

CITY OF MOBILE

LAST WILL AND TESTAMENT PACKET

You have taken an important first step in planning for your future. A Last Will and Testament is a valuable document for a person to sign because it allows the Testator, or maker of the will, to direct how his or her property will be divided after he or she passes away. If a person dies without a Last Will and Testament, his or her property is divided according to the law of Intestate Succession. A Last Will and Testament also allows the Testator to make the Probate process much easier for his or her loved ones by selecting his or her own Executor, or person who will handle the probating of the estate (rather than having the court appoint its own administrator), and by directing that no inventory or money bond be required for the estate to be probated.

Before You Complete the Attached Forms... Legal Services is only able to offer Wills to **low to moderate income, City of Mobile residents**, if your annual gross income is below \$30,900 for a single person; \$35,300 for a family of 2; \$39,700 for a family of 3; and \$44,100 for a family of 4 you will likely qualify for this program (larger households see chart on the Household Income Guidelines). If you do not qualify for this program, a Will is still a valuable investment; consult the Alabama State Bar at **1-800-392-5660** for a referral to an attorney to help you with this important document.

Have your Last Will and Testament done in 4 easy Steps:**1. Complete these forms:**

- Legal Services Alabama Intake Form
- Statement of Facts & Citizenship Certification
- Household Composition Form
- Will Information Packet

2. Verify your income:

- See the included income verification requirements
- Sign the attached income verification documentation

3. Mail completed documents to:

Legal Services Alabama
Attn: Leaving a Legacy
104 St. Francis Street
Mobile, AL 36602

4. Once we have all of these completed documents our offices will set up an appointment for you to review and sign your Last Will and Testament.

For More Information: Visit Legal Services Alabama online at

www.LegalServicesAlabama.org

Call 433-6560 para Español: 1 (888) 835-3505

You may choose to apply online for our services at
www.LegalServicesAlabama.org
 Any information we receive from you is confidential.

| |
|----------------------------|
| FOR OFFICE USE ONLY |
| DATE RECEIVED: _____ |
| GIVEN TO: _____ |

Legal Services Alabama Intake Form

Last Name: _____ First Name: _____ Middle Initial: _____
 Maiden or other names you have used: _____
 Are you a United States Citizen? Yes No
 If you are not a U.S. citizen, are you a legal resident? Yes No
 Date of Birth: _____ Age: _____ Gender: Female Male
 Social Security #: _____ Email Address: _____ May we contact you by email? Yes No
 Street Address: _____ City: _____
 County: _____ State: _____ Zip: _____ Is this a safe address to send mail? Yes No
 Phone # (Home): _____ May we leave a message at this number? Yes No
 Phone # (Cell): _____ May we leave a message at this number? Yes No
 Phone # (Work): _____ May we call you at work? Yes No
 Phone # (Relative/Friend) _____
 How did you hear about Legal Services Alabama? _____
 Do you consider yourself Hispanic? Yes No

| | | |
|--|--|---|
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow Race <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American & White <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian & Black <input type="checkbox"/> American Indian & White <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Other | Living Arrangements - mark all that apply <input type="checkbox"/> HUD/Public Housing <input type="checkbox"/> Apartment <input type="checkbox"/> Rented House <input type="checkbox"/> With Friend(s) <input type="checkbox"/> With Relative(s) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Shelter <input type="checkbox"/> Own/financed Mobile Home/RV <input type="checkbox"/> Rented Mobile Home/RV <input type="checkbox"/> Own/Mortgaged House <input type="checkbox"/> Rented Room <input type="checkbox"/> Rented Land <input type="checkbox"/> Section 8 Voucher <input type="checkbox"/> Military Base <input type="checkbox"/> Condo <input type="checkbox"/> FEMA Trailer <input type="checkbox"/> Homeless <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Rehab Facility <input type="checkbox"/> Jail/Prison | Are you? - mark all that apply <input type="checkbox"/> Domestic Violence Victim <input type="checkbox"/> Dating Violence Victim <input type="checkbox"/> Stalking Victim <input type="checkbox"/> Sexual Violence Victim <input type="checkbox"/> Single Parent <input type="checkbox"/> Student <input type="checkbox"/> Veteran <input type="checkbox"/> Person w/disabilities Highest Education Level <input type="checkbox"/> Elementary <input type="checkbox"/> Junior High <input type="checkbox"/> High School <input type="checkbox"/> Junior College <input type="checkbox"/> University <input type="checkbox"/> Graduate School <input type="checkbox"/> Other |
|--|--|---|

Information regarding person or agency you are having a problem with:

Name: _____ If known, date of birth: _____
 Street Address: _____ City: _____
 County: _____ State: _____ Zip: _____
 Telephone Number: _____

Household and Income Information:

Total number of people in household: _____
 Number of people age 19 and older: _____ Number of people under the age of 19: _____

List everyone in your household & their income – (include yourself as part of your household)

| Name | Relationship to you | Age | Amount of Monthly Income before Taxes |
|------|---------------------|-----|---------------------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

If you are paid hourly - How many hours per week do you work? _____ How much do you make per hour? \$ _____

Income Source: (Please include amount)

| | | | | | |
|------------------------------|----------|--------------------|----------|---------------------------|----------|
| Child Support | \$ _____ | Employment | \$ _____ | Unemployment Comp. | \$ _____ |
| Alimony | \$ _____ | Self Employment | \$ _____ | Retirement/Pension | \$ _____ |
| Financial Aid | \$ _____ | Veteran's Benefits | \$ _____ | SS Survivor Benefits | \$ _____ |
| Rental Income | \$ _____ | Army Reserve | \$ _____ | Trust/ Interest/Dividends | \$ _____ |
| SSI Disability | \$ _____ | SSD Disability | \$ _____ | Worker's Comp. | \$ _____ |
| Family Assistance/AFDC/TANF) | \$ _____ | Tips | \$ _____ | Other | \$ _____ |

Are you expecting an increase in your household income in the near future? Yes No

Benefits you or anyone in your household receives – check all that apply:

| | | | | |
|--|---|---|------------------------------------|---|
| <input type="checkbox"/> Food stamps/SNAP \$ _____ | <input type="checkbox"/> SSI | <input type="checkbox"/> Childcare assistance | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Customer Waiver Electricity | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Lifeline – phone | <input type="checkbox"/> Section 8 | <input type="checkbox"/> Family Assistance/TANF |
| <input type="checkbox"/> Senior Citizen Housing | <input type="checkbox"/> ALL Kids | <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> WIC | <input type="checkbox"/> USDA/Rural Housing |

Assets

Do you own or are you buying a home that you live in? Yes No

If yes, how much is the home worth? \$ _____ How much do you owe on the home? \$ _____

Do you own or are you buying land? Yes No

Do you own or are you buying any vehicles? Yes No

If yes, how many vehicles do you own or are you buying? _____

How much do you owe on the vehicle(s)? \$ _____ How much are the vehicle(s) worth? \$ _____

Do you own any other property? Yes No If yes, what is the value? \$ _____

Do you have any CD's/Stocks/Bonds? Yes No If yes, what is the value? \$ _____

Do you have any money in a checking or savings account? Yes No

If yes, what is the amount in the account after your monthly expenses? \$ _____

Apart from the items listed, do you own anything else that may be worth more than \$5,000.00? Yes No

If yes, document the items and their value.

Expenses:

Please list the amount of your monthly expenses for the following:

| | | | | | |
|-------------------|----------|----------------------|----------|--------------------------|----------|
| Rent or Mortgage | \$ _____ | Trailer Payment | \$ _____ | Health Insurance | \$ _____ |
| Vehicle Payment | \$ _____ | Chapter 13 payment | \$ _____ | Home Insurance | \$ _____ |
| Vehicle Insurance | \$ _____ | Health Insurance | \$ _____ | Garnishment | \$ _____ |
| Alimony | \$ _____ | Childcare | \$ _____ | Land Payment | \$ _____ |
| Child support | \$ _____ | Nursing Home | \$ _____ | 2 nd Mortgage | \$ _____ |
| Medical | \$ _____ | Payday Loan | \$ _____ | Title Loan | \$ _____ |
| Unpaid taxes | \$ _____ | Student Loan Payment | \$ _____ | Expenses to/from work | \$ _____ |

Please briefly tell us what you need help with:

Do you have a court hearing set? Yes No

If yes, what county is the hearing? _____

What date is the hearing? _____

What time is the hearing? _____

Do you have court papers? Yes No

If yes, what date did you get the court papers? _____

In what county is the court case? _____

What is the number in the top right corner? _____

Have you filed an answer? Yes No

Do you have any other documents related to your case? Yes No

Do you have any deadlines? Yes No

If yes, what is the deadline? _____

**STATEMENT OF FACTS AND
AUTHORIZATION TO RELEASE INFORMATION**

Before Legal Services Alabama (“LSA”) can file a law suit for you, federal regulations say you must sign a statement telling the facts supporting your claim. We have to keep this statement and may have to show it to Legal Services Corporation (“LSC”). We also have to give your name to the person you are going to sue. The only exception is when a Court says not to reveal your name.

If we help you file suit, federal regulations also make us tell LSC your name, address, Court and Court case number. This information is also open to anyone else on request. There are two exceptions. One is where a Court protects your name and address. We also do not have to give anyone this information if doing so would put you at risk of physical harm.

I let LSA release the information described above. I also give the following statement of the facts supporting my claim:

I NEED A LAST WILL AND TESTAMENT.

Signature: _____ Date: _____

Name (please print): _____ Case No.: _____

CITIZENSHIP ATTESTATION

I am a citizen of the United States.

Signature: _____ Date: _____

Name (please print): _____ Case No.: _____



CITY OF MOBILE INCOME VERIFICATION CHECKLIST



In order to qualify you for this program, we require some additional information from you about your household income:

1. Income documentation for every household member over eighteen (18) years of age.

2. Income documentation may include the following when applicable:

___ Last 1 month consecutive paycheck stubs

___ Cash Income – third party verification required

___ Self-employment/ business income should include:

 Copy of the most current Federal Income Tax Return

 Last 3 months bank statements (12 months if income varies)

___ Worker’s Compensation*

___ Veteran Administration Benefits Statement*

___ Social Security Benefits Statement*

___ Pension/ Retirement Income Statement*

___ Child Support Payments/ Alimony Statement*

___ Food Stamp Letter*

___ Other (specify)

**These should be on official letterhead.*

3. Proof of unemployment for all individuals in the household who are age 18 or older:

___ Unemployment Compensation

___ Termination Letter of employment

___ Self-Certification Letter for adult household members (age 18 or older) who do not work (i.e., students, disabled, etc.)

4. Documentation may not be older than six (6) months.

+ If you have already been approved for housing rehabilitation through the City please let us know, you may already be qualified.





**CITY OF MOBILE
INCOME CERTIFICATION FORM – 2017**



Applicants Name: _____ Applicants Address: _____
Case No. _____

Gender? Race:

MALE or FEMALE White Am. Indian/Alaskan Native & White

Female Headed Household? Black/African American Asian & White

YES NO Asian Black/African American & White

Hispanic or Latino? American Indian/Alaskan Native Am. Indian/Alaskan Native & Black

YES NO Native Hawaiian/Other Pacific Islander Other Multi-Racial

Are you over 62?

YES NO

Family Violence Victim? Are you disabled? YES NO Number of Disabled Persons in Household: _____

YES NO If yes, as a SPOUSE or CHILD

2017 HOUSEHOLD INCOME BY FAMILY SIZE

Please circle the correct box below that **most** clearly corresponds to your total household income from all sources for the past 12 months based on the number of persons in your household. (Example: a three person household with a total income of \$25,000 would be group 3- 51%-80%)

| Household Size | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0%-30% | \$0.00 to \$11,600 | \$0.00 to \$13,250 | \$0.00 to \$14,900 | \$0.00 to \$16,550 | \$0.00 to \$17,900 | \$0.00 to \$19,200 | \$0.00 to \$20,550 | \$0.00 to \$21,850 |
| 31%-50% | \$11,601 to \$19,300 | \$13,251 to \$22,050 | \$14,901 to \$24,800 | \$16,551 to \$27,550 | \$17,901 to \$29,800 | \$19,201 to \$32,000 | \$20,551 to \$34,200 | \$21,851 to \$36,400 |
| 51%-80% | \$19,301 to \$23,160 | \$22,051 to \$26,460 | \$24,801 to \$29,760 | \$27,551 to \$33,060 | \$28,601 to \$35,760 | \$30,701 to \$38,400 | \$32,801 to \$41,040 | \$34,951 to \$43,680 |
| Over 81% | \$23,161 and \$30,900 | \$26,461 and \$35,300 | \$29,761 and \$39,700 | \$33,061 and \$44,100 | \$35,761 and \$47,650 | \$38,401 and \$51,200 | \$41,041 and \$54,700 | \$43,681 and \$58,200 |

Signature of Applicant: _____ Date: _____

My signature on this Income Certification Form will allow agents or representatives from either Mobile County and/or the Department of Housing and Urban Development (HUD) the authority to request and review my household financial records (IRS Statements, Social Security Statements, Financial Income Documentation, etc.) to ensure that to which I have certified above to be true and correct upon their request.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

WILL INFORMATION SHEET

Please PRINT all requested information clearly.

Legal Name: _____

Any Other Name You Have Gone By (maiden name): _____

Address _____ City _____ State _____ Zip _____

Primary phone number _____ Alternate phone number _____

Family Information

What is your current marital status? (Circle one) **married** **divorced** **separated** **widowed** **single**

If you are currently married, what is your spouse's name? _____

Please list spouses name even if you are separated, Please note you cannot disinherit your spouse without a prior agreement for consideration.

Do you have any children? ___YES___ NO

If yes, please list the name, age, gender, and the child's nature in the box below. This list must include all natural children, adopted children, and children born out of wedlock. When making a will, your legal relationship of your children is an important consideration for inheritance purposes. Grandchildren, friends ect. should be listed on the next page.

| Child's Full Name (please list only biological or adopted children) | Age | Male or Female | Address/ Contact Information | Is the child born of a current or prior marriage? Out of wedlock? Adopted or a stepchild? |
|--|-----|----------------|------------------------------|---|
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Of your children, are there any that you wish to exclude from your will? ___ YES ___ NO

If yes, which of your children would you like to exclude from your will?



Please list the names of people, other than your children and spouse, who you wish to leave effects to in your will. **You do not need to write in this section the property you wish to give them.**

| Name | Age | Address/ Contact Information | Relationship to you |
|----------------------|-----|--|---------------------|
| EXAMPLE: James Smith | 25 | 555 Will and Testament Way, Mobile, AL | First cousin |
| | | | |
| | | | |
| | | | |
| | | | |

Use an additional sheet if necessary.

Real Property

Do you own any real estate, land, or your house? YES **NO** (if you own more than one piece of property, please include the following information on an additional sheet, for each piece of real property).

Approximate Value: \$ _____

Property Address or a legal description (can be found on deed): _____

Whose name is on the deed? _____

Mortgagee/Lender Name

Mortgagee/Lender Account No.

Any other claims on the property? Yes No not sure

In what way do you own this property? (ex: joint tenancy, tenancy in common, joint tenancy with a right of survivorship, etc.) If you are unsure, this information can be found in the deed itself.

Beneficiaries: To whom would you like to leave the property above? In an effort to avoid heir property and prevent land loss, it is highly advisable that you leave your property in a way to ensure that it will be maintained. If the property is left to more than one person there may be interpersonal issues that prevent them making joint decisions.

If you named more than one person that you would like to have the property, how would you like for the property to be left? Would you like for them to share it equally, sell it and split the proceeds, etc.? We recommend that should the property be left to more than one person, then the parties own it so that if one of them should pass, the property would go to the other owners (Joint tenant right of survivorship)

Alternative Beneficiaries: In the event that the people listed above precede you in death (die before you do), please list the person(s) you would like to receive your property.

If you named more than one person that you would like to have the property, how would you like for the property to be left? Would you like for them to share it equally, sell it and split the proceeds, etc.?



Personal Property

Please list all **specific items** of personal property that you own and who you wish to receive them. This may include items such as household contents, furniture, photographs, household goods, jewelry, bed room suits etc.

| Item description, be specific | Who would you like to receive that item? Make sure you have included that persons contact information in the information section. | In the event that the primary beneficiary dies before you, or for some other reason is unable to inherit the item who would you then like to receive the property? |
|--|---|---|
| <i>Example: My Grandmother's antique figurines of Angels</i> | <i>Example: my daughter, Jane Smith</i> | <i>Example: my son, John Smith</i> |
| | | |
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| | | |

Attach additional sheets if necessary.

Vehicles

Do you presently own any vehicles? Yes _____ No _____
 Would you like your beneficiary to receive this specific vehicle? YES/ NO
Or any vehicle owned by you at the time of your death? YES/NO

If you would like to leave a specific vehicle, please include the following: (skip this question if you would like to generally bequeath any vehicle you own at the time of your death)

Vehicle ID Number(optional): _____
 Vehicle Year: _____ Vehicle Make: _____
 Vehicle Model: _____ Vehicle Color: _____

Who would you like to receive your vehicle, in the event of your death? _____
 If the above named person predeceases you(dies before you do), please list the person(s) that you would like to receive your vehicle, in the alternative.

Attach an additional sheet if you own more than one vehicle



Financial Assets

Do you presently have any bank accounts that you would like for people to receive the funds from? This is important if you do not have anyone else on the account so your family can access the accounts after your death. Remember these funds will first be used to pay funeral expenses and debts.

Account 1:

Bank Holding Account: _____

City/State: _____

Type of Account (checking, savings, etc.) _____

Who would you like to receive the contents of this account?

If the above named person predeceases you (dies before you do), please list the person(s) that you would like to receive the contents of your account, in the alternative.

Account 2:

Bank Holding Account: _____

City/State: _____

Type of Account (checking, savings, etc.) _____

Who would you like to receive the contents of this account?

If the above named person predeceases you (dies before you do), please list the person(s) that you would like to receive the contents of your account, in the alternative.

ANY OTHER FINACIAL ASSETS? Stocks, Bonds, Brokerage Accounts, Mutual Funds, Annuities, Commodities, Options. Many of these account types have a beneficiary already named on the account, if you would like to change the beneficiary it is best to do so with the account. For added security they can be listed in your Last Will and Testament. Please list any below any accounts would like to be included:



Residual Estate- MUST BE FILLED OUT

Your residual estate includes **ANY and ALL** property that you own at the time of your death that you did not give to anyone in the previous sections, this may include unknown inheritances or unknown benefits such as, wrongful death or class action benefits, or property you acquire after executing this will.

Note: People generally leave anything that they do not wish to give to a specific person to their spouse. If their spouse predeceases them, then they generally leave it to their children equally.

RESIDUAL BENEFICIARY(IES): Whom you would like to receive the property you have not specifically bequeathed?

If the above named person predeceases you (dies before you do), please list the person(s) that you would like to receive your residual estate?

Executor- MUST BE FILLED OUT

Who would you like to act as Executor over your estate? This person will be responsible for carrying out the wishes outlined in your will. We strongly suggest that you choose only one executor. Selecting more than one may create conflicts of interest.

Name Age Address/Contact Information

We also strongly suggest that you appoint an Alternate Executor to carry out your wishes. This should be done in case your first choice is not able to carry out his/her duties for whatever reason. Who would you like to appoint as an alternate?

Name Age Address/Contact Information

Trustee

Are you leaving any property to anyone that is currently under 19 years of age? YES NO

If yes, please list their names and date of birth. _____

Under Alabama law, all property given to a minor must be held in a trust until the child's nineteenth birthday. Generally, prior to the child's nineteenth birthday the property may only be used for necessities and education. An adult must be appointed to act as trustee and maintain the property for the child. If YES, Who would you like to appoint as trustee?

Name Age Address/Contact Information



Designation of Guardian for Minor Children—Skip if you don't have minor children

This section allows you to recommend a guardian to the court in the event of your death. There is no document that officially or legally allows you to "appoint" a guardian for minor children. However, the courts always gives great weight to the person suggested in the parents' Last Will & Testament, since the parents usually have the "best interest of the child" in mind when suggesting such a guardian. **The guardian must be over 19.**

You should be aware that unless the other natural parent's parental rights have been legally terminated, that parent could legally become guardian of your children. A divorce decree giving one parent sole custody does not legally terminate the other's parental rights.

If you or your spouses are both making your Will, you should name the same person as guardian. This is to avoid the possibility of a dispute and perhaps even a court battle should you die at the same time. But remember, if one spouse dies first, the other will almost always assumes custody and will then be free to make a new Will naming a different guardian, if he or she wishes.

| Name | Age | Address/Contact Information |
|------|-----|-----------------------------|
|------|-----|-----------------------------|

We also strongly suggest that you appoint an Alternate Guardian. Who would you like to appoint as an alternate?

| Name | Age | Address/Contact Information |
|------|-----|-----------------------------|
|------|-----|-----------------------------|

General Instructions

Please list any other wishes you have, or any general instructions that you would like to have included in your will. Most people do not have any and just write none here. If you do have any, Please be specific.

A general note: Your Last Will and Testament is not the best place to include your funeral instructions. Settling the estate and probate proceedings usually don't happen until after the funeral. So if your funeral instructions are found in the will, then your loved ones may not be aware of your funeral wishes until after it's already too late. The best way to let your loved ones know about your funeral wishes is to write down a list of specific instructions in a document that is separate from your Last Will and Testament.



POWER OF ATTORNEY INFORMATION SHEET

Would you also like LSA to prepare Powers of Attorney and/or a Living Will, also known as an Advanced Medical Directive, on your behalf? A Power of Attorney allows your appointed representative to make decisions on your behalf that they would normally be prevented from doing, it does not remove any of your rights. A Living Will/AMD allows you to make choices regarding your medical care should you be unable to make such choices and have been diagnosed as terminal ill or unlikely to recover. These documents allow you to make a plan for the possibility of incapacity.

Please **PRINT** all requested information clearly.

Your Legal Name: _____ Phone: _____

Any Other Name You Have Gone By: _____

Your Address **City** **State** **Zip**

Do you currently have a Power of Attorney? YES NO

Who would you like to be able to take care of your finances and daily business on your behalf?

Legal Name Phone Number

Address City State Zip

In the event that the above named person is unable to serve as your power of attorney, who would you like to serve as your alternate power of attorney? (optional)

Legal Name Phone Number

Address City State Zip

Who would you like to be able to make medical decision on your behalf in the event that you are incapacitated? This person will be you Medical Power of Attorney. (can be the same as Durable Power of Attorney)

Legal Name Phone Number

Address City State Zip

In the event that the above named person is unable to serve as your medical power of attorney, who would you like to serve as your alternate medical power of attorney? (optional)

Legal Name Phone Number

Address City State Zip

Would you like a living will/ advanced medical directive as well? YES NO

