUSE DOES NOT SURVIVE]

I am unmarried. / I am unmarried, but I was formerly married to _____, who is now deceased.

[IF CHILD/CHILDREN IS/ARE LIVING]

I have ___ living children, namely: _____.

[IF CHILD/CHILDREN ARE DECEASED]

I have ___ deceased children, namely: _____.

[IF NO CHILD/CHILDREN]

I have no children, living or deceased.

FIRST: All valid claims against my estate, including any state or federal estate, inheritance or death taxes, shall be paid from and charged against my residuary estate devised and bequeathed under Article THIRD below.

SECOND: Except as I may otherwise designate in a signed memorandum pertaining to this subject, I give and bequeath any automobiles, furniture, household, and personal effects I may own at the time of my death to *[IF SPOUSE SURVIVES]* my spouse, *[SPOUSE NAME]*, if **he/she* survives me, and if my spouse does not survive me, to those of my children who survive

me, to be divided as they may agree among themselves. [IF NO SPOUSE] to those of my children who survive me, to be divided as they may agree among themselves.

THIRD: I give, devise, and bequeath the remaining assets of my estate (including those payable to or transferred to my estate by virtue of my death) to [IF SPOUSE SURVIVES] my spouse, [SPOUSE NAME], if *he/she survives me, otherwise equally to my children, [CHILDREN'S NAMES], with the share of any deceased child to such child's descendants, per stirpes; [IF NO SPOUSE] to my children, [CHILDREN'S NAMES], with the share of any deceased child to such child's descendants, per stirpes; provided, however, that should a child (or other descendant) of mine be then under the age of [AGE (can be 18, but doesn't have to be; some people may want children to be older before the estate is distributed in its entirety)], his or her share shall remain IN TRUST with the Trustee named below in Article FOURTH, the income and principal to be distributed to or for the benefit of the child (or other descendant) at such times and in such amounts as the Trustee shall determine to be needed for his or her care, education, and welfare until he or she reaches the age of [AGE OF CHILD] years or dies before reaching that age, at which time the child's (or other descendant's) remaining share of the Trust shall be distributed to him or her, if living, otherwise to his or her estate. During the term of the Trust, the Trustee may make any distribution from the Trust (i) to the beneficiary, (ii) if the beneficiary is under a legal disability or if the Trustee determines that the beneficiary is unable to properly manage his or her affairs, to a person furnishing support, maintenance, or education for the beneficiary or with whom the beneficiary is residing, for expenditure on the beneficiary's behalf, or (iii) if the beneficiary is a minor, to a custodian for the beneficiary, as selected by the Trustee, under the Uniform Transfers to Minors Act of any state. Alternatively, the Trustee may

apply all or a part of the distribution for the beneficiary's benefit. Any distribution hereunder shall be a full discharge of the Trustee with respect thereto.

FOURTH: I appoint [NAME(S) OF TRUSTEE(S)] of [ADDRESS OF TRUSTEE(S)], as [TRUSTEE OR CO-TRUSTEES] of any Trust created under this Will. **[IF CO-TRUSTEES, STATE:** Should either [NAME OF TRUSTEE #1] or [NAME OF TRUSTEE #2] be or become unable or unwilling to serve as Trustee, then the other shall serve as sole Trustee. Should both [NAME OF TRUSTEE #1] and [NAME OF TRUSTEE #2] be or become unable or unwilling to serve as Trustee, then [NAME OF SUCCESSOR TRUSTEE(S)], of [ADDRESS OF TRUSTEE(S)], shall serve as [TRUSTEE OR CO-TRUSTEES] of any Trust created under this Will. **IF JUST ONE TRUSTEE, STATE:** If [NAME OF TRUSTEE] be or becomes unable or unwilling to serve as Trustee, then [NAME OF SUCCESSOR TRUSTEE(S)], of [ADDRESS OF TRUSTEE(S)], shall serve as [TRUSTEE OR CO-TRUSTEES] of any Trust created under this Will.

The Trustee is charged with the custody, management, and protection of all funds and properties of the Trust estate. The Trustee may hold or sell and invest and reinvest all or any part of the Trust estate in any type of real or personal property, regardless of diversification or state laws concerning legal investments by trustees.

The Trustee shall not be required to give bond, and shall not be required to render any accounting to, or be subject to the supervision of, any court. The Trustee shall furnish to each adult beneficiary (and to the guardian of each minor beneficiary) annual accountings of the administration of the Trust. Ark. Code Ann. § 28-73-813 shall not apply to any trust created under this Will.

The Trustee is given all of the powers applicable to a trustee which are set forth in Ark. Code Ann. § 28-69-304 (1987), which section is incorporated herein by reference. To the extent not inconsistent with any powers as incorporated above, the Trustee is given those powers granted by the Arkansas Trust Code.

Any successor trustee shall be vested with the same duties, immunities, powers, and authority as conferred upon the original Trustee. No successor Trustee shall have any responsibility or liability with respect to the acts or omissions of any predecessor trustee and shall have no duty or responsibility to audit or review the actions, omissions, or accounting of such predecessors.

FIFTH: Throughout this instrument, the masculine or singular shall include the feminine, neuter or plural, where applicable, and vice versa. The words “children” or “descendants” include persons standing in that relationship by legal adoption, as well as natural children or descendants.

Notwithstanding any other provision herein with reference to possible distributions to my descendants at various ages, any Trust created hereunder shall terminate in any event within twenty-one (21) years after the death of the survivor of myself, my husband, my children, and all of my descendants who are living on the date of my death. At such termination, the remaining assets of such Trust or Trusts shall vest in and be distributed to the then income beneficiary or beneficiaries in proportion to their income interest(s).

The interest, or any part thereof, of any beneficiary in the income or principal of any Trust created hereunder shall not be subject to sale, assignment, pledge, transfer, or promise to transfer by such beneficiary prior to the distribution of the income or principal to the beneficiary; nor shall such interest be liable for the debts of any such beneficiary, or be subject to attachment,

to any judgment rendered against the beneficiary, or to the process of any court in aid or execution of any judgment rendered.

All questions pertaining to any Trust created hereunder, its validity, construction, or administration, shall be determined in accordance with the laws of the State of Arkansas.

SIXTH: *[IF CLIENT HAS SPOUSE AND WANTS TO APPOINT ONE GUARDIAN:* If my spouse, [NAME OF SPOUSE], does not survive me, I request that [GUARDIAN NAME] of [ADDRESS] be selected as guardian of the person of any child of mine then under the age of eighteen (18) years. Should [GUARDIAN NAME] be or become unable or unwilling to serve as guardian, then I request that [SUCCESSOR GUARDIAN NAME] of [ADDRESS], be selected as guardian of the person of any child of mine then under the age of eighteen (18) years.] *[IF CLIENT HAS SPOUSE AND WANTS TO APPOINT CO-GUARDIANS:* If my spouse, [NAME OF SPOUSE], does not survive me, I request that [CO-GUARDIAN NAMES] of [ADDRESS] be selected as co-guardians of the person of any child of mine then under the age of eighteen (18) years. Should either [CO-GUARDIAN #1] of [CO-GUARDIAN #2] be or become unable or unwilling to serve as guardian, then the other shall serve as sole guardian. Should both [CO-GUARDIAN NAMES] be or become unable or unwilling to serve as guardian, then I request that [SUCCESSOR GUARDIAN OR CO-GUARDIAN NAME(S)] of [ADDRESS], be selected as guardian of the person of any child of mine then under the age of eighteen (18) years.] *[IF CLIENT DOESN'T HAVE A SPOUSE AND WANTS TO APPOINT ONE GUARDIAN:* Upon my death, I request that [GUARDIAN NAME] of [ADDRESS] be selected as guardian of the person of any child of mine then under the age of eighteen (18) years. Should [GUARDIAN NAME] be or become unable or unwilling to serve as guardian, then I request that [SUCCESSOR GUARDIAN NAME] of [ADDRESS], be selected as guardian of the person of

any child of mine then under the age of eighteen (18) years.] *[IF CLIENT DOESN'T HAVE A SPOUSE AND WANTS TO APPOINT CO-GUARDIANS:* Upon my death, I request that [CO-GUARDIAN NAMES] of [ADDRESS] be selected as co-guardians of the person of any child of mine then under the age of eighteen (18) years. Should either [CO-GUARDIAN #1] of [CO-GUARDIAN #2] be or become unable or unwilling to serve as guardian, then the other shall serve as sole guardian. Should both [CO-GUARDIAN NAMES] be or become unable or unwilling to serve as guardian, then I request that [SUCCESSOR GUARDIAN OR CO-GUARDIAN NAME(S)] of [ADDRESS], be selected as guardian of the person of any child of mine then under the age of eighteen (18) years.]

SEVENTH: I appoint [NAME] as Executor of my estate, if able and willing to serve. Otherwise, I appoint [NAME] as Executor of my estate.

Each personal representative named above is authorized to serve without bond of any kind and is given all of the powers set forth in Ark. Code Ann. § 28-69-304 (1987), which section is incorporated herein by reference.

IN WITNESS WHEREOF, I now execute this instrument in [CITY], Arkansas, in the presence of the undersigned attesting witnesses to whom I declare this to be my Last Will and Testament on this _____ day of _____, 20____.

[NAME OF CLIENT]

We, the undersigned, do hereby certify that [NAME OF CLIENT], the [TESTATOR/TESTATRIX] in the foregoing instrument, subscribed the same in our presence at the time declaring to us that said instrument was [HIS/HER] Last Will and Testament; and we, at [HIS/HER] request and in [HIS/HER] presence and in the presence of each other, now sign our names as attesting witnesses.

Attesting Witness

Attesting Witness

LAST WILL AND TESTAMENT

OF

[CLIENT NAME]

I, [CLIENT NAME], a citizen and resident of [CLIENT CITY], [CLIENT COUNTY], Arkansas, make this my Last Will and Testament. I revoke all wills or testamentary documents previously executed by me.

At the time I make this Will, *[IF SPOUSE SURVIVES]*

I am married to: _____.

[IF NO SPOUSE / SPOUSE DOES NOT SURVIVE]

I am unmarried. / I am unmarried, but I was formerly married to _____, who is now deceased.

[IF CHILD/CHILDREN IS/ARE LIVING]

I have ___ living children, namely: _____.

[IF CHILD/CHILDREN ARE DECEASED]

I have ___ deceased children, namely: _____.

FIRST: All valid claims against my estate, including any state or federal estate, inheritance or death taxes, shall be paid from and charged against my residuary estate devised and bequeathed under Article THIRD below.

SECOND: Except as I may otherwise designate in a signed memorandum pertaining to this subject, I give and bequeath any automobiles, furniture, household, and personal effects I may own at the time of my death to *[IF SPOUSE SURVIVES]* my spouse, *[SPOUSE NAME]*, if **he/she* survives me, and if my spouse does not survive me, to those of my children who survive me, to be divided as they may agree among themselves. *[IF NO SPOUSE]* to those of my children who survive me, to be divided as they may agree among themselves.

THIRD:

(a) **Outright Distributions.** I give, devise, and bequeath the remaining assets of my estate (including those payable to or transferred to my estate by virtue of my death) to *[IF SPOUSE SURVIVES]* my spouse, *[SPOUSE NAME]*, if **he/she* survives me, otherwise equally to my children, *[CHILDREN'S NAMES]*, with the share of any deceased child to such child's descendants, per stirpes; *[IF NO SPOUSE]* to my children, *[CHILDREN'S NAMES]*, with the share of any deceased child to such child's descendants, per stirpes.

(b) **Trust for Minors.** Should a child (or other descendant) of mine be then under the age of *[AGE (can be 18, but doesn't have to be; some people may want children to be older*

before the estate is distributed in its entirety)], his or her share shall remain IN TRUST with the Trustee named below in Article FOURTH, the income and principal to be distributed to or for the benefit of the child (or other descendant) at such times and in such amounts as the Trustee shall determine to be needed for his or her care, education, and welfare until he or she reaches the age of [AGE OF CHILD] years or dies before reaching that age, at which time the child's (or other descendant's) remaining share of the Trust shall be distributed to him or her, if living, otherwise to his or her estate. During the term of the Trust, the Trustee may make any distribution from the Trust (i) to the beneficiary, (ii) if the beneficiary is under a legal disability or if the Trustee determines that the beneficiary is unable to properly manage his or her affairs, to a person furnishing support, maintenance, or education for the beneficiary or with whom the beneficiary is residing, for expenditure on the beneficiary's behalf, or (iii) if the beneficiary is a minor, to a custodian for the beneficiary, as selected by the Trustee, under the Uniform Transfers to Minors Act of any state. Alternatively, the Trustee may apply all or a part of the distribution for the beneficiary's benefit. Any distribution hereunder shall be a full discharge of the Trustee with respect thereto.

(c) Special Needs Trust. Notwithstanding any provision in this Paragraph to the contrary, in the event a beneficiary hereunder is receiving, or could potentially be eligible to receive, government or similar benefits, then such beneficiary (hereinafter referred to as "Special Needs Beneficiary") shall not receive any distribution pursuant to this Paragraph outright or under a Trust for Minors pursuant to subparagraph (b) above, and instead such distribution shall remain IN TRUST with the Trustee named below in Article FOURTH for the benefit of the Special Needs Beneficiary, and the following provisions shall apply to, and further restrict, any distributions from such trust:

(1) Income and Principal Distributions. The Trustee shall pay to or apply for the benefit of the Special Needs Beneficiary, for the Special Needs Beneficiary's lifetime, such amounts from the monthly income of this trust or from the principal of this trust for the satisfaction of the Special Needs Beneficiary's basic living needs, as the Trustee, in the Trustee's sole and absolute discretion, may from time to time deem necessary or advisable. In no event shall such amounts paid or applied each month, pursuant to this subparagraph (c)(1), for the Special Needs Beneficiary's basic living needs, from trust income, the principal of this trust, or any other source combined therewith, exceed the monthly income eligibility standard currently in use by the Medicaid and/or Social Security disability program administered by the State of Arkansas for the support and maintenance of persons receiving Medicaid and/or Social Security disability benefits. Any income not distributed in accordance with this paragraph shall be accumulated and added to the principal.

(2) Principal and Excess Income Distributions. The Trustee shall pay over to or apply for the benefit of the Special Needs Beneficiary, for the Special Needs Beneficiary's lifetime, such amounts from the principal or income, not consumed pursuant to subparagraph (c)(1), as the Trustee, in the Trustee's sole and absolute discretion, may from time to time deem necessary or advisable for the satisfaction of the Special Needs Beneficiary's special needs, and any income not distributed shall be accumulated and added to principal. As used in this trust, "special needs" refers to the requisites for maintaining the Special Needs Beneficiary's good

health, safety and welfare when, in the discretion of the Trustee, such requisites are not being provided by any public agency, office or department of any state or of the United States. “Special needs” shall include, but not be limited to, medical and dental expenses, insurance thereof, clothing and equipment, travel, entertainment, programs of training, education and treatment and essential dietary needs.

(3) Supplemental Care. Except to the extent specified in subparagraph (c)(1) above, this trust is created expressly for the Special Needs Beneficiary’s extra and supplemental care, maintenance, support and education, in addition to and over and above the benefits the Special Needs Beneficiary receives or may receive from any local, state or federal government, or from any other private agencies, any of which serviced or benefits to developmentally disabled, incapacitated or disabled persons. Except to the extent specified in subparagraph (c)(1) above, it is the express purpose of this trust that it be used only to supplement other benefits received by the Special Needs Beneficiary.

(4) Trustee Shall Seek Assistance. The Trustee shall seek support and maintenance for the Special Needs Beneficiary from all available public resources, including (but not limited to) the Supplemental Security Income Program (SSI), the Supplemental Income Program (SIP) of Arkansas or any other state, the Old Age Survivor and Disability Insurance Program (OASDI), the Medicaid program and any additional, similar, or successor programs. The Trustee shall take into consideration the applicable resource and income limitations of any public assistance programs for which the Special Needs Beneficiary is eligible when determining whether to make any discretionary distributions.

(5) Public Benefits. It is further the intent of this trust that, except to the extent specified in subparagraph (c)(1) above, no part of the principal of the trust created herein shall be used to supplant or replace public assistance benefits of any county, state, federal or governmental agency. For purposes of determining the Special Needs Beneficiary’s eligibility for such benefits, except to the extent specified in subparagraph (c)(1) above, no part of the principal or income of the trust fund shall be considered available to the Special Needs Beneficiary. In the event the Trustee is requested by any department or agency to release principal or income of the trust to or on behalf of the Special Needs Beneficiary to pay for equipment, medication or services that other organizations or agencies are authorized to provide, or in the event the Trustee is requested by any department or agency administering such benefits to petition the court or any other administrative agency for the release of trust principal or income for this purpose, the Trustee shall deny such request and is directed to defend, at the expense of the trust fund, any contest of this subparagraph or other attack of any nature. The Trustee shall have complete discretion with regard to the defense of any such claim, including the management of all litigation which may result. The Trustee shall also be authorized, in the Trustee’s complete discretion, to settle, in whole or in part, or otherwise compromise any such claim or litigation.

(6) Special Needs Beneficiary Ineligible for Public Assistance.

Notwithstanding anything to the contrary contained in the provisions of this trust, in the event that the existence of this trust has the effect of rendering the Special Needs Beneficiary ineligible for the SSI, SIP of any state, OASDI, Medicaid or any other program of public benefits, the Trustee is authorized (but not required) to terminate this trust and to make distributions pursuant to subparagraph (c)(7) below. In determining whether the existence of the trust has the effect of rendering the Special Needs Beneficiary ineligible for SSI, SIP, OASDI, Medicaid or any other program of public benefits, the Trustee is hereby granted full and complete discretion to initiate either administrative or judicial proceedings, or both, for the purpose of determining eligibility, and all costs relating thereto, including reasonable attorney fees, shall be a proper charge to the trust fund.

(7) Termination. Upon the death of the Special Needs Beneficiary, this trust shall terminate, and the principal and accumulated income of the trust shall be distributed to the Special Needs Beneficiary's then living descendants, *per stirpes*, or, if none, to my then living descendants, *per stirpes*.

FOURTH: I appoint [NAME(S) OF TRUSTEE(S)] of [ADDRESS OF TRUSTEE(S)], as [TRUSTEE OR CO-TRUSTEES] of any Trust created under this Will. **[IF CO-TRUSTEES, STATE:** Should either [NAME OF TRUSTEE #1] or [NAME OF TRUSTEE#2] be or become unable or unwilling to serve as Trustee, then the other shall serve as sole Trustee. Should both [NAME OF TRUSTEE#1] and [NAME OF TRUSTEE #2] be or become unable or unwilling to serve as Trustee, then [NAME OF SUCCESSOR TRUSTEE(S)], of [ADDRESS OF TRUSTEE(S)], shall serve as [TRUSTEE OR CO-TRUSTEES] of any Trust created under this Will. **IF JUST ONE TRUSTEE, STATE:** If [NAME OF TRUSTEE] be or becomes unable or unwilling to serve as Trustee, then [NAME OF SUCCESSOR TRUSTEE(S)], of [ADDRESS OF TRUSTEE(S)], shall serve as [TRUSTEE OR CO-TRUSTEES] of any Trust created under this Will.

The Trustee is charged with the custody, management, and protection of all funds and properties of the Trust estate. The Trustee may hold or sell and invest and reinvest all or any part of the Trust estate in any type of real or personal property, regardless of diversification or state laws concerning legal investments by trustees.

The Trustee shall not be required to give bond, and shall not be required to render any accounting to, or be subject to the supervision of, any court. The Trustee shall furnish to each adult beneficiary (and to the guardian of each minor beneficiary) annual accountings of the administration of the Trust. Ark. Code Ann. § 28-73-813 shall not apply to any trust created under this Will.

The Trustee is given all of the powers applicable to a trustee which are set forth in Ark. Code Ann. § 28-69-304 (1987), which section is incorporated herein by reference. To the extent not inconsistent with any powers as incorporated above, the Trustee is given those powers granted by the Arkansas Trust Code.

Any successor trustee shall be vested with the same duties, immunities, powers, and authority as conferred upon the original Trustee. No successor Trustee shall have any responsibility or liability with respect to the acts or omissions of any predecessor trustee and

shall have no duty or responsibility to audit or review the actions, omissions, or accounting of such predecessors.

FIFTH: Throughout this instrument, the masculine or singular shall include the feminine, neuter or plural, where applicable, and vice versa. The words “children” or “descendants” include persons standing in that relationship by legal adoption, as well as natural children or descendants.

Notwithstanding any other provision herein with reference to possible distributions to my descendants at various ages, any Trust created hereunder shall terminate in any event within twenty-one (21) years after the death of the survivor of myself, my husband, my children, and all of my descendants who are living on the date of my death. At such termination, the remaining assets of such Trust or Trusts shall vest in and be distributed to the then income beneficiary or beneficiaries in proportion to their income interest(s).

The interest, or any part thereof, of any beneficiary in the income or principal of any Trust created hereunder shall not be subject to sale, assignment, pledge, transfer, or promise to transfer by such beneficiary prior to the distribution of the income or principal to the beneficiary; nor shall such interest be liable for the debts of any such beneficiary, or be subject to attachment, to any judgment rendered against the beneficiary, or to the process of any court in aid or execution of any judgment rendered.

All questions pertaining to any Trust created hereunder, its validity, construction, or administration, shall be determined in accordance with the laws of the State of Arkansas.

SIXTH: ***[IF CLIENT HAS SPOUSE AND WANTS TO APPOINT ONE GUARDIAN:*** If my spouse, [NAME OF SPOUSE], does not survive me, I request that [GUARDIAN NAME] of [ADDRESS] be selected as guardian of the person of any child of mine then under the age of eighteen (18) years. Should [GUARDIAN NAME] be or become unable or unwilling to serve as guardian, then I request that [SUCCESSOR GUARDIAN NAME] of [ADDRESS], be selected as guardian of the person of any child of mine then under the age of eighteen (18) years.] ***[IF CLIENT HAS SPOUSE AND WANTS TO APPOINT CO-GUARDIANS:*** If my spouse, [NAME OF SPOUSE], does not survive me, I request that [CO-GUARDIAN NAMES] of [ADDRESS] be selected as co-guardians of the person of any child of mine then under the age of eighteen (18) years. Should either [CO-GUARDIAN #1] of [CO-GUARDIAN #2] be or become unable or unwilling to serve as guardian, then the other shall serve as sole guardian. Should both [CO-GUARDIAN NAMES] be or become unable or unwilling to serve as guardian, then I request that [SUCCESSOR GUARDIAN OR CO-GUARDIAN NAME(S)] of [ADDRESS], be selected as guardian of the person of any child of mine then under the age of eighteen (18) years.] ***[IF CLIENT DOESN'T HAVE A SPOUSE AND WANTS TO APPOINT ONE GUARDIAN:*** Upon my death, I request that [GUARDIAN NAME] of [ADDRESS] be selected as guardian of the person of any child of mine then under the age of eighteen (18) years. Should [GUARDIAN NAME] be or become unable or unwilling to serve as guardian, then I request that [SUCCESSOR GUARDIAN NAME] of [ADDRESS], be selected as guardian of the person of any child of mine then under the age of eighteen (18) years.] ***[IF CLIENT DOESN'T HAVE A SPOUSE AND WANTS TO APPOINT CO-GUARDIANS:*** Upon my death, I request that [CO-GUARDIAN NAMES] of [ADDRESS] be selected as co-guardians of the person of any child of mine then under the age of eighteen (18) years. Should either [CO-GUARDIAN #1] of [CO-GUARDIAN #2] be or become unable or unwilling to serve as guardian, then the other shall

serve as sole guardian. Should both [CO-GUARDIAN NAMES] be or become unable or unwilling to serve as guardian, then I request that [SUCCESSOR GUARDIAN OR CO-GUARDIAN NAME(S)] of [ADDRESS], be selected as guardian of the person of any child of mine then under the age of eighteen (18) years.]

SEVENTH: I appoint [NAME] as Executor of my estate, if able and willing to serve. Otherwise, I appoint [NAME] as Executor of my estate.

Each personal representative named above is authorized to serve without bond of any kind and is given all of the powers set forth in Ark. Code Ann. § 28-69-304 (1987), which section is incorporated herein by reference.

IN WITNESS WHEREOF, I now execute this instrument in [CITY], Arkansas, in the presence of the undersigned attesting witnesses to whom I declare this to be my Last Will and Testament on this _____ day of _____, 20__.

[NAME OF CLIENT]

We, the undersigned, do hereby certify that [NAME OF CLIENT], the [TESTATOR/TESTATRIX] in the foregoing instrument, subscribed the same in our presence at the time declaring to us that said instrument was [HIS/HER] Last Will and Testament; and we, at her request and in [HIS/HER] presence and in the presence of each other, now sign our names as attesting witnesses.

Attesting Witness

Attesting Witness

FOR MORE INFORMATION

Updates will be posted on the Arkansas Legal Services partnership website.

If you would like more information or have additional questions regarding the Wills Clinic pro bono program please contact:

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