DAVENPORT'S RHODE ISLAND WILLS AND ESTATE PLANNING LEGAL FORMS

written by attorneys
Alex Russell and Robert Maxwell

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BOOK BASICS AND LIST OF FORMS

ESTATE PLANNING CONTROLS THINGS IF LATER ABSENT, SICK, OR DEAD

This book helps people in Rhode Island do legal documents to help control their health care, property, money, children, funeral, and more if later they are absent, sick, or dead. Doing documents to control things later like this is called "Estate Planning". People mostly have a right to control these matters so judges, doctors, and other people mostly ask: "Based on what a person wrote what did they likely want done?"

ESTATE PLANNING MOSTLY IS DOING SIMPLE THINGS IN 3 AREAS

Estate Planning is mostly doing simple things in 3 areas: Will Related, Health Care, and Giving Power. This book has 9 ready to use Rhode Island legal forms (but most people use just a few of these forms).

WILL RELATED FORMS

Form 1. Will (Standard) – a Will (also called a Last Will And Testament) lets a person control things after their death like who later gets money and property, who is Executor, and if easier legal options can be used.

Form 2. Will (Guardian) – Will with part added to name a Guardian to care for a minor child under 18 if needed (like if both parents later aren't available) and also if needed manage a child's money and property.

Form 3. Self-Proving Affidavit – form often done with a Will to later help show it was signed correctly.

HEALTH CARE FORMS

Form 4. Statutory Form Durable Power Of Attorney For Health Care – lets a person name someone to be Agent to control health care if the person is later incapacitated and also give health care instructions.

Form 5. Living Will Declaration – does serious act of saying to stop most health care if doctors later think more health care probably won't help an incapacitated person with a terminal condition.

Form 6. Medical Orders For Life Sustaining Treatment – does serious act of telling paramedics, doctors, and others that immediately from now on don't try health care listed in the form like C.P.R. or tube feeding.

GIVING POWER FORMS

Form 7. Short Form Power Of Attorney – lets power over money, property, and more be shared with a very trusted person so they can do things, like use accounts, pay bills, get records, and sell items.

Form 8. Power Of Attorney Over Child – lets a parent share power with a person over a minor child under age 18 for the person to use if needed including health care and school issues.

Form 9. Funeral Planning Agent Designation – lets a person name someone to control and manage their funeral, burial, cremation, and related matters.

RHODE ISLAND LAW ON ESTATE PLANNING COVERS MOST PEOPLE HERE

This book is only for Rhode Island since Estate Planning law and legal documents do vary between states. Usually a state's Estate Planning law applies if a person's primary residence is here (often called "domicile"). Many judges say "residence" occurs if a person lives in a place and for a moment has no clear plans to leave. Later plans to move don't matter till people actually move. Note, people can stay under their previous state's Estate Planning laws after they move from it if people have some plans to leave any new state eventually. For example, people who move to a new state for months or more for travel, school, work projects, or the military often can keep legal ties to their old state. Immigrants here of any kind can do Estate Planning here. For health care people often do legal documents to match the state a hospital or other health facility is in.

BOOK IS SHORT, HAS FORMS TO QUICKLY SEE, AND USES EMPHASIS

This book is short and may read rough but can be read fast. Long books often lead to misunderstanding of the basics and skimming. This book has legal forms people can quickly see. For emphasis paragraph titles, underlining, and boxes are used. This book capitalizes some legal words like Will, Testator, and Agent but this is optional. To save space some small words are skipped and end quote marks put before punctuation.

THIS BOOK COVERS MAJOR LEGAL IDEAS AND SHOULD SUIT MOST PEOPLE

This book covers the big U.S. legal ideas on Estate Planning and some ways local state law is a bit different. This book can't cover all legal issues but should suit most people without some strange situations or wishes. Strange situations or wishes that may need research or a lawyer include: a) strange gift wishes for property and money, b) wealth over $5 million, c) big medical concerns like extreme age, d) property or money going to a person with a disability or special needs, and e) wish to move or hide assets to qualify for government help.

LEGAL FORMS CAN HELP MANY AND THIS BOOK HAS "STANDARD FORMS"

Legal forms are good at most things involved in Estate Planning and can make binding legal documents. Instead of legal forms a lawyer can be used for Estate Planning but this can be costly, take months of work, and they can make mistakes. In life people often pick a cheap option. Importantly often a hospital, charity, state agency, or state legislature has made a form most people use and call the "standard form", and doctors, judges, and other people may not like to follow anything else. This book does provide most standard forms.

ESTATE PLANNING OFTEN IS NOT VITAL AND WORTH SPENDING MUCH ON

Despite what many people think Estate Planning often does not greatly change the costs, taxes, delays, and work involved in these areas, so it often is not vital and worth spending a lot of money and energy on. Benefits seem very low for young people since only 4% of people die by age 50, and only about 0.13% of children before age 18 have both parents die. *See Social Security Tables: Felicitie Bell*; *Parent Mortality Census SIPP Paper #288.* Many people spend more time and money on getting term-life life insurance.

ANYONE CAN FILL IN MOST OF FORM, AND LATER TRY TO KEEP ORIGINAL

When filling out a legal form except for signatures other parts can be filled in by someone not doing the form with good handwriting or typing. After a form is done usually people try to keep the original and hand out copies. Some people have everyone sign multiple copies to have multiple copies with ink signatures.

LEGAL DOCUMENTS MAY NEED TO BE "WITNESSED" OR "NOTARIZED"

To be legally valid and enforceable some legal documents need to be "witnessed", which is someone watching the person doing the form sign and then the witness signs too. Some documents need to be "notarized" which means a person who is a "notary" sees it signed and then uses an ink stamp and signs too. Notaries (also called a "notary public") are at some banks, brokers, insurance agents, courts, law offices, libraries, and mailing-copying centers. Using a phonebook to find a notary willing to help is recommended. The words "subscribe" and "execute" means a person signed a document, and "acknowledgment" means a person said a signature was theirs. If a person signs a document in a foreign language it is usually binding.

SOME LESS COMMON OR LESS USEFUL FORMS ARE NOT IN THIS BOOK

This book skips some possible but less common or less useful documents.

- A "Codicil" can modify a Will but it is easier and legally safer to just rewrite the whole Will.
- Some people do a "Pet Trust" to help a pet, but it's easier to just give money in Will to person given a pet.
- Some people do a "Revocable Living Trust" so a Trust entity with a Trustee holds property or money during their life, usually done to after death have faster transfer of things and avoid small delays, costs, or work of others (by "avoiding probate"). But this is rarely done as it may require moving most of a person's things to a Trust causing maybe years of hassle, mostly to avoid later small work for people happy to be getting things.
- "Childrens Trust" papers can be done (like as part of a Will) so at a death a Trust gets money or property for a minor child to manage until 18, but this is uncommon due to possible cost and hassle, since it rarely matters (as this book explains), and since most Wills already arrange other legal help for young children.
- Rhode Island law unlike some states does <u>not</u> let a short written list or memo be used to add gifts to a Will.
- Though separate forms exist usually organ donation in handled in drivers license or state ID paperwork.

PROBABLY DO NEW FORMS IF DIVORCE, MARRY, HAVE CHILD, OR MOVE

Divorcing, marrying, having a new child, or moving to a new state can have big legal effects, and if any of these events occur it is recommended people do a new Will and other Estate Planning papers soon. To help most states say a Will from another state is still valid if people move but this is not always certain.

NO FEDERAL, RHODE ISLAND, OR OTHER TAX IS USUALLY AT A DEATH

Usually no or little tax is owed as a result of a death, including estate, inheritance, or death taxes.

The Federal Estate And Gift Tax is the only Federal tax that may be owed upon a death, and it only starts when a tax credit is used up that covers $13.61 million a person in 2024 and later.

The state of Rhode Island has an estate tax that may be owed if a resident dies, but it only applies if a person dies with over $1,733,264 of things (this amount is set to rise after 2024). After this amount is reached a tax of 16% may be owed. Most gifts or transfers to a spouse are exempt from tax. There is no separate state inheritance tax. No other county, city, or other tax is imposed upon a death.

A person's family or Executor may have to file <u>normal</u> income tax returns to cover the partial year a decedent lived and earned income in before they died. Life insurance payouts are usually tax free.

CHAPTER 2
TERMS, PROPERTY LAW, AND HELPFUL INFORMATION FORM

THERE ARE BASIC TERMS AND IDEAS IN ESTATE PLANNING

Some legal terms and ideas are basic to Estate Planning.

■ "Estate Planning" is about people doing legal documents to control things if later absent, sick, or dead. After a document is done people are mostly free to sell or transfer property, instruct doctors, or change forms.

■ A "person doing a legal document" and "doing a form" means the form is for and affects that person.

■ A "Will" or "will" (this book uses upper case "W") is a legal document done to control issues after death. The phrase "Last Will And Testament" is used since a "Testament" long ago was a small document done along with a Will to do some things. If no Will is done a person is described as being "intestate".

■ A person who died is called the "decedent" or "deceased". A person getting a Will gift is called "recipient", "beneficiary", or "heir" if related (they "inherit"). "Survive" or "surviving" is to be alive after someone died. The term "descendants" or "issue" usually means a person's children and grandchildren.

■ A person named to handle and do things after someone's death is usually called an "Executor", but if a judge has to pick someone they are called an "Administrator". The term "Personal Representative" covers both these terms and is sometimes used in Rhode Island for a person doing this job.

■ A person doing a Will is called "Testator" or "Will maker". Before about 1995 a woman Testator was called a "Testatrix" and woman Executor called an "Executrix" but this is no longer often said or written.

■ "Probate" is a legal process to do things after someone's death like transfer property, handle creditors, and authorize a Guardian. Due to nice changes in law probate is now often informal, faster, and less costly.

■ "Property" is either: 1) "real property" which is land and buildings ("real estate"), 2) "personal property" which is things not real property, like cash, accounts, stocks, tools, clothes, cars, jewelry, and art, or 3) "fixtures" which are things tied to real property (like fences, posts, lighting, and wired-in appliances).

■ A person under 18 is usually called a "minor" and often a parent or guardian helps them do things. A minor or other person not reasonably able to make wise decisions lacks "capacity" and is "incapacitated".

■ A document giving power to someone is often called a "Power of Attorney" where the "Principal" gives power to someone called the "Agent" or "Attorney-in-Fact" (but they needn't be a real attorney or lawyer).

■ State law is the "Rhode Island General Laws", and each law is called a "statute" or "section" shown by a "§" or "s" mark. A state law can be cited many ways, like: R.I.G.L. § 33-21.2-3 and R.I. Gen. Laws 33-21.2-3. A legal form written in state law for people to find and use if they want is called a "statutory form".

"ESTATE" MEANS PROPERTY OF DECEDENT AND ENTITY HOLDING THINGS

The "estate" or "probate estate" means all property and money of a dead person that at death or soon after didn't somehow legally automatically go to new owners. An estate is also a temporary entity run by an Executor to do things after a death (it's like a small corporation).

PERSON CAN ONLY GIFT IN WILL WHAT THEY OWN AT DEATH

A person can only gift by Will things they own at death so people should research what they do own. Basically by law a person usually owns all they earn as wages and salary, owns their share of income and profit tied to property they own, and owns or partly owns any things their money buys or improves. And for property with "title" documents (real estate or vehicles) or where there is a "listed owner" (like accounts) the named persons are usually the legal owners unless evidence shows special circumstances. Note, a person during life can sell property, make gifts, or transfer things even if they are named in a Will, so people should consider if they already sold or gave away property they also name in a Will gift.

THINGS OWNED IN SPECIAL WAYS MAY LIMIT GIFTING IN WILL

A person should consider if they own real estate or other property in special ownership ways which may limit gifting by Will. Laws vary in different states but some common special ways of ownership are:

- "joint tenant with right of survivorship" or similar legal options, so then property transfers automatically to the other named owners regardless of a Will, which in some states is often how spouses hold their home;
- papers say a "life estate" exists, so then if life of someone ends the other people in papers get item; and
- "Trust property" occurs if paperwork made a Trust entity and then property was transferred into it or this is set to occur, so then the Trust papers control where things put in the Trust go after someone's death.

Plain "joint ownership" with many people owning a thing can occur if people do joint papers, all agree to it, buy with joint funds, or if a gift was to many. Wills can gift joint property, like "I give my half of boat to Ed Hu".

NON-PROBATE TRANSFERS THAT HAPPEN AUTOMATICALLY IGNORE A WILL

It is vital to be aware some money or property of a decedent may automatically transfers on death or soon after to new owners if certain arrangements were made earlier. This is called "non-probate property". Such things transfer as arranged even if a Will names the same items. Examples are: a) a "designated beneficiary" form was done to name people to get an account or investment, b) transfer-on-death accounts were used, and c) real property is held by 2 people as "joint tenants with survivorship" or similar so at a death the surviving person gets things. Usually property in a Trust will ignore a Will and transfers as the Trust papers say. Life insurance usually goes to the named beneficiary. Trying to do non-probate transfers for all things is called "avoiding probate", but few people try this since it can cause years of hassle, benefits are small, and often some thing is missed. When doing a Will people should consider non-probate transfers that will occur automatically on death and consider what property and money will then be left to follow a Will.

"HELPFUL INFORMATION" FORM CAN TELL FAMILY AND FRIENDS THINGS

People can do an unofficial "Helpful Information" form banks, lawyers, and planners suggest so family or friends after a death will know things. People can staple records or lists to this. See form on next pages.

ESTATE PLANNING HELPFUL INFORMATION

For more space attach copies of form or blank pages. Keep pages by Will or other place for Executor or family.

1. Personal Information (Name, Birthdate, Social Security number, special family details, other)**:**

2. Real estate, vehicles, and other major tangible property (especially if people may not find them):

3. Non-tangible assets like stocks, accounts, investments, loans owed you, and business interests:

4. Possible income or insurance like pensions, retirement, disability, insurance, or contracts:

5. Debts owed by you like credit card, loan, student loan, mortgage, vehicle loan, and accounts payable**:**

6. Names and information of professionals used (attorneys, accountants, brokers, doctors, others):

7. Computer passwords and helpful files, document places, and safes or safe-deposit boxes codes/keys:

8. Other helpful things, wishes for funeral, special requests, and any last messages to family and friends:

CHAPTER 3
WILL BASICS

WILL LETS A PERSON CONTROL THINGS AFTER THEIR DEATH

A Will is a legal document done by a person to control some things after their death. A person doing a Will is called the "Testator" or "Will maker". A Testator when signing must be at least 18 years old, of sound mind (rational with sufficient memory), and not be under duress (unfair pressure or threat).

A WILL USUALLY MUST BE SIGNED WITH 2 WITNESSES

WILL MUST SHOW IT'S A WILL AND BE SIGNED WITH 2 WITNESSES

Under Rhode Island law a document to be a Will usually must show it's a Will by its words, and the person doing it must sign it in front of at least 2 persons acting as witnesses who sign too. A Will spoken on a video or audio recording with no writing usually has no legal effect at all. Some other states let witnesses be skipped for a Will that's all handwritten by a person but Rhode Island does not do this.

WITNESSES SHOULD AT LEAST AGE 18 AND NOT GETTING GIFTS IN THE WILL

A person to witness a Will must be at least age 18. It is better but not required that witnesses not be extremely old, not live far away, and not be named in the Will as Executor, Guardian, or to any similar job. Under Rhode Island law a Will is still valid if a witness is getting Will gifts, but such Will gifts to a witness later will be seen as legally improper and won't be carried out. To totally avoid these legal issues usually witnesses (and often their spouse) are not named to get things in a Will. Usually used as witnesses are friends, neighbors, workers at a business, strangers, and sometimes family.

TESTATOR AND 2 WITNESSES SIGN THE WILL WHEN TOGETHER IN 1 ROOM

The person doing a Will should sign it with at least 2 witnesses who then also sign while all are is in 1 room and seeing others sign. People showing an I.D. is not required but is common. A Testator or witness should use their full legal name unless they dislike and rarely use it. A Testator need not initial Will pages. Witnesses only read the 1 paragraph they sign. Most Wills have people also print their names and put their addresses. Disabled people who can't sign by hand should see a lawyer. Legally a Testator need not say anything but often they say a thing like, "My name is _____ and this is the Will I want and do voluntarily and want witnessed". Some Testators chat a few minutes with witnesses to help show they are of sound mind.

USUALLY AT START OF WILL A PERSON NAMES ANY SPOUSE AND CHILDREN

Very importantly, many Wills including this book's Will forms start with a place for a Testator to name any current living spouse and living children of theirs. Natural or adopted child should be written here, including usually any such children born outside marriage. A person without these people can skip this or put "none". Under state law not doing this may invalidate the Will by indicating a person lacks sufficient mental ability or memory, or may let a spouse or child not listed ask a judge give them a share or all of the estate by claiming a Testator forgot them. After listing a person in a Will a Testator may be legally free to give them nothing.

CANCELING OLD WILLS IS USUALLY NOT A PROBLEM

So a new Will is followed old Wills should be canceled ("revoked") but this is easy and rarely a problem. A new Will usually quickly says old Wills are revoked to cancel them, and all this book's Will forms say this. A few people revoke an old Will by writing "void" or "canceled" or "X" on it, preferably with a witness to this. Usually crossing out just part of a Will has no effect and revoking a Will doesn't bring back an earlier Will.

MOST WILLS SAY TO SKIP COSTLY BOND FOR EXECUTOR AND OTHERS

Most Wills helpfully say no "bond" or "surety" is required for any Executor, Guardian, or similar person. A bond is insurance from a company to insure against misconduct. A Testator writing a Will usually doesn't want this since the persons Testator names are trusted and them later needing a bond uses up estate funds.

KEEP SIGNED WILL IN SAFE PLACE IT CAN BE FOUND AFTER A DEATH

People should keep a Will so it can be found within days of a death, like in a desk, drawer, safe, or less often a safe deposit box. It can be given to a person to hold. It may help to tell others how to find or get a Will.

A WILL NAMES AN EXECUTOR TO DO THINGS AFTER DEATH

WILL NAMES SOMEONE AS "EXECUTOR" TO DO THINGS AFTER A DEATH

Most Wills name someone as "Executor" to after a death do things like collect and give decedent's money and property to new owners, handle decedent's debts, and do probate. The law gives Executors many legal powers to do things. If a Will fails to name an Executor a judge picks someone, but family may fight over who to suggest. The terms "Personal Representative" or "Administrator" and not Executor are used in some cases for a person doing this work, but these mostly mean the same thing. Will gifts can go to an Executor.

EXECUTOR CAN BE PAID AND ESTATE PAYS ALL OF EXECUTOR'S COSTS

An Executor can ask to be paid for their work from estate funds. Pay is whatever a judge later thinks is reasonable and Rhode Island unlike some states does not pay an Executor a percentage of the estate. For example, a judge may find an Executor showed they spent 5 hours a week for 40 weeks managing an estate of $500,000 and that $30 an hour is fair, so pay is $6,000. But some Testators don't want pay for the Executor so they add a Will line saying to not pay them. In reality most Executors later skip asking for pay to not owe income tax and leave more to carry out Will gifts. Expenses an Executor has like insurance, repairs, mortgages, utilities, funeral, attorneys, and probate costs are usually paid for with estate money or property. Any lawyer an Executor hires usually is paid an hourly or fixed sum they and the Executor put in a contract.

EXECUTOR IS PERSON AT LEAST 18 AND SECOND PERSON RARELY NEEDED

A person to be Executor must be at least age 18 and usually have no bad criminal record like a felony unless a judge later allows it. Executors needn't live in the state but it makes work easier, and non-residents may face some extra legal work. Naming 2 people to both be Executor is rare due to the risk of delay or arguments and since any 1 person named should be trusted. People can name a 2nd person to be Executor if the 1st person isn't available but most skip this because it's rarely needed and a judge can name a person. To add a fallback Executor a Will can say: "or if they're reasonably unable to serve I name _____ to serve".

CHAPTER 4
WILL GIFTS INCLUDING RESIDUE CLAUSE

MAIN USE OF A WILL IS TO SAY GIFTS TO HAPPEN AFTER DEATH

Most people use a Will mainly to say what happens to their property and money after their death, usually by writing down various Will gifts to occur when they die. Verbal and even writings about this are not usually valid if not in a written Will. A Will can control property acquired after it was signed. The very end of this Chapter covers "intestate law" which says where a person's things go at death if no valid Will handles this.

GIFTING IN A WILL USING SIMPLE WORDS OFTEN IS BEST

Making gifts in a Will using simple words is often best, using words like "I give to" and "I gift to". This is legally fine and avoids confusing legal words like "bequest", "devise", and "legacy" which few people know.

A PERSON IS MOSTLY FREE TO GIFT THEIR THINGS AS WANTED

A person is mostly free to give at death their money and property as they want. But creditors a decedent owed money, a spouse, and minor children under age 18 may have some rights which this book later covers.

IN WILL CAN DO "SPECIFIC GIFTS" TO GIFT PARTICULAR PROPERTY

Most Wills have "specific gifts" to gift particular things. Specific gifts can be any property, like "I give boat to Ed Blom" and "I give UBank account #84553873 to Sue Wu". If a gift is not clear the law assumes all of a kind of thing is given, like "I give jewelry to Ann Po" means all jewelry. But gifting specific property can have surprises like value of items can change, or a Will gift may later fail to occur if property is not owned at death.

IN WILL CAN DO "GENERAL GIFTS" LIKE OF MONEY

Wills can do "general gifts" where what is gifted is not particular property but can be flexibly chosen, like "I give 1 of my 3 cars to Ed Po" which lets an Executor pick which car. The usual general gift is money, like "I give $5 to Ed Hu". Money gifts are easy to write, let equal gifts be made, and are legally safer for many reasons. To carry out money gifts an Executor usually uses accounts or sells some property in the estate.

"RESIDUE CLAUSE" IS CATCH-ALL THAT HELPFULLY GIFTS ANYTHING LEFT

Most Wills by their end have a Residue Clause to gift property or money not already gifted in a Will or used other ways, often called a "catch-all" or "left-over" clause. This is covered later in this Chapter.

PERSON IN WILL GIFT USUALLY MUST SURVIVE OR GIFT DOES NOT OCCUR

Many Wills like this book's Will forms say a person named in a Will gift must survive (live past) the Testator for the gift to occur unless gift language specifically says different. If survival is not required for a Will gift what happens if a named recipient is dead can be unclear (state laws can be very complex). People doing a Will should consider how Will gifts to people dying before Testator usually have no effect. People if they see a person in a Will gift has died can re-do a Will or just let the Residue Clause handle it.

CONDITIONS ON WILL GIFTS ARE RARE DUE TO POSSIBLE PROBLEMS

Putting conditions on a gift, like "I give Ann Poe $90 if she graduates college", can cause problems like years of delay, risk of lawsuits, and big attorney's fees. Due to all this, conditions are rarely put on Will gifts.

PEOPLE CAN ADD AN "ALTERNATE BENEFICIARY" LIKE FOR SPECIAL ITEMS

A person named in a Will gift dying before a Testator is rare, and if seen people can re-do a Will to name a new person or let a Will's Residue Clause handle it. Some people to prepare for this chance maybe for special items write an alternate beneficiary, like "I give boat to Ed Liu but if they don't survive me to Ann Liu".

PROPERTY OR MONEY IN A "JOINT GIFT" GOES TO MULTIPLE PEOPLE

The same property or money in a "joint gift" can go to many people to each get a part. For example, "I give boat and all hats to Ann Baxter and Mary Ann Swanson" means each person owns part of every item. People later can split things by agreement or an Executor can decide how to divide items. If a person in a joint gift has died their part usually is left to transfer under the Residue Clause.

CAN SAY IF PERSON IN GIFT DIES THEN IT GOES TO "LINEAL DESCENDANTS"

A Will gift can say it goes to a person but if they don't survive then to their "lineal descendants per stirpes". Descendants are a person's children and grandchildren. "Per stirpes" is about "how" to spread things and means "by branch", and basically tries to divide things so basically each family branch gets an equal share. Most Wills use "lineal descendants" language in a Residue Clause. An example shows how it works:

A Will may say: **"Clothes to Sue Wu but if they don't survive to their lineal descendants per stirpes**", and this means if Sue Wu has died and her son Ken Wu is living and her other son Ben Wu has died but left 2 children then, legally, under the law Ken Wu himself gets 50% and Ben Wu's 2 children each get 25%.

GIFT BENEFICIARIES CAN GET PERCENTAGE RATHER THAN EQUAL SHARE

If a Will gift goes to multiple people the law assumes equal shares, but if wanted percentages can be used to make unequal gifts, like "I give boat 90% to John Smith and 10% to Mary Baker".

GIFTS IN WILL CAN GO TO A GROUP OR CLASS OF PEOPLE

To save work a Will gift can go to a group or class of people like certain family if who is meant is later easy to determine. People can say about how much in total is gifted to be clearer. Examples are: "I give $10 to each person on my 2018 soccer team" and "I give $10 to each of my grandkids so this is about $80 in total."

RHODE ISLAND LAW DOES NOT LET A "LIST" OR "MEMO" ADD GIFTS TO A WILL

Rhode Island law unlike many states does not officially let a "List" or "Memo" be done outside a Will to add gifts to a Will. Despite this many people do a list or memo or put notes on items and trust their family to follow what they indicated (see next paragraph).

AFTER A DEATH FAMILIES OFTEN LET PEOPLE TAKE ITEMS UNOFFICIALLY

Many families unofficially let people take items in ways a dead person mentioned, put on a note or stickers, or would want, and this is usually fine. If anyone objects a judge usually has the Will and state law be followed exactly, but later people can voluntarily retransfer items to do what the deceased wanted.

LATER DIVORCE OR MURDER CANCELS WILL GIFTS

State law says a person divorcing or murdering a Testator usually cancels all Will gifts to the person.

RESIDUE CLAUSE GIFTING ALL LEFT IS MAIN WAY USED TO GIFT THINGS

THE "RESIDUE CLAUSE" IS CATCH-ALL THAT HELPS GIFT ANYTHING LEFT

Wills by their end have a Residue Clause to gift property or money not gifted earlier in Will or used in other ways. All things that transfers this way is called the "Residue". Many people gift most their money and property this way as it skips need to describe things and has less legal risk. Later after a death after applying a Residue Clause if anything is left (which happens in rare cases) then closest "heirs" get things (this means closest family). The Residue can go to multiple people to share equally or percentages can be written in.

USUAL RESIDUE CLAUSE HAS 2 PARTS

A short 2 part Residue Clause is usual and is used in this book's Wills, and it has:

1) 1st space to name 1 or more persons to get things if they survive Testator (many name a spouse or closest family here), and if several people are named but only some survive then survivors split things, and

2) 2nd space to name persons to get things if all in 1st space don't survive (so these are fallbacks) (many name next family or friends here), and if a person in 2nd space died their descendants get their share.

EXAMPLE OF 2 PART RESIDUE CLAUSE:

"RESIDUE CLAUSE: I give money and property not gifted earlier:

A) to my husband John Paul Doe if they survive me, then

B) to Sam Doe my son, Beth Wu my daughter, and Greta Fisher my friend and if any of those just named do not survive me their part goes to their lineal descendants, per stirpes."

In this example if John Paul Doe has survived then he gets things. But if John Paul Doe hasn't survived and also Sam Doe hasn't survived and he left 2 daughters, then those 2 daughters split the 1/3 share of Sam Doe so get 1/6 each and other 2 persons in second part Beth Wu and Greta Fisher get 1/3 each.

PEOPLE CAN PUT SAME THING IN PARTS, OR SKIP PART, OR USE PERCENTAGE

Some people put the same 1 person in both parts of a 2 part Residue Clause to better ensure that 1 person or if they later die their descendants get things. Or a person with no spouse often skips and leaves blank the Residue Clause 1st part and in the 2nd part puts their children (including any who died who had a child), this is done to be clear all family branches get an equal share. Many people use percentages in a Residue Clause, like to give a large percentage to a child and give a small percentage to a cousin.

SOME PEOPLE CHANGE A RESIDUE CLAUSE TO HAVE 1 PART

Some people change a Residue Clause to have just 1 part since this can gift more equally and be easier to understand. See example in Appendix. For example a Residue Clause can be made to say:

"The rest, residue, and remainder of my estate, and anything else, I give to _____ who survive me and if any of those just named do not survive me their part goes to their lineal descendants per stirpes."

MUST SUFFICIENTLY DESCRIBE NAMES AND PROPERTY IN A WILL

PUTTING NAMES OF PEOPLE OR GROUPS IN A WILL IS FAIRLY EASY

Putting names in Wills is fairly easy. A judge or Executor assume a person in a Will meant people they know, so common names are OK unless 2 friends or family have the same name. Details can help if names won't be recognized or to be friendly, like "I give $5 to my nurse Sue Ax" and "I give $5 to loyal pal Ed Lee". If people used a nickname "also known as" or "a/k/a" may help, like "I give $5 to Dan Smith a/k/a Old Fishy". Gifts can go to a charity, government, or group, like "I give $80 to The Salvation Army, "I give $10 to Bristol City Library, RI", and "I give $5 to Hill Church, Rex, Texas". People often phone to get a charity's name.

PUTTING DESCRIPTIONS OF ITEMS IN WILL GIFTS IS FAIRLY EASY

Describing items in gifts is easy since people rarely own similar items. Often fine are gifts like: "I give ax to Ed Wu" and "I give big table to Ann Fox". It's OK to gift by category or list, like: "I give tools to Sam Lee" and "I give cow, van, and harp to Sue Hill". Financial assets can use plain words, like "bank accounts" or "stocks", but details can help, like: "US Bank account ending #1511". Gifting using a location is riskier as judges will ignore Will gifts if it seems items were placed to affect gifting and no "independently significant" life reason. So, "I give Ed Po items in safe and desk" judges might not follow, but "I give Ed Po hats in attic" likely is OK.

DESCRIBING REAL PROPERTY IS HARD SO MANY USE RESIDUE OR TITLE

The easier and legally safer way to gift real property (real estate) at death is: 1) do nothing specific so it is handled by a Will Residue Clause, or 2) have a land broker or lawyer put names in a deed or similar document so the named persons will get the real property at someone else's death.

Gifting real property other ways is harder though possible. Helpfully a Will gift of real property described by location legally does gift all land, buildings, and fixtures located there with no need to describe what's there.

It is possible to gift real property at a particular address with very plain words, like a house, fixtures, and land can be fully given by something like: "I give 21 Main Street, Pawtucket, Rhode Island, to Mary Ann Brown".

People can do a blanket gift giving all of a kind of property, like, "I give all real property and fixtures in Kent County, Rhode Island to Ann Ivy Hill " or "I give all real property and fixtures in any place to Paul Ian Rex".

Giving real property in a Will using a "legal description" is how many lawyers do it, but this can be hard to do. If using a legal description people must copy without mistakes the full legal description of maybe many lines into a Will with no abbreviation at all. A legal description might be found on a deed or on mortgage papers. Legal descriptions may refer to a "lot" or "blocks" in a subdivision which is recorded in land records of a county, or it may refer to a path around the land borders with various angles, distances, and iron stakes.

CAN LEAVE SOME WILL GIFT LINES BLANK OR WRITE THING LIKE "SKIPPED"

A person writing a Will can choose to not use some gifts lines in a Will legal form, like by just leaving them blank, writing things like "SKIPPED" or "NONE" in them, or using a computer to delete some gift lines. Judges and others usually do not care about neatness or empty spaces in Wills.

MOST WILLS SAY FAMILY MAY LATER DO "INFORMAL PROBATE"

Most Wills say after a death the family and friends may do "informal probate" which can avoid costs and delays. Informal probate often is done with just 1 court hearing and usually is done in well under 1 year.

MOST STATES AND WILLS SAY PEOPLE TO GET GIFTS MUST SURVIVE 5 DAYS

Helpfully laws in most states and all this book's Will forms say if a person dies within 5 days (120 hours) or simultaneously with a Testator, then they are legally seen as dying before Testator. This skips need to prove when people died (like if people die in 1 accident), and avoids a Will gift or the right to this legally transferring to someone who then dies within days (so an item has to go through multiple probate proceedings).

MOST WILLS HAVE A "MISCELLANEOUS" PART WITH HELPFUL LANGUAGE

Most Wills have a "Miscellaneous" page with paragraphs of legal language to avoid some legal problems. This can help if later legal problems occur. A person doing a Will need not understand these paragraphs.

INTESTATE LAW CONTROLS THINGS NOT COVERED BY A WILL

"INTESTATE LAW" CONTROLS THINGS NOT HANDLED BY A WILL OR SIMILAR

Rhode Island "intestate law" which starts at R.I. General Laws § 33-1-1 says to which surviving (living) family the decedent's property and money goes if a person dies with no valid Will or if anything is left after a Will is followed. Note, "descendants" means a person's children and grandchildren, and if someone has died usually their descendant gets the dead relative's intestate share. Rhode Island intestate law roughly says if:
1) a decedent left descendants (children or grandchildren) but no spouse then descendants get things,
2) if decedent left a spouse and also descendants the spouse can use decedent's real estate for the rest of their life (or can ask to be paid the value of this) and get 1/2 of other property, and descendants get the rest,
3) if decedent left a spouse but no descendants then the spouse gets the right to use real estate for the rest of their life (or can ask to be paid the value of this) and gets at least 1/2 of all other property and gets some fixed money amounts, and closest other family get the rest (parents, brothers/sisters, cousins, and similar),
4) if decedent left any living parents but no spouse or descendants, then the parents get things,
5) if decedent didn't leave a spouse, descendants, or parents then next other close family get things, and
6) if none of these survive then decedent's money and property goes to the state of Rhode Island.

SIMPLE WILL WITH MOST GIFTING DONE BY RESIDUE CLAUSE IS OFTEN BEST

Writing a simple Will without many gifts, much left blank, and mostly using a Residue Clause is often best.

If there is a spouse often a person does small gifts to friends and family, then uses the Residue Clause of the Will to gift all remaining to the spouse, and then names a few fallback persons in the Residue Clause.

If there is no spouse and no children often a person does a few small gifts, and then names some family or friends in the Residue Clause to get everything remaining.

A parent with young children if married to the other parent often does small gifts to friends and family, then in the Residue Clause gives mostly to a spouse, and then names children as fallbacks in the Residue Clause.

A parent with young children if not married or close to the other parent often does small gifts to friends and family, and then uses the Residue Clause to gift all remaining to their children.

CHAPTER 5
DEBT, MARRIAGE, AND CHILD ISSUES

THIS CHAPTER COVERS CERTAIN ISSUES THAT SOME PEOPLE CAN SKIP

This chapter covers some debt, marriage, and child issues, and some people can skip parts of this.

DEBT ISSUES

PAYING DECEDENT'S DEBTS MAY USE UP RESOURCES AND REDUCE GIFTS

If a decedent had a lot of debts any creditors may ask a judge to be paid from decedent's money or property before Will gifts and certain transfers occur. How debts are paid is set by state law and a Will need not describe this. Funds to pay debts comes from decedent's money and property so may affect (in order) the Will Residue, Will general gifts, Will specific gifts, and non-probate transfers. Probate costs, health care, and funeral debts by law have some priority to be paid first. For certain reasons often not all debts are paid. People should consider how paying debts may use up money or property, leaving less to carry out Will gifts. A spouse and family usually aren't liable for decedent's debts unless they actually guaranteed or co-signed.

"FAMILY RIGHTS" MAY BE USED TO GET FAMILY THINGS BEFORE DEBTS

Most states have "family rights" a decedent's surviving spouse can claim, or if there's no spouse then decedent's surviving young children can claim, and this very helpfully may let them get some things even before most debts of decedent are paid and even before Will gifts and certain other transfers occur.

First, a surviving spouse or young children usually can use the "Exempt Property" right to get much of certain kinds of property of decedent, such as decedent's clothing, papers and photos, and heirlooms. Often property equal to $20,000 can be claimed. In Rhode Island a judge will consider all factors and decide what decedent's family reasonably need to be comfortable.

Second, a surviving spouse or young children usually can use the "Family Allowance" right to get money to live on 1 year or so, and often they can get from decedent's money and property an amount equal to the decedent's post-tax salary.

Obviously if a spouse or children use these rights this leaves less property and money of a decedent to carry out Will gifts or other transfers so may interfere with these. So that family don't bother to use family rights often a person gives mostly to any spouse or young children (like over 50% and any family house).

Note, some people may want to do more legal research into these Family Rights in Rhode Island.

SECURED DEBTS LIKE MORTGAGE OR VEHICLE LIEN ARE NOT PAID OFF

Laws in most states say do not pay off secured debts on property of a decedent like a house mortgage or vehicle lien even if other debts are paid by Executor or in probate. This avoids using up estate resources on paying these usually big debts and leaves more estate resources to carry out Will gifts and other transfers. All this book's Will forms say don't usually pay off secured debts. But if a Testator really wants they can 1) put in a Will an order to pay (like, "Executor pay off the house mortgage"), or 2) gift enough money to pay off a secured debt to the person getting the property. Most banks after a death let new owners keep paying monthly any secured debt like a mortgage or lien on property they got from the decedent.

MARRIAGE ISSUES

MOST STATES USE "SEPARATE PROPERTY LAW" FOR SPOUSES

Rhode Island and most states use the "Separate Property Law" system that says any married person mostly owns their money and property separately and not jointly with a spouse. Due to this a spouse is mostly free to sell during life or gift by Will money or property they own separately and not involve a spouse. But joint ownership by 2 spouses so both own a thing and not separate ownership can arise in many ways, like by agreement, paying half a purchase price, if a gift was to both spouses, or if joint paperwork is done. Also many married people do paperwork so a house on 1 spouse's death automatically goes to the other.

"COMMUNITY PROPERTY" LAW APPLIES IN OTHER STATES FOR SPOUSES

There are 9 mostly Western states that use "Community Property" law for spouses (Arizona, California, Louisiana, Idaho, Nevada, New Mexico, Texas, Washington, and Wisconsin). This law says property or money is owned 50/50 by spouses as Community Property if it comes from mental or physical work while there and married (like wages or salary, managing a business, or active trading of something) or if it was bought or improved with other Community Property. People moving from these state may face some issues.

SPOUSE CAN CLAIM "ELECTIVE SHARE" INSTEAD OF FOLLOWING WILL

Laws in many states say a spouse if unhappy with a Will can choose (elect) an "Elective Share" of a dead spouse's property and money rather than take what a Will gives them. State law does this for a spouse for fairness, so a spouse has money to live on, and so early divorce isn't the only way to feel financially safe. The Elective Share in Rhode Island is a bit unique and is normally the right to live in or use for the surviving spouse's lifetime all real estate of decedent, or they can ask a judge for money equal in value to this limited right to use this real estate. In some cases like if decedent left no descendants a spouse can ask for more use of real estate or to get other property of decedent. Obviously a spouse using the Elective Share to use or be paid so much of decedent's property and money may interfere with Will gifts and other transfers. To avoid a spouse wanting to use the Elective Share most married people give over 1/2 their things to any spouse (including any family house). Note, some people may want to do more research into the spouse's Elective Share right and similar other rights in Rhode Island.

CHILD ISSUES

WILL CAN NAME "GUARDIAN" TO PERSONALLY CARE FOR YOUNG CHILD

If a parent dies with a child under 18 then any other natural or adopted parent (but not a step-parent) almost always automatically gets control of the child's care (including health care, school, and home issues). This won't occur only if the other parent will be unavailable a long time or is proven unfit in court which is rare. But just in case it is later needed (like later both parents die) a Will often names a healthy willing relative or friend as "Guardian" to give this care for a child. Many people call this a "Guardian of the Person".

WILL CAN SAY GUARDIAN WILL MANAGE ANY PROPERTY OF YOUNG CHILD

Since a child till age 18 can't legally control money or property a Will often names a person to act as Guardian with the specific job of managing a child's property and money. Many people call this a "Guardian of the Estate" or less often a "Conservator". This person will decide each year how to use this property and money for a child's costs (like school, living, and health care) till often age 18 when all left goes to a child. Judges often hold a yearly hearing to review this spending. A person paying things for a child (including a Guardian) can ask to be paid back from a child's money and property. Also, as a nice option most Wills at their end say an Executor may name a person to be "Custodian" to manage a young child's property or money under the new "Uniform Transfers To Minors Act" law which avoids certain costs, delays, and work.

MOST WILLS NAME 1 PERSON TO CARE FOR CHILD AND THEIR PROPERTY

This book's Will forms and most people name the same 1 person to be Guardian caring for a young child and also Guardian caring for a young child's money and property. People can change a Will to name different people for the 2 positions, but this is rarely worth it since parents dying is rare, rarely do kids get much, a person smart enough to handle a child usually can handle money, and naming different people can lead to arguments and lawsuits between Guardians. Note, Will gifts can go to a person named to be a Guardian.

PERSON TO BE A GUARDIAN MUST BE AT LEAST 18 AND NOT A BAD CRIMINAL

A person to be a Guardian of any type must be age 18 or older. They must not have a bad criminal record like a felony unless a judge later agrees they can serve. A Guardian need not reside in the state but being local can make work easier. The choice for a Guardian of the last living parent is almost always later followed. If no Will names a person for a position or they're unavailable a judge can pick someone, but family may argue about who to suggest. Naming 2 people for 1 position to be Guardian over the same thing at the same time is rare since 2 persons may argue and any 1 person picked should be smart enough to act alone. It is more common for 2 people who are a married couple to be named for a position, but there can still be problems if they disagree or divorce. Some Wills add a 2nd person to serve if the 1st person is unavailable, like: "or if they are later reasonably unable to serve I name _____ to serve"). Most people skip naming a fallback person since it's rarely needed, if a problem is seen a Will can be redone, and a judge always can pick someone.

NAMING GUARDIANS RARELY MATTERS

A child under age 18 having parents die is rare so parents shouldn't worry that much about Guardians for children. A good U.S. study found of people under age 18 just 2.78% had lost 1 parent and just 0.13% had lost 2 parents (so 99.87% will not lose both parents by age 18). *Parent Mortality Census SIPP Paper #288.*

CHAPTER 6
BASIC IDEAS ABOUT CONTROLLING HEALTH CARE

BASIC IDEAS HELP PEOPLE UNDERSTAND CONTROLLING HEALTH CARE

Some ideas help people understand health care forms.

■ By law people control their own health care by telling doctors and others what they want unless they're "incapacitated" by insufficient ability to a) communicate verbally or by notes, b) be rational, or c) be conscious. In actuality most people keep control of health care till death or till no big treatment options remain, but people may worry they may be incapacitated a long time so they want to do health care forms.

■ If an adult 18 or older becomes incapacitated the adult's closest family like spouse or adult child can make emergency decisions but they usually must then rush to a judge to get further power if no legal document gives them full power over health care.

■ In forms a person can be named to have control of health care if needed who is often called "Agent". Forms about control of health care if people are later incapacitated are often called "Advanced Directives".

■ In forms people can give written health care instructions doctors, family, Agent, and others must obey.

■ Parents do have power over health care of their child under age 18.

■ Some **young married people** give a spouse power over health care in case they are ever incapacitated. Some **young adults** give this power to parents. **Young people** are less often ill so often skip doing things.

■ Pain relief like pain drugs and comfort care is usually given even if forms say to stop or limit other care.

■ Most people only do a single long health care form that has a spot to give someone power over health care and a spot for instructions (this is often called a "Health Care Power of Attorney" though names vary).

■ For the rare times stopping health care ("pulling the plug") likely matters due to extreme illness or old age:

-- most people do nothing special and trust family or Agent for health care to decide on stopping care based on many factors like pain, cost, hassle, suffering and time of treatment, beliefs, and chances of recovery;

-- a few people do a serious document to say to stop most health care if later doctors decide a person is incapacitated, has an irrevocable terminal condition or likely won't regain good consciousness, and more medical care won't help (this document to stop care is often called a **"**Living Will" though names vary);

-- a few people do a serious document to starting immediately block certain health care (and this often is called a "Do-Not-Resuscitate" if about resuscitation or called a "Physician's Order" if about many treatments).

CHAPTER 7
FORM 1: WILL (STANDARD)

FORM 1 IS A STANDARD WILL THAT IS FLEXIBLE AND WITHOUT A GUARDIAN

Form 1 is a standard Will that is flexible and lets a person control many different things after their death. This form has no part about a Guardian so this form is for a person with no child under age 18. The term "Testament" is also traditionally written on a Will since this use to be a separate document done with a Will.

FORM IS A WILL WITH SEVERAL PARTS

The form starts with lines for a person to put their name (a full legal name is best but not required) and place of main residence (most put a county but some put a city). The Will is still valid if people later move.

Paragraph 1, "List Of Spouse And Children", lets a person write the names of any living spouse and children they have, or if none maybe write "none". This helps show a Testator has enough mental ability and memory to do a Will. Not listing a living spouse or child here can let an omitted person ask a judge to give them a share or all of a Testator's property and money by claiming they were accidently forgotten.

Paragraph 2, "Gifts", has many spaces to make either specific gifts of particular property or general gifts like of money. People can delete, copy and paste to add more, or leave blank these gift lines.

Paragraph 3, "Residue", has a Residue Clause to say property and money left after other Will parts and other transfers is to be distributed in the way a person wrote in the blank parts of this paragraph.

Paragraph 4, "Administration", has a space to name a person to be Executor to handle legal and other matters after a person's death (some people use the term "Personal Representative" or similar for this).

Paragraph 5, "Miscellaneous", has paragraphs of legal language to help avoid certain legal issues.

Last is paragraphs for Testator to date, sign, and print their name, and for the 2 witnesses to sign, date, and print their name and addresses.

USUAL RESIDUE CLAUSE HAS 2 PLACES TO NAME PERSONS TO GET THINGS

In a Will "Residue Clause" anything left over after other Will parts is transferred as the clause directs. Many people use a Residue Clause to gift most their things. In this Will form's Residue Clause there is:

1) a 1st space to name 1 or more persons to get the Residue, and if any named here have died before the Will maker then any living persons named here in this 1st space take the dead person's share, and

2) a 2nd space to name people to get things if all people named in the 1st space have died, and if any people named in the 2nd space have died their shares go to "lineal descendants" like their children.

People often put in the 1st space a spouse or closest family or friends, and in 2nd space next closest people.

TESTATOR AND 2 WITNESSES WHILE TOGETHER SIGN WILL

This Will after being filled out (except bits intentionally left blank) must be signed by the person doing the Will (the "Testator") in front of at least 2 persons acting as witnesses at least age 18 who then also sign the Will. Testator and witnesses should be in the same room and see all others sign.

LAST WILL AND TESTAMENT

I am _____ of _____, Rhode Island, and I revoke all prior Wills and testamentary documents and do make, publish, and declare this as my Will. I am of sound mind and under no duress or undue influence and act voluntarily.

1. LIST OF SPOUSE AND CHILDREN. To help show I am mentally competent and have sufficient memory to make a Will I wish to list any living spouse and living children I now have. I currently have the following living spouse and living children:

_____

_____

_____.

2. GIFTS. I give these gifts in this Will, but to get a gift in this section the recipient must survive me except as otherwise stated below.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

3. RESIDUE. I give the rest and residue and remainder of my estate, my money and property of any kind and nature, and anything I have an interest in so long as it was not transferred by other Will provisions (all of which is called the "residue"), as follows:

a) to _____ who survive me with persons just named who survive me taking the share of non-survivors, then

b) to _____ and if any of those just named do not survive me their part goes to their lineal descendants per stirpes.

4. ADMINISTRATION. I name, nominate, and appoint _____ as Executor including for me, my Will, and my estate.

5. MISCELLANEOUS. The following applies to this Will and generally.

In this document no unfilled part is a mistake and residue spaces may be left blank.

The facts support and I want Rhode Island law to apply to this Will and my estate.

Priority of Will gifts of the same type is based on the order they are written.

If a gift or section in this Will reasonably mentions survival in any way then such survival is an absolute condition and anti-lapse laws or similar have no effect.

The words "give" and "gift" also means a devise, bequest, grant, legacy, or similar.

A gift of property no longer owned by me at death shall lapse and be of no effect including no payment of money shall be done in its place.

Unless a Will gift specifies otherwise if a Will gift goes to multiple recipients if any do not survive me their part to them lapses and instead goes to other surviving recipients.

I am intentionally not providing by Will or other ways for some family, including I am specifically not providing for children of a deceased child of mine.

No earlier transfer reduces a Will gift unless I usually called it a loan or advancement.

Unless another meaning is shown use of plural includes the singular and vice versa, "they" can mean 1 person, and masculine, feminine, and neuter words are interchangeable.

Unless a Will specifically says otherwise a) a secured debt including a mortgage or lien shall not be paid off including by an Executor or in probate, b) a recipient of a Will gift of property takes it subject to debts, and c) no recipient of property who later loses it or who pays to keep it may require others or the estate to pay or do exoneration.

I request and authorize any informal, summary, and quick probate or similar action. Any Executor may act independently with no supervision of any court, including independent administration, and with no inventory, appraisal, or other action.

I give any Executor the a) fullest authority, discretion, and powers allowed by state law, b) power to lease, sell, mortgage, convey, or keep property including real property in a manner and time they deem helpful or proper, and c) authority to settle or pay claims or debts in the time and manner they in their sole discretion choose.

Any Executor has sole discretion how to divide a gift to several persons, how to carry out a general gift, and how to do a gift to multiple persons.

No lawyer hired should be paid based on a percentage of estate property or similar.

Any Guardian of any type, Conservator, Custodian, or other person managing a minor's property or money may use or invade the principal and sell property without court action.

If context permits the terms Executor and Personal Representative and Administrator are interchangeable, Guardian of the Estate and Conservator and Guardian of Property and Custodian are interchangeable, and residue and residuary are interchangeable. Any such person may stand in place and act and have all powers like the others.

The residue includes lapsed or failed gifts, insurance paid to the estate, digital assets,

inheritances owed me, and all I had power of appointment or testamentary disposition over.

Any Executor, Personal Representative, Administrator, Guardian of any type like for a person or estate, Conservator, Custodian, and any other fiduciary under this Will or otherwise shall qualify and serve without bond, surety, security, surety bond, or similar.

If evidence does not show it likely a person survived me by 120 hours (5 days) then for this Will and my estate they shall be deemed in all ways as having died before me.

If part of this Will is by law invalid or unenforceable other provisions remain in effect.

Any Executor may at any time transfer money or property of a minor under age 18 to a Custodian to serve under the Rhode Island Uniform Transfers to Minors Act or a similar law anywhere, and they may pick the Custodian including themselves.

TESTATOR

IN WITNESS WHEREOF, I, the Testator, have signed this Will on the _____ day of _____, 20____.

_____

Testator Signature

_____

Printed Name of Testator

WITNESSES

We the undersigned who are named below as Witnesses say the foregoing instrument was signed by the Testator in our presence and declared by the Testator to be the Testator's Will, and we the Witnesses do sign our names hereunto acting as witnesses at the request and in the presence of the Testator and in the presence of each other on the _____ day of _____, 20____.

_____

Witness Signature

_____

Printed Name and Residence of Witness

_____

Witness Signature

_____

Printed Name and Residence of Witness

CHAPTER 8
FORM 2: WILL (GUARDIAN)

FORM 2 IS BASIC WILL WITH GUARDIAN CLAUSE FOR YOUNG CHILD

Form 2 is a Will with a Guardian part to be used by a person with a minor child under age 18. The term "Testament" is also traditionally written on a Will since this use to be a separate document done with a Will.

FORM IS A WILL WITH SEVERAL PARTS INCLUDING A GUARDIAN PART

The form starts with lines for a person to put their name (a full legal name is best but not required) and place of main residence (most put a county but some put a city). The Will is still valid if people later move.

Paragraph 1, "List Of Spouse And Children", lets a person write the names of any living spouse and children they have, or if none maybe write "none". This helps show a Testator has enough mental ability and memory to do a Will. Not listing a living spouse or child here can let an omitted person ask a judge to give them a share or all of a Testator's property and money by claiming they were accidently forgotten.

Paragraph 2, "Gifts", has many spaces to make either specific gifts of particular property or general gifts like of money. People can delete, copy and paste to add more, or leave blank these gift lines.

Paragraph 3, "Residue", has a Residue Clause to say property and money left after other Will parts and other transfers is to be distributed in the way a person wrote in the blank parts of this paragraph.

Paragraph 4, "Administration", has a space to name a person to be Executor to handle legal and other matters after a person's death (some people use the term "Personal Representative" or similar for this).

Paragraph 5, "Guardian", names a person to if needed be Custodial Guardian to care for minor children, and also if needed to be Financial Guardian to manage a minor child's property and money.

Paragraph 6, "Miscellaneous", has paragraphs of legal language to help avoid certain legal issues.

Last is paragraphs for Testator and witnesses to date, sign, and print their name and addresses.

USUAL RESIDUE CLAUSE HAS 2 PLACES TO NAME PERSONS TO GET THINGS

In a Will "Residue Clause" anything left over after other Will parts is transferred as the clause directs. Many people use a Residue Clause to gift most their things. In this Will form's Residue Clause there is:

1) a 1st space to name 1 or more persons to get the Residue, and if any named here have died before the Will maker then any living persons named here in this 1st space take the dead person's share, and
2) a 2nd space to name people to get things if all people named in the 1st space have died, and if any people named in the 2nd space have died their shares go to "lineal descendants" like their children.

People often put in the 1st space a spouse or closest family or friends, and in 2nd space next closest people.

TESTATOR AND 2 WITNESSES WHILE TOGETHER SIGN WILL

This Will after being filled out (except bits intentionally left blank) must be signed by the person doing the Will (the "Testator") in front of at least 2 persons acting as witnesses at least age 18 who then also sign the Will. Testator and witnesses should be in the same room and see all others sign.

LAST WILL AND TESTAMENT

I am _____ of _____, Rhode Island, and I revoke all prior Wills and testamentary documents and do make, publish, and declare this as my Will. I am of sound mind and under no duress or undue influence and act voluntarily.

1. LIST OF SPOUSE AND CHILDREN. To help show I am mentally competent and have sufficient memory to make a Will I wish to list any living spouse and living children I now have. I currently have the following living spouse and living children:

_____

_____

_____.

2. GIFTS. I give these gifts in this Will, but to get a gift in this section the recipient must survive me except as otherwise stated below.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

3. RESIDUE. I give the rest and residue and remainder of my estate, my money and property of any kind and nature, and anything I have an interest in so long as it was not transferred by other Will provisions (all of which is called the "residue"), as follows:

a) to _____ who survive me with persons just named who survive me taking the share of non-survivors, then

b) to _____ and if any of those just named do not survive me their part goes to their lineal descendants per stirpes.

4. ADMINISTRATION. I name, nominate, and appoint _____ as Executor including for me, my Will, and my estate.

5. GUARDIAN. I name, nominate, and appoint _____ to be if needed the Guardian of any minor child of mine and to have care, authority, custody, and other control of them (including as Guardian of the Person of them). I also name this same person to be Guardian to have care, control, and power over all the property, money, and estate of any minor child of mine or other minor (including as Guardian of the Estate and, also, Conservator).

6. MISCELLANEOUS. The following applies to this Will and generally.

In this document no unfilled part is a mistake and residue spaces may be left blank.

The facts support and I want Rhode Island law to apply to this Will and my estate.

Priority of Will gifts of the same type is based on the order they are written.

If a gift or section in this Will reasonably mentions survival in any way then such survival is an absolute condition and anti-lapse laws or similar have no effect.

The words "give" and "gift" also means a devise, bequest, grant, legacy, or similar.

A gift of property no longer owned by me at death shall lapse and be of no effect including no payment of money shall be done in its place.

Unless a Will gift specifies otherwise if a Will gift goes to multiple recipients if any do not survive me their part to them lapses and instead goes to other surviving recipients.

I am intentionally not providing by Will or other ways for some family, including I am specifically not providing for children of a deceased child of mine.

No earlier transfer reduces a Will gift unless I usually called it a loan or advancement.

Unless another meaning is shown use of plural includes the singular and vice versa, "they" can mean 1 person, and masculine, feminine, and neuter words are interchangeable.

Unless a Will specifically says otherwise a) a secured debt including a mortgage or lien shall not be paid off including by an Executor or in probate, b) a recipient of a Will gift of property takes it subject to debts, and c) no recipient of property who later loses it or who pays to keep it may require others or the estate to pay or do exoneration.

I request and authorize any informal, summary, and quick probate or similar action. Any Executor may act independently with no supervision of any court, including independent administration, and with no inventory, appraisal, or other action.

I give any Executor the a) fullest authority, discretion, and powers allowed by state law, b) power to lease, sell, mortgage, convey, or keep property including real property in a manner and time they deem helpful or proper, and c) authority to settle or pay claims or debts in the time and manner they in their sole discretion choose.

Any Executor has sole discretion how to divide a gift to several persons, how to carry out a general gift, and how to do a gift to multiple persons.

No lawyer hired should be paid based on a percentage of estate property or similar.

Any Guardian of any type, Conservator, Custodian, or other person managing a minor's property or money may use or invade the principal and sell property without court action.

If context permits the terms Executor and Personal Representative and Administrator are interchangeable, Guardian of the Estate and Conservator and Guardian of Property and

Custodian are interchangeable, and residue and residuary are interchangeable. Any such person may stand in place and act and have all powers like the others.

The residue includes lapsed or failed gifts, insurance paid to the estate, digital assets, inheritances owed me, and all I had power of appointment or testamentary disposition over.

Any Executor, Personal Representative, Administrator, Guardian of any type like for a person or estate, Conservator, Custodian, and any other fiduciary under this Will or otherwise shall qualify and serve without bond, surety, security, surety bond, or similar.

If evidence does not show it likely a person survived me by 120 hours (5 days) then for this Will and my estate they shall be deemed in all ways as having died before me.

If part of this Will is by law invalid or unenforceable other provisions remain in effect.

Any Executor may at any time transfer money or property of a minor under age 18 to a Custodian to serve under the Rhode Island Uniform Transfers to Minors Act or a similar law anywhere, and they may pick the Custodian including themselves.

TESTATOR

IN WITNESS WHEREOF, I, the Testator, have signed this Will on the _____ day of _____, 20____.

_____
Testator Signature

_____
Printed Name of Testator

WITNESSES

We the undersigned who are named below as Witnesses say the foregoing instrument was signed by the Testator in our presence and declared by the Testator to be the Testator's Will, and we the Witnesses do sign our names hereunto acting as witnesses at the request and in the presence of the Testator and in the presence of each other on the _____ day of _____, 20____.

_____
Witness Signature

_____
Printed Name and Residence of Witness

_____
Witness Signature

_____
Printed Name and Residence of Witness

CHAPTER 9
FORM 3: SELF-PROVING AFFIDAVIT

FORM IS SOMETIMES DONE WITH WILL TO REDUCE LATER LEGAL WORK

This form can be done to help with the later work of using a Will after the Testator dies. This form must be signed in front of a person who is a notary. Doing this form is not required to have a valid Will and is often skipped. This book's form is the statutory form found in state law at R.I. Gen. Laws § 33-7-26.

FORM HELPS TO LATER SHOW A WILL WAS PROPERLY SIGNED

This form can help when trying to use a Will after a death prove it was properly signed. If a Self-Proving Affidavit form isn't done more work may be needed later, like later the witnesses to the Will signing must testify in probate court or submit a writing (if these people aren't available usually other proof can be used). Also, if this form is not done there is slightly more risk a Will won't be followed later by a judge or others. Of people doing Wills about half skip doing a Self-Proving Affidavit mostly due to the hassle of using a notary each time a Will is done, and since it mostly just saves later work of people who are probably happy to do work to get things using a Will. Some states have no Self-Proving Affidavit for Wills and manage fine.

FORM IS DONE BY TESTATOR AND 2 WITNESSES SIGNING WITH A NOTARY

To complete the Self-Proving Affidavit form a person fills in the blank lines in the top half of the form, including in the first line of the first pargaraph writing in the city or county the form is being signed in. To properly sign the form at the bottom the 2 witnesses to the Will signing must sign in front of a person who is a notary who then notarizes and signs the form. This form may not be done before a Will is signed. This form is often done a few minutes after the Will is signed, but this form also can be signed much later even months or years so long as Will witnesses and a notary are there. Once it is done the form is then usually stapled or just paper-clipped to the Will it supports.

SELF-PROVING AFFIDAVIT

STATE OF RHODE ISLAND

COUNTY OF _____

In _____, Rhode Island, on this _____ day of _____, 20____, before me personally appeared the undersigned, who, being duly sworn, depose and say that:

they witnessed the execution of the Will of _____;

that the signature to the Will is in the handwriting of the Testator or was made by some other person for the Testator, in the Testator's presence, and by the Testator's express direction;

that the Testator so subscribed the Will and declared the same to be Last Will of the Testator in their presence;

that they thereafter subscribed the same acting as witnesses in the presence of the Testator and in the presence of each other;

that at the time of execution of the Will the Testator appeared to be of sound mind and 18 years of age or over;

and that the signatures of the Witnesses on the Will are genuine.

_____ _____

Witness Signature Witness Signature

Notary:

Subscribed and sworn to before me on the day and date first above written,

_____

Notary public

CHAPTER 10
FORM 4: STATUTORY FORM DURABLE POWER OF ATTORNEY FOR HEALTH CARE

FORM CAN NAME HEALTH CARE AGENT AND GIVE INSTRUCTIONS

This form lets a person name someone to control health care and give instructions in case this is needed. This book's form is a statutory form found in state law at R.I.General Laws § 23-4.10-2 for people to find and use if they want to. The form is very popular and is often the only form about controlling health care that most people ever use. This form is one of the forms found at the Rhode Island Department of Health webpage at *https://health.ri.gov/lifestages/death/about/advancedirectives.* Importantly, this Chapter first has this legal form in larger font to be easier to read and then, additionally, is shows the form as it appears with small font on the Department of Health webpage (the 2 forms in this Chapter are nearly identical and can be used identically).

FORM CAN NAME AGENT FOR HEALTH CARE

In this book's form a person can be named as Agent to control health care if later the person doing the form is later incapacitated (like by inability to communicate, be conscious, or think rationally). This person is also called the Attorney-In-Fact. Often named is a spouse, adult child, relative, or a friend. A second person can be named to serve if the first person doesn't serve but many people skip this because it is rarely needed. A person naming an Agent for health care can help avoid family or friends having to rush to a judge for power over health care if the person is later incapacitated. The Agent for health care usually should not be a worker or owner at a place giving health care unless they are a family relative.

IN FORM INSTRUCTIONS CAN BE PROVIDED

In the form written instructions can be given for everyone included Agent, family, and doctors. But many people skip this since they trust their family or Agent and if instructions are unclear then doctors and others may refuse to follow the form or Agent. In the form instructions on Organ Donation can be provided but many people instead handle this when they fill out their Drivers License or State ID paperwork.

PERSON SIGNS FORM EITHER IN FRONT OF NOTARY OR 2 WITNESSES

The form must be signed by a person in front of either a notary who then notarizes it or, alternatively, in front of 2 persons acting as witnesses who then sign it too. As the form explain certain people can't act as witnesses. Once the form is done it is usually shown to places that may give care to put in a person's file and follow. To cancel the form a person usually tells their doctor and maybe tells any places that saw the form that it is canceled. Importantly, this Chapter on the next pages first has this legal form in larger font to be easier to read and then, additionally, is shows the form as it appears with smaller font on the Rhode Island Department of Health webpage (the forms are nearly identical and either can be used identically).

STATUTORY FORM DURABLE POWER OF ATTORNEY FOR HEALTH CARE

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document which is authorized by the general laws of this state. Before executing this document, you should know these important facts:

You must be at least eighteen (18) years of age and a resident of the state for this document to be legally valid and binding.

This document gives the person you designate as your agent (the attorney in fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document or otherwise made known.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection at the time, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any statement of your desires and any limitation that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent:

(1) Authorizes anything that is illegal,

(2) Acts contrary to your known desires, or

(3) Where your desires are not known, does anything that is clearly contrary to your best interests.

Unless you specify a specific period, this power will exist until you revoke it. Your agent's power and authority ceases upon your death except to inform your family or next of kin of your desire, if any, to be an organ and tissue owner.

You have the right to revoke the authority of your agent by notifying your agent or your treating doctor, hospital, or other health care provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

This document revokes any prior durable power of attorney for health care.

You should carefully read and follow the witnessing procedure described at the end of this form. This document will not be valid unless you comply with the witnessing procedure.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

Your agent may need this document immediately in case of an emergency that requires a decision concerning your health care. Either keep this document where it is immediately available to your agent and alternate agents or give each of them an executed copy of this document. You may also want to give your doctor an executed copy of this document.

(1) DESIGNATION OF HEALTH CARE AGENT. I, _____

_____

(insert your name and address)

do hereby designate and appoint: _____

_____

(insert name, address, and telephone number of one individual only as your agent to make health care decisions for you. None of the following may be designated as your agent: (1) your treating health care provider, (2) a nonrelative employee of your treating health care provider, (3) an operator of a community care facility, or (4) a nonrelative employee of an operator of a community care facility.)

as my attorney in fact (agent) to make health care decisions for me as authorized in this document. For the purposes of this document, "health care decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition.

(2) CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE. By this document I intend to create a durable power of attorney for health care.

(3) GENERAL STATEMENT OF AUTHORITY GRANTED. Subject to any limitations in this document, I hereby grant to my agent full power and authority to make health care decisions for me **to the same extent that I could make such decisions for myself** if I had the capacity to do so. In exercising this authority, my agent shall make health care decisions that are consistent with my desires as stated in this document or otherwise made known to my agent, including, but not limited to, my desires concerning obtaining or refusing or withdrawing life-prolonging care, treatment, services, and procedures and informing my family or next of kin of my desire, if any, to be an organ or tissue donor.

(If you want to limit the authority of your agent to make health care decisions for you, you can state the limitations in paragraph (4) ("Statement of Desires, Special Provisions, and Limitations") below. You can indicate your desires by including a statement of your desires in the same paragraph.)

(4) STATEMENT OF DESIRES, SPECIAL PROVISIONS, AND LIMITATIONS.

(Your agent must make health care decisions that are consistent with your known desires. You can, but are not required to, state your desires in the space provided below. You should consider whether you want to include a statement of your desires concerning life-prolonging care, treatment, services, and procedures. You can also include a statement of your desires concerning other matters relating to your health care. You can also make your desires known to your agent by discussing your desires with your agent or by some other means. If there are any types of treatment that you do not want to be used, you should state them in the space below. If you want to limit in any other way the authority given your agent by this document, you should state the limits in the space below. If you do not state any limits, your agent will have broad powers to make health care decisions for you, except to the extent that there are limits provided by law.)

In exercising the authority under this durable power of attorney for health care, my agent shall act consistently with my desires as stated below and is subject to the special provisions and limitations stated below:

(a) Statement of desires concerning life-prolonging care, treatment, services, and procedures:

_____

_____

_____

_____

(b) Additional statement of desires, special provisions, and limitations regarding health care decisions: _____

_____

_____

_____

(c) Statement of desire regarding organ and tissue donation: _____

_____

_____

_____

Initial if applicable:

[_____] In the event of my death, I request that my agent inform my family/next of kin of my desire to be an organ and tissue donor, if possible.

(You may attach additional pages if you need more space to complete your statement. If you attach additional pages, you must date and sign EACH of the additional pages at the same time you date and sign this document.)

(5) INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH. Subject to any limitations in this document, my agent has the power and authority to do all of the following:

(a) Request, review, and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records.

(b) Execute on my behalf any releases or other documents that may be required in order to obtain this information.

(c) Consent to the disclosure of this information.

(If you want to limit the authority of your agent to receive and disclose information relating to your health, you must state the limitations in paragraph (4) ("Statement of desires, special provisions, and limitations") above.)

(6) SIGNING DOCUMENTS, WAIVERS, AND RELEASES. Where necessary to implement the health care decisions that my agent is authorized by this document to make, my agent has the power and authority to execute on my behalf all of the following:

(a) Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice."

(b) Any necessary waiver or release from liability required by a hospital or physician.

(7) DURATION. (Unless you specify a shorter period in the space below, this power of attorney will exist until it is revoked.)

This durable power of attorney for health care expires on _____.

(Fill in this space ONLY if you want the authority of your agent to end on a specific date.)

(8) DESIGNATION OF ALTERNATE AGENTS. (You are not required to designate any alternate agents but you may do so. Any alternate agent you designate will be able to make the same health care decisions as the agent you designated in paragraph (1), above, in the event that agent is unable or ineligible to act as your agent. If the agent you designated is your spouse, he or she becomes ineligible to act as your agent if your marriage is dissolved.)

If the person designated as my agent in paragraph (1) is not available or becomes ineligible to act as my agent to make a health care decision for me or loses the mental capacity to make health care decisions for me, or if I revoke that person's appointment or authority to act as my agent to make health care decisions for me, then I designate and appoint the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:

(A) First Alternate Agent: _____

(Insert name, address, and telephone number of first alternate agent.)

(B) Second Alternate Agent: _____

(Insert name, address, and telephone number of second alternate agent.)

(9) PRIOR DESIGNATIONS REVOKED. I revoke any prior durable power of attorney for health care.

DATE AND SIGNATURE OF PRINCIPAL

(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY)

I sign my name to this Statutory Form Durable Power of Attorney for Health Care on

_____ at _____, _____.
(Date) (City) (State)

_____
(You sign here)

(THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS IT IS SIGNED BY ONE NOTARY PUBLIC OR TWO (2) QUALIFIED WITNESSES WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE. IF YOU HAVE ATTACHED ANY ADDITIONAL PAGES TO THIS FORM, YOU MUST DATE AND SIGN EACH OF THE ADDITIONAL PAGES AT THE SAME TIME YOU DATE AND SIGN THIS POWER OF ATTORNEY.)

STATEMENT OF WITNESSES

(This document must be witnessed by two (2) qualified adult witnesses or one (1) notary public. None of the following may be used as a witness:

(1) A person you designate as your agent or alternate agent,

(2) A health care provider,

(3) An employee of a health care provider,

(4) The operator of a community care facility,

(5) An employee of an operator of a community care facility.

Option 1 — Two (2) Qualified Witnesses:

I declare under penalty of perjury that the person who signed or acknowledged this document is personally known to me to be the principal, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as attorney in fact by this document, and that I am not a health care provider, an employee of a health care provider, the operator of a community care facility, nor an employee of an operator of a community care facility.

Signature: _____ Print Name: _____

Date: _____

Residence Address: _____

Signature: _____ Print Name: _____

Date: _____

Residence Address: _____

Option 2 — One Notary Public

Signature: _____ Print Name: _____
(Notary Public)

Date: _____

My commission expires on: _____

(AT LEAST **ONE** OF THE ABOVE WITNESSES OR THE NOTARY PUBLIC MUST ALSO SIGN THE FOLLOWING DECLARATION.)

I further declare under penalty of perjury that I am **not** related to the principal by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature: _____ Print Name: _____

THE NEXT PAGE STARTS AN ADDITIONAL COPY OF THE SAME FORM AS IT APPEARS ON A STATE WEBPAGE

Durable Power of Attorney for Healthcare Statutory Form

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document which is authorized by the general laws of this state. Before executing this document, you should know these important facts:

You must be at least eighteen (18) years of age and a resident of the state for this document to be legally valid and binding.

This document gives the person you designate as your agent (the attorney in fact) the power to make healthcare decisions for you. Your agent must act consistently with your desires as stated in this document or otherwise made known.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other healthcare decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection at the time, and healthcare necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any statement of your desires and any limitation that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make healthcare decisions for you if your agent:

(1) Authorizes anything that is illegal,
(2) Acts contrary to your known desires, or
(3) Where your desires are not known, does anything that is clearly contrary to your best interests.

Unless you specify a specific period, this power will exist until you revoke it. Your agent's power and authority ceases upon your death except to inform your family or next of kin of your desire, if any, to be an organ and tissue owner.

You have the right to revoke the authority of your agent by notifying your agent or your treating doctor, hospital, or other healthcare provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document. This document revokes any prior durable power of attorney for healthcare.

You should carefully read and follow the witnessing procedure described at the end of this form. This document will not be valid unless you comply with the witnessing procedure.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

Your agent may need this document immediately in case of an emergency that requires a decision concerning your healthcare. Either keep this document where it is immediately available to your agent and alternate agents or give each of them an executed copy of this document. You may also want to give your doctor an executed copy of this document.

(1) DESIGNATION OF HEALTHCARE AGENT. I, (insert your name and address below)

First Name Middle Name Last Name

Address: City/State/Zip

Do hereby designate and appoint:

(insert name, address, and telephone number of one individual only as your agent to make healthcare decisions for you. None of the following may be designated as your agent:
(1) your treating healthcare provider, (2) a nonrelative employee of your treating healthcare provider, (3) an operator of a community care facility, or (4) a nonrelative employee of an operator of a community care facility.) as my attorney in fact (agent) to make healthcare decisions for me as authorized in this document. For the purposes of this document, "healthcare decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition.)

Name: Address:

Phone: City/State/Zip

(2) CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTHCARE. By this document I intend to create a durable power of attorney for healthcare.

(3) GENERAL STATEMENT OF AUTHORITY GRANTED. Subject to any limitations in this document, I hereby grant to my agent full power and authority to make healthcare decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my agent shall make healthcare decisions that are consistent with my desires as stated in this document or otherwise made known to my agent, including, but not limited to, my desires concerning obtaining or refusing or withdrawing life-prolonging care, treatment, services, and procedures and informing my family or next of kin of my desire, if any, to be an organ or tissue donor.

(If you want to limit the authority of your agent to make healthcare decisions for you, you can state the limitations in paragraph (4) ("Statement of Desires, Special Provisions, and Limitations") below. You can indicate your desires by including a statement of your desires in the same paragraph.)

(4) STATEMENT OF DESIRES, SPECIAL PROVISIONS, AND LIMITATIONS. (Your agent must make healthcare decisions that are consistent with your known desires. You can, but are not required to, state your desires in the space provided below. You should consider whether you want to include a statement of your desires concerning life-prolonging care, treatment, services, and procedures. You can also include a statement of your desires concerning other matters relating to your healthcare. You can also make your desires known to your agent by discussing your desires with your agent or by some other means. If there are any types of treatment that you do not want to be used, you should state them in the space below. If you want to limit in any other way the authority given your agent by this document, you should state the limits in the space below. If you do not state any limits, your agent will have broad powers to make healthcare decisions for you, except to the extent that there are limits provided by law.)

In exercising the authority under this durable power of attorney for healthcare, my agent shall act consistently with my desires as stated below and is subject to the special provisions and limitations stated below:
(a) Statement of desires concerning life-prolonging care, treatment, services, and procedures:

(b) Additional statement of desires, special provisions, and limitations regarding healthcare decisions:

(c) Statement of desire regarding organ and tissue donation:

Initial if applicable:

In the event of my death, I request that my agent inform my family/next of kin of my desire to be an organ and tissue donor, if possible.

(You may attach additional pages if you need more space to complete your statement. If you attach additional pages, you must date and sign EACH of the additional pages at the same time you date and sign this document.)

(5) INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH. Subject to any limitations in this document, my agent has the power and authority to do all of the following:

(a) Request, review, and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records.

(b) Execute on my behalf any releases or other documents that may be required in order to obtain this information.

(c) Consent to the disclosure of this information.

(If you want to limit the authority of your agent to receive and disclose information relating to your health, you must state the limitations in paragraph (4) ("Statement of desires, special provisions, and limitations") above.)

(6) SIGNING DOCUMENTS, WAIVERS, AND RELEASES. Where necessary to implement the healthcare decisions that my agent is authorized by this document to

make, my agent has the power and authority to execute on my behalf all of the following:

(a) Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice."

(b) Any necessary waiver or release from liability required by a hospital or physician.

(7) DURATION. (Unless you specify a shorter period in the space below, this power of attorney will exist until it is revoked.)

This durable power of attorney for healthcare expires on: _____

(Fill in this space ONLY if you want the authority of your agent to end on a specific date.)

(8) DESIGNATION OF ALTERNATE AGENTS. (You are not required to designate any alternate agents but you may do so. Any alternate agent you designate will be able to make the same healthcare decisions as the agent you designated in paragraph (1), above, in the event that agent is unable or ineligible to act as your agent. If the agent you designated is your spouse, he or she becomes ineligible to act as your agent if your marriage is dissolved.)

If the person designated as my agent in paragraph (1) is not available or becomes ineligible to act as my agent to make a healthcare decision for me or loses the mental capacity to make healthcare decisions for me, or if I revoke that person's appointment or authority to act as my agent to make healthcare decisions for me, then I designate and appoint the following persons to serve as my agent to make healthcare decisions for me as authorized in this document, such persons to serve in the order listed below:

(A) First Alternate Agent: (Insert name, address, and telephone number of first alternate agent.)

(B) Second Alternate Agent: (Insert name, address, and telephone number of second alternate agent.)

(9) PRIOR DESIGNATIONS REVOKED. I revoke any prior durable power of attorney for healthcare.

DATE AND SIGNATURE OF PRINCIPAL (YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY)

I sign my name to this Statutory Form Durable Power of Attorney for Healthcare on (Enter date) at (Enter City) (Enter State)

(You sign below)

X _____

(THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS IT IS SIGNED BY ONE NOTARY PUBLIC OR TWO (2) QUALIFIED WITNESSES WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE. IF YOU HAVE ATTACHED ANY ADDITIONAL PAGES TO THIS FORM, YOU MUST DATE AND SIGN EACH OF THE ADDITIONAL PAGES AT THE SAME TIME YOU DATE AND SIGN THIS POWER OF ATTORNEY.)

STATEMENT OF WITNESSES

(This document must be witnessed by two (2) qualified adult witnesses or one (1) notary public. None of the following may be used as a witness:

(1) A person you designate as your agent or alternate agent,
(2) A healthcare provider,
(3) An employee of a healthcare provider,
(4) The operator of a community care facility,
(5) An employee of an operator of a community care facility.

I declare under penalty of perjury that the person who signed or acknowledged this document is personally known to me to be the principal, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as attorney in fact by this document, and that I am not a healthcare provider, an employee of a healthcare provider, the operator of a community care facility, nor an employee of an operator of a community care facility.

Option 1 – Two (2) Qualified Witnesses:

Signature: _____ Residence Address:

Print Name: Date:

Signature: _____ Residence Address:

Print Name: Date:

Option 2 – One Notary Public Signature

Signature: _____, Notary Public

Print Name: Date:

My commission expires on:

(AT LEAST ONE OF THE ABOVE WITNESSES OR THE NOTARY PUBLIC MUST ALSO SIGN THE FOLLOWING DECLARATION.)

I further declare under penalty of perjury that I am not related to the principal by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature: _____

Print Name:

CHAPTER 11
FORM 5: LIVING WILL DECLARATION

IN FORM CAN SAY TO STOP CARE IF LATER DOCTORS THINK IT WON'T HELP

This form lets a person do the serious act of saying stop most health care if doctors later think more health care likely won't help an incapacitated person. This book's form is a statutory form found in law at R.I.General Laws § 23-4.11-3 for people to find and use if they want. This form is also one of many forms at the state Department of Health webpage at *https://health.ri.gov/lifestages/death/about/advancedirectives/.*

CAN STAY STOP MOST CARE IF DOCTORS LATER SAY IT LIKELY WON'T HELP

This form can do the serious act of saying stop most health care if doctors later think more health care likely won't help an incapacitated person who has a terminal condition (a condition that will cause their death within a reasonable time). Many people call these "Living Will" issues. A person must initial a box if they also want artificial feeding (tube feeing) to be stopped in these circumstances. But this form is rarely done and is often skipped since these kinds of health situations often don't occur, it can be stressful to decide these issues, and many people trust their family or Agent for health care to say when to stop care.

PERSON SIGNS FORM IN FRONT OF 2 WITNESSES

The form must be signed by a person in front of 2 persons acting as witnesses who then sign and write their addresses. By law the persons acting as witnesses should not be close family of the person. Once the form is done it is usually shown to places that may give care to put in a person's medical file to then follow. To cancel the form a person usually tells their doctor and maybe also tells places that saw the form.

LIVING WILL DECLARATION

I, _____ , the Declarant, being of sound mind willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If I should have an incurable or irreversible condition that will cause my death and if I am unable to make decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw procedures that merely prolong the dying process and are not necessary to my comfort, or to alleviate pain.

This authorization (initial one option)

includes [_____] does not include [_____]

the withholding or withdrawal of artificial feeding (check only one box above).

Signed this _____ day of _____ , 20____.

_____

Signature

_____

Printed Name and Address

Declarant is personally known to me and voluntarily signed this document in my presence.

_____

Signature of Witness

_____

Printed Name and Address

_____

Signature of Witness

_____

Printed Name and Address

CHAPTER 12
FORM 6: MEDICAL ORDERS FOR LIFE SUSTAINING TREATMENT

FORM SAYS STARTING IMMEDIATELY DO NOT TRY SOME HEALTH CARE

This form (often called the "MOLST" form) lets a person do the serious and vary rare step of saying starting immediately do not try any of the health care a person can select in the form such as C.P.R. The form is short and can be read fast (like by paramedics) and is often used by a person outside a medical facility, but it can be used inside places too. Some other states call this form the "Physicians Orders" form. This book's form is a standard form issued by the state. The MOLST form has mostly replaced the separate "Do-Not-Resuscitate" form which can still be used but just covers resuscitation.

FORM SAYS TO IMMEDIATELY NO LONGER TRY CERTAIN HEALTH CARE

In the form a person can say starting immediately certain medical care shouldn't be tried if they are later incapacitated and health personnel are deciding what care to give. A doctor or similar person must co-sign the form and think it is proper. The main thing the form does is say don't try "resuscitation" to restart or help the heart or breathing, and this includes related things like not trying cardio-pulmonary resuscitation (C.P.R.), electric shocks to the heart, forced intubation, and machines to help breathing. There are other treatment options the form can say to not try, like IV fluids by needle, artificial feeding by tube, and antibiotics. Of course a person with capacity still thinking OK can override the form by verbally requesting care or just not showing the form to paramedics or others. If a person falls ill even if they have done this form they are still usually taken to get pain relief and comfort care. But this form is rarely done since these kinds of health situations often don't occur, it can be stressful to decide this issue, and many people trust their family or Agent for health care to consider all factors and wisely say when to stop care.

FORM IS SIGNED BY A DOCTOR AND PERSON DOING THE FORM

The form must be signed by a doctor or similar health professional, and also by the person doing the form or someone with authority for them. Doctors often have copies of the form to use on colored paper. Once done a form usually is shown to doctors and places that may give health care so they can follow it. Some people keeps copies handy for themselves or family to show to paramedics and others who may want to try to give care. The form is sometimes kept on bedside table, on a home fridge, pinned to a shirt or in a pocket, or some people wear a special bracelet or necklace that doctors can help order. To cancel the form usually a person just tells all places that saw the form that it is canceled.

HIPAA PERMITS DISCLOSURE OF MOLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY.
MOLST IS VOLUNTARY. NO PATIENT IS REQUIRED TO COMPLETE A MOLST FORM.

Medical Orders for Life Sustaining Treatment (MOLST)

Follow these orders, then contact a MOLST-Qualified Health Care Provider. This is a **Medical Order Sheet** based upon the person's wishes in his/her current medical condition. Any section not completed implies full treatment. **This MOLST remains in effect unless revised.**

Patient's Last Name _____ Patient's First Name _____

Gender: ☐ M ☐ F Patient's Date of Birth / / Date/Time Form Prepared _____

A — CHECK ONE

CARDIOPULMONARY RESUSCITATION (CPR): *Person has no pulse and is not breathing.*

☐ **Attempt Resuscitation/CPR** ☐ **Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

- No defibrillator (including automated external defibrillators) should be used on a person who has chosen "Do Not Attempt Resuscitation."
- When not in cardiopulmonary arrest, follow orders in sections B and C.

B* — CHECK ONE

MEDICAL INTERVENTION: *Patient has a pulse and/or is breathing.*

☐ **Comfort Measures Only:** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Use antibiotics only to promote comfort.

☐ **Limited Additional Interventions:** Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

☐ **Full Treatment:** Includes care described above in Comfort Measures Only and Limited Additional Interventions, as well as additional treatment, such as intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated.

C — CHECK ONE

TRANSFER TO HOSPITAL

☐ Do not transfer to hospital for medical interventions.

☐ Transfer to hospital if comfort measures cannot be met in current location.

D — CHECK ONE

ARTIFICIAL NUTRITION (For example a feeding tube): *Offer food by mouth if feasible and desired.*

☐ No artificial nutrition
☐ Long-term artificial nutrition, if needed
☐ Defined trial period of artificial nutrition
☐ Artificial nutrition until not beneficial or burden to patient

E — CHECK ONE

ARTIFICIAL HYDRATION: *Offer fluid/nutrients by mouth if feasible and desired.*

☐ No artificial hydration
☐ Long-term artificial hydration, if needed
☐ Defined trial period of artificial hydration
☐ Artificial hydration until not beneficial or burden to patient

F

ADVANCE DIRECTIVE (if any): *Check all advance directives known to be completed.*

☐ Durable Power of Health Care ☐ Health Care Proxy ☐ Living Will ☐ Documentation of Oral Advance Directive

Discussed with:

☐ Patient ☐ Health Care Decision Maker ☐ Parent/Guardian of Minor ☐ Court-Appointed Guardian ☐ Other: _____

G

SIGNATURE OF MOLST-QUALIFIED HEALTHCARE PROVIDER (Physician, RNP, APRN, or PA)

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Signature (required) _____ Phone Number _____ Date/Time / /

Print Name _____ Rhode Island License # _____

SIGNATURE OF PATIENT, DECISION MAKER, PARENT/GUARDIAN OF MINOR, OR GUARDIAN

By signing this form, the patient or legally-recognized decision maker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Signature (Required) _____ Phone Number _____ Relationship (if patient, write self) _____

Print Name and Address _____

SEND MOLST FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED.

HIPAA PERMITS DISCLOSURE OF MOLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY.
MOLST IS VOLUNTARY. NO PATIENT IS REQUIRED TO COMPLETE A MOLST FORM.

Review and Renewal of MOLST Orders on This MOLST Form (this MOLST form remains in effect unless another MOLST form is executed.)

The MOLST-Qualified Health Care Provider may review the form from time to time as the law requires, and also:

- If the patient moves from one location to another to receive care; or
- If the patient has a major change in health status (positive or negative); or
- If the patient or other decision-maker changes his/her mind about treatment.

Date/Time	Reviewer's Name and Signature	Location of Review (e.g., Hospital, Nursing Home, Provider's Office, Patient's Residence)	Outcome of Review
			☐ No change ☐ Form voided, new form completed ☐ Form voided, ***no*** new form
			☐ No change ☐ Form voided, new form completed ☐ Form voided, ***no*** new form
			☐ No change ☐ Form voided, new form completed ☐ Form voided, ***no*** new form

Directions for MOLST-Qualified Health Care Providers Completing MOLST

- Must be completed by a MOLST-Qualified Health Care Provider based on patient preferences and medical indications. A MOLST-Qualified Health Care Provider is defined as a physician, nurse practitioner, advanced practice registered nurse, or a physician assistant.
- MOLST must be signed by a MOLST-Qualified Healthcare Provider (physician, nurse practitioner, advanced practice registered nurse, or physician assistant) and the patient/decision maker to be valid. Verbal orders are acceptable with follow-up signature by provider in accordance with facility/community policy and documentation that there was discussion with the patient or the patient's advocate about discontinuing the MOLST order.)
- This is the ONLY MOLST FORM that is acceptable for completion in Rhode Island. Do not make your own MOLST form. Photocopies and faxes of signed MOLST forms are legal and valid.
- Any incomplete section of the MOLST form implies full treatment for that section.

***Section B:**

- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture)
- IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only".
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- Treatment of dehydration prolongs life. A person who desires IV fluids should indicate "Limited Interventions" or "Full Treatment."

Modifying and Voiding MOLST

- A patient with capacity can, at any time, void the MOLST form or change his/her mind about his/her treatment preferences by executing a verbal or written advance directive or a new MOLST form.
- To void MOLST draw a line through Sections A through E and write "VOID" in large letters. Sign and date the line.
- A health care decision maker may request to modify the orders based on the known desires of the individual or, if unknown, the individual's best interests.

DEFINITIONS

"Medical orders for life sustaining treatment" or "MOLST" means a voluntary request that directs a health care provider regarding resuscitative and life-sustaining measures. Rhode Island General Laws §23-4.11-2 (10).

"Qualified patient" means a patient who has executed a declaration in accordance with this chapter and who has been determined by the attending physician to be in a terminal condition. Rhode Island General Laws §23-4.11-2 (16).

"Terminal condition" means an incurable or irreversible condition that, without the administration of life sustaining procedures, will, in the opinion of the attending physician, result in death." Rhode Island General Laws §23-4.11-3.1 (20).

This form is approved by the Rhode Island Department of Health. For more information or a copy of the form, visit **www.health.gov**

SEND MOLST FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED.
Rhode Island General Laws §23-4.11-3.1 authorizes this MOLST form. **(Rev. 9-2013)**

CHAPTER 13
FORM 7: SHORT FORM POWER OF ATTORNEY

FORM LETS POWER GO TO A PERSON OVER PROPERTY, MONEY, AND MORE

This form lets a person share power with someone to do things with the person's property, money, and other things. Many people call this form a "Financial Power Of Attorney". This book's form is a statutory form found in state law at Rhode Island General Laws § 18-16-2 for people to find and use if they want. The form is called the "short form" since it is written to be short and easy to read.

FORM GIVES POWER TO LET SOMEONE DO THINGS

This form lets a person share power to do things with their money, property, records, and other things to someone trusted like a spouse, family member, or a friend. The person giving power is usually called the "Principal". The person getting power is usually called the "Agent" or "Attorney in Fact". If a person is sick or busy this form can let someone help pay bills, use accounts, buy or sell items, borrow, hire workers, sign contracts, and get records. The form can avoid need for more serious options like a Guardianship at court. Most people let the form be effective immediately and skip saying anything on timing to avoid a bank or other party delaying and needing proof of things. A person who isn't incapacitated can overrule or fire an Agent. Later whenever an Agent signs a contract using the form their signature should usually be like, for example: "Mark Alan Smith signing as Agent under a Power of Attorney for Ann Barbara Hill".

IN FORM CAN STRIKE OUT AND INITIAL TO REMOVE SOME POWERS

In the form a person can keep some powers from going to the Agent by striking with a line through some powers and then initialing a line to the right. But most people want an Agent to have all powers since they trust them and since a bank or other party may hesitate to obey the Agent if their power isn't clear.

IN FORM CAN GIVE INSTRUCTIONS THAT LIMIT THE AGENT

Instructions can be written in the "special provisions and limitations" part of the form, but most people skip this since if instructions are unclear a bank or others may delay or refuse to obey an Agent.

DUE TO RISKS MANY SKIP THIS FORM OR CONSULT A LAWYER

Many people skip this form or first see a lawyer. Using this form is risky and can lead to harm since the Agent can be wasteful with money, commit fraud or theft, by carelessness allow other harms, or do worse. A person acting as Agent has a duty to be loyal and act reasonably and can be sued for any harm, but they may later be out of money to pay. Usually banks and others can't be blamed for obeying an Agent's orders. The law is complex and basic acts may be fine for Agent like paying bills but some acts may be improper like making gifts, risky investments, or unusual acts. It is best if a person not their Agent does anything unusual.

PERSON SIGNS FORM USUALLY IN FRONT OF A NOTARY

The person doing the form must sign near the end, and then sign in a second spot to say the form still has power if the person is ever incompetent like due to later dementia or long-term unconsciousness. Usually a person who is a notary is also used and they see the signing and then notarizes the form. To cancel the form a person usually tells the Agent and takes back copies and maybe tells places that saw the form it is canceled.

RHODE ISLAND
SHORT FORM POWER OF ATTORNEY

(Rhode Island General Laws § 18-16-2)

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document which is authorized by the general laws of this state. The powers granted by this document are broad and sweeping. They are defined in §§ 18-16-1 to 18-16-12, both inclusive, of the general laws in chapter 18-16 entitled "Rhode Island Short Form Power of Attorney Act."

The use of the short form power of attorney is strictly voluntary, and chapter 18-16 specifically authorizes the use of any other or different form of power of attorney upon mutual agreement of the parties concerned.

Known All Men by These Presents, which are intended to constitute a GENERAL POWER OF ATTORNEY pursuant to the Rhode Island Short Form Power of Attorney Act:

That I_____
(insert name and address of the principal)

do hereby appoint

_____
(insert name and address of the agent, or each agent, if more than one is designated)
my attorney(s)-in-fact

TO ACT _____.

(If more than one agent is designated and the principal wishes each agent alone to be able to exercise the power conferred, put in the blank above the word **"severally"**. Failure to make any insertion or the insertion of the word **"jointly"** shall require the agents to act jointly.)

FIRST: In my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in the Rhode Island Statutory Short Form Power of Attorney Act to the extent that I am permitted by law to act through an agent:

(STRIKE OUT AND INITIAL ON THE OPPOSITE LINE ANY ONE OR MORE OF THE SUBDIVISIONS AS TO WHICH THE PRINCIPAL DOES NOT DESIRE TO GIVE THE AGENT AUTHORITY. SUCH ELIMINATION OF ANY ONE OR MORE OF SUBDIVISIONS (A) TO (I), INCLUSIVE, SHALL AUTOMATICALLY CONSTITUTE AN ELIMINATION ALSO OF SUBDIVISION (J).

To strike out any subdivision the principal must draw a line through the text of that subdivision AND write his initials in the line opposite.

INITIAL HERE

(A) real estate transactions; _____

(B) chattel and goods transactions; _____

(C) bond, share and commodity transactions; _____

(D) banking transactions; _____

(E) business operating transactions; _____

(F) insurance transactions; _____

(G) claims and litigations; _____

(H) benefits from military service; _____

(I) records, reports and statements; _____

(J) all other matters; _____

_____

_____

_____

(**Special provisions and limitations** may be included in the statutory short form power of attorney only if they conform to the requirements of the Rhode Island Statutory Short Form Power of Attorney Act.)

SECOND: This power of attorney shall:

(A) be of indefinite duration or

(B) terminate on the following date, _____, unless otherwise terminated by revocation, destruction or other affirmative action.

THIRD: Hereby ratifying and confirming all that said attorney(s) or substitute(s) do or cause to be done.

In witness whereof I have hereunto signed my name and affixed my seal this _____ day of _____ 20____.

_____
(Signature of Principal) (Seal)

(ACKNOWLEDGEMENT)

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY THE SUBSEQUENT INCOMPETENCY OF THE DONOR.

In witness whereof I have hereunto signed my name and affixed my seal this _____ day of _____ 20____.

_____
(Signature of Principal) (Seal)

(ACKNOWLEDGEMENT)

STATE OF RHODE ISLAND

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved through satisfactory evidence of identification, to be the person(s) who signed the preceding document in my presence and acknowledged to me that s/he/they signed the document voluntarily for its stated purpose.

_____
Notary Public Signature

_____
Print Name

_____
My Commission Expires

(NOTARY)

CHAPTER 14
FORM 8: POWER OF ATTORNEY OVER CHILD

FORM LETS PARENT SHARE POWER WITH SOMEONE OVER YOUNG CHILD

This Chapter's forms lets a parent or guardian of a child under age 18 share power over them with someone else. Note, unlike most states Rhode Island has no state law clearly saying giving power over a child this way is proper, so not all doctors, schools, and other persons may obey or follow forms like this. But many people do these forms if they may have to leave a child with someone, and it is felt having something on paper is better than nothing. People in Rhode Island who want to act more officially can file Temporary Guardianship papers with a judge to have them officially give power over a child to someone. Note, this Chapter actually has 3 different forms and the first form lets a parent share all power they have over a child with someone (but some parents dislike sharing so much power), the second form only shares power over education, and the third form only shares power over health care. Some people do all 3 forms to have them to use just in case. These forms are based on some used by a Rhode Island legal aid group.

FORM CAN SHARE POWER WITH SOMEONE OVER CHILD UNDER AGE 18

In a form a parent or guardian can say they are sharing power over a child under 18 with some person. The person getting power can be called the "Attorney-In-Fact" but the term "Agent" is more often used now. Often receiving power is a relative, friend, or teacher now helping watch a child or who is willing to do this if ever needed. This form is often used if a parent and child are apart for work, school, training, rehab, sports, prison, military, immigration, or long visits with someone. The form is mostly not done for brief situations like a babysitter, daycare, short family visits, or if a parent can come quickly. People with more than 1 child should do a form for each child. Legally no power over adoption or any permanent change can be given by these forms. Helpfully the person who did the form can always fire or overrule the person they named.

PERSON SIGNS FORM IN FRONT OF A NOTARY

The person doing a form must sign it in front of a person who is a notary who then notarizes it. There is room for a second parent to also do the form, and having both parents if possible sign is recommended. To cancel a form a person usually tells the Agent and takes back all copies, and maybe also tells all places that were shown the form that it is canceled. Note, this Chapter has 3 different forms to use and the first form lets a parent share all power they have over a child (but some parents dislike sharing so much power), the second form only shares power over education, and the third form only shares power over health care. Some people do all 3 forms to have them to use just in case.

POWER OF ATTORNEY OVER CHILD

I/we, _____,
(parent(s) name(s))

whose address is

_____,
(address of parent(s))

am/are the parent/parents of

_____.
(child's name) *(child's date of birth)*

I/we, as Principal of this Power of Attorney hereby appoint

_____ of _____
(*name of person receiving power)* (*city and state*)

as Agent and Attorney-in-Fact of this Power of Attorney with full control and authority over my/our above-named child and I/we also give temporary custody of my/our above-named child to this person who shall, acting as Attorney-in-Fact and as custodian, be referred to as the "custodian."

I/we hereby specifically authorize and empower the custodian to authorize and obtain **medical care and treatment** (whether of an emergency nature or otherwise, and whether involving surgical treatment, blood transfusions, vaccines, medication or otherwise) for my/our above-named child at any time.

I/we also specifically authorize and empower the custodian to enroll my/our above-named child in the **educational system** of the city or town or other place where the custodian resides or is located or in any other educational institution the custodian deems advisable.

I/we make the foregoing authorizations as evidence of my/our intent that my/our above-named child obtain prompt and complete medical care regardless of whether absence or inability of a parent to act or decide things directly is only temporary or is for a lengthy or indefinite period. I/we further authorize and empower the custodian, with full power of substitution for me/us and in my/our name(s), place, and stead, to make any and all decisions for my/our above-named child's education, welfare and well-being that I/we might or could make.

Notwithstanding the foregoing, if the need should arise during my/our lifetime for a guardian for my/our above-named child, I appoint the above-named caregiver guardian of my above-named child's person and estate. No guardian should be required to furnish any bond or surety.

This appointment may be revoked by me/us in writing but shall remain in full force and effect unless revoked or when my/our child reaches the age of majority. A photocopy of this document shall have the same effect as the original.

This document was read to me/us in *Spanish* if that is my/our primary language. I/we understand its contents and sign it voluntarily and without duress.

****DO NOT SIGN UNTIL YOU ARE STANDING IN FRONT OF A NOTARY****

_____ Date: _____
Signature of First Parent

_____
Print Name First Parent

_____ Date: _____
Signature of Second Parent (Optional)

_____
Print Name Second Parent (Optional)

Certificate of Notary Public

State of Rhode Island
County of _____

On this _____ day of _____, 20_____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved through satisfactory evidence of identification, to be the person(s) who signed the preceding document in my presence and acknowledged to me that s/he/they signed the document voluntarily for its stated purpose.

_____
Notary Public Signature

_____
Print Name

_____
My Commission Expires

APPOINTMENT OF GUARDIAN OF A CHILD FOR EDUCATIONAL PURPOSES AND AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

I/we _____,
(parent(s) name(s)

whose address is

_____,
(address of parent(s)

am the parent/parents of

_____.
(child's name) *(child's date of birth)*

I/we, hereby immediately authorize

_____,
(*name of person receiving power)*

whose address is _____,
(address)

to act in my/our behalf as the guardian of my/our above-named child for all educational purposes. I/we expressly appoint and authorize the above-named caregiver to have authority regarding all educational decision making for my/our above-named minor child; to receive all educational records; to discuss all education matters with school personnel and to make any decisions regarding educational placement, services, or rights for my/our above-named child.

Educational records for purposes of this authorization for release to the above-named caregiver include, but are not limited to:

Grades and progress
reports Discipline
records
Evaluations and
assessments Special
education records
Medical records including substance abuse, psychological, and HIV
Pin and password for any parent/student internet information system
Counseling records
Attendance records

This release and appointment may be revoked by me/us in writing but shall remain in full force and effect unless revoked or when my/our child reaches the age of majority. A photocopy of this document shall have the same effect as the original.

This document was read to me/us in *Spanish* if that is my/our primary language. I/we understand its contents and sign it voluntarily and without duress.

****DO NOT SIGN UNTIL YOU ARE STANDING IN FRONT OF A NOTARY****

_____ Signature of First Parent

Date: _____

_____
Print Name First Parent

_____ Signature of Second Parent (Optional)

Date: _____

_____
Print Name Second Parent (Optional)

Certificate of Notary Public

State of Rhode Island
County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved through satisfactory evidence of identification, to be the person(s) who signed the preceding document in my presence and acknowledged to me that s/he/they signed the document voluntarily for its stated purpose.

_____
Notary Public Signature

_____
Print Name

_____
My Commission Expires

POWER OF ATTORNEY FOR HEALTH CARE FOR CHILD

I/we, _____,
(parent(s) name(s))

whose address is

_____,
(address of parent(s))

am/are the parent/parents of

_____.
(child's name) *(child's date of birth)*

I/we, as Principal of this Power of Attorney hereby immediately appoint

_____,
(*name of person receiving power)*
whose address is

_____,
(address)

as Agent and Attorney-in-Fact of this Power of Attorney and, also, as my/our agent for health care decision making and do hereby grant to my/our agent all power and authority regarding the medical treatment of my/our above-named child. I/we further grant my/our agent authority to make and withhold consent to any action that may be necessary to provide for the medical treatment and care of my/our above-named minor child.

The authority given to my agent includes, but is not limited to, serving as my personal representative to act on my behalf and exercise my rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This release and appointment may be revoked by me/us in writing but shall remain in full force and effect unless revoked or when my/our child reaches the age of majority. A photocopy of this document shall have the same effect as the original.

This document was read to me/us in *Spanish* if that is my/our primary language. I/we understand its contents and sign it voluntarily and without duress.

****DO NOT SIGN UNTIL YOU ARE STANDING IN FRONT OF A NOTARY****

_____ Date: _____

Signature of Parent(s)

_____

Print Name Parent(s)

_____ Date: _____

Signature of Parent(s) (Optional)

_____

Print Name Parent(s) (Optional)

Certificate of Notary Public

State of Rhode Island
County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved through satisfactory evidence of identification, to be the person(s) who signed the preceding document in my presence and acknowledged to me that s/he/they signed the document voluntarily for its stated purpose.

_____

Notary Public Signature

_____

Print Name

_____

My Commission Expires

CHAPTER 15
FORM 9: FUNERAL PLANNING AGENT DESIGNATION

LETS PERSON BE NAMED AND INSTRUCTIONS GIVEN TO HANDLE DEAD BODY

This form lets someone be named by a person to control their body after death (their "remains") and related things like funeral, burial, cremation, ceremonies, and buying things for all this. This book's form is based on a form many funeral homes use and the statutory form found at R.I. General Laws § 5-33.3-4.

FORM CAN NAME PERSON TO CONTROL DEAD BODY AND RELATED ISSUES

This form lets a person authorize someone as "Funeral Planning Agent" to control the person's dead body and related issues like funeral, burial, cremation, ceremonies, and buying goods and services for this. If this form isn't done then under state law control of all this is by the closest family member (in order this means a spouse, adult children, parents, then siblings). People do this form rarely, like if it seems family would do a bad job like they may be too upset while mourning, be bad with money, or do unwanted things. The form has room to name a second person to act in case the first person later doesn't, however this is rarely a problem and many people skip this part. Payment for burial, cremation, ceremonies, and related things will come from pre-paid funeral accounts, insurance, and a dead person's money and property. A person's Executor and family are legally required to help arrange payment for these things if a dead person left enough money and property to pay for things. A person who is not a family relative can only serve as Funeral Planning Agent for 1 non-family member at a time.

PERSON SHOULD SIGN FORM IN FRONT OF 2 WITNESSES

A person should sign the form in front of a person who is a notary who then notarizes it. The person named to be Funeral Planning Agent must later sign the from in the middle before they can use the form, but this need not be in front of a notary or a witness. The form does have room for a person acting as an extra witness to sign too which is optional but is common. Once done the form can be given to someone to hold and use when needed, or it can be put in a place where it can be found quickly within a few days of a death (like in a file cabinet, a safe, or desk drawer).

Rhode Island Funeral Planning Agent Designation Form*

I _____, as a principal as defined in R.I.Gen.Law §5-33.3-2(b) do hereby name and designate (please print) _____ as my primary funeral planning agent, or if he/she is unwilling or incapable, (please print) _____ as my alternate funeral planning agent, who shall have the sole responsibility and authority to make any and all arrangements and decisions regarding my funeral preparation and planning, burial or disposition of my remains, including cremation, upon my death, pursuant to the provisions of Chapters 33.2 and 33.3 of Title 5 of the Rhode Island General Laws. The agent further certifies that if he/she is a non-relative to the agent, then he/she is the only non-relative for whom the agent is serving as a funeral planning agent. This document shall revoke and make null and void any and all previous designations of a funeral planning agent.

Signature of Principal	Date
Printed Name of Principal	
Printed Address of Principal	

Signature of Primary Agent	Signature of Alternate Agent, if applicable
Printed Name of Primary Agent Date	Printed Name of Alternate Agent Date
Printed Address of Primary Agent	Printed Address of Alternate Agent

Signature of Witness	Date
Printed Name of Witness	
Printed Address of Witness	

State of Rhode Island **County of _____**

On this _____ day of _____, 20 _____, before me, the undersigned notary public, personally appeared (please print) _____, personally known to me or proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on this document as the Principal, and acknowledged to me that he/she signed its voluntarily and for its stated purpose.

_____ _____
Notary Signature Date

_____
Printed Notary Name

Commission Identification Number _____
Commission Expires: _____

*Pursuant to Chapter 33.3 of Title 5 of the Rhode Island General Laws, any individual who is at least 18 years old and of sound mind is allowed to designate a primary funeral planning agent and an alternate agent, if desirable, who has the authority and responsibility to make all funeral arrangements as described in R.I.Gen.Laws §5-33.3-2(a). This form may be used to designate an agent.

APPENDIX: SAMPLE FILLED OUT FORMS

TO GET FORMS TO USE PEOPLE CAN:

(1) PHOTOCOPY BOOK PAGES,

(2) TEAR OUT PAGES FROM A BOOK, OR

(3) DOWNLOAD BOOK WITH FORMS FROM WWW.DAVENPORTPUBLISHING.COM AND USUALLY PDF FORM AT IS BEST TO AVOID SPACING/FORMAT CHANGES.

EMAIL ANY COMMENTS TO DAVENPORTPRESS@GMAIL.COM .

On the next pages to show how it can be done are some sample filled out legal forms.

People can add words to legal forms by computer or typewriter to be neater, but many people just by hand use pen, marker, or pencil to handwrite words into forms.

It is not required but is bit better if signatures are in ink or marker not pencil.

Many parts of the forms especially Will gifts can be left empty and unfilled.

Anyone can fill in words in legal form not just the person doing the form, like a friend with neat writing can fill in all the words, addresses, and dates that are needed.
Only the final signatures must be done by each person who wants the form.

To add words in form by pen, pencil, typewriter, or computer any of these is fine:

"I appoint *John Doe* **as Agent" ,**
"I appoint John Doe as Agent",
"I appoint John Doe as Agent".

When doing forms it may help to know "respectively" means "in order just stated".

People need not worry about neatness or small mistakes, and a document is usually fine if those people who knew a decedent in life can tell the likely meaning.

Sample Filled Out Form: Last Will and Testament (Standard)
with Gifts section skipped to not bother making small gifts

LAST WILL AND TESTAMENT

I, Paul Samuel Maxwell , of Providence County , Rhode Island, do revoke all prior Wills and testamentary documents and do make, publish, and declare this as my Will. I am of sound mind and under no duress or undue influence and acting voluntarily.

1. LIST OF SPOUSE AND CHILDREN. To help show I am mentally competent and have sufficient memory to make a Will I wish to list any living spouse and living children I now have. I currently have the following living spouse and living children:

none

2. GIFTS. I give these gifts in this Will, but to get a gift in this section the recipient must survive me except as otherwise stated below.

SKIPPED

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

3. RESIDUE. I give the rest and residue and remainder of my estate, my money and property of any kind and nature, and anything I have an interest in so long as it was not transferred by other Will provisions (all of which is called the "residue"), as follows:

a) to Susan Lee Maxwell my sister who survive me with persons just named who survive me taking the share of non-survivors, then

b) to Oscar David Maxwell and Jennifer Judy Tabor and if any of those just named do not survive me their part goes to their lineal descendants, per stirpes.

4. ADMINISTRATION. I nominate and appoint Susan Lee Maxwell as Executor including for me, my Will, and my estate.

5. MISCELLANEOUS. The following applies to this Will and generally.

In this document no unfilled part is a mistake and residue spaces may be left blank.

The facts support and I want Rhode Island law to apply to this Will and my estate.

Priority of Will gifts of the same type is based on the order they are written.

If a gift or section in this Will reasonably mentions survival in any way then such survival is an absolute condition and anti-lapse laws or similar have no effect.

The words "give" and "gift" also means a devise, bequest, grant, legacy, or similar.

A gift of property no longer owned by me at death shall lapse and be of no effect including no payment of money shall be done in its place.

Unless a Will gift specifies otherwise if a Will gift goes to multiple recipients if any do not survive me their part to them lapses and instead goes to other surviving recipients.

I am intentionally not providing by Will or other ways for some family, including I am specifically not providing for children of a deceased child of mine.

No earlier transfer reduces a Will gift unless I usually called it a loan or advancement.

Unless another meaning is shown use of plural includes the singular and vice versa, "they" can mean 1 person, and masculine, feminine, and neuter words are interchangeable.

Unless a Will specifically says otherwise a) a secured debt including a mortgage or lien shall not be paid off including by an Executor or in probate, b) a recipient of a Will gift of property takes it subject to debts, and c) no recipient of property who later loses it or who pays to keep it may require others or the estate to pay or do exoneration.

I request and authorize any informal, summary, and quick probate or similar action. Any Executor may act independently with no supervision of any court, including independent administration, and with no inventory, appraisal, or other action.

I give any Executor the a) fullest authority, discretion, and powers allowed by state law, b) power to lease, sell, mortgage, convey, or keep property including real property in a manner and time they deem helpful or proper, and c) authority to settle or pay claims or debts in the time and manner they in their sole discretion choose.

Any Executor has sole discretion how to divide a gift to several persons, how to carry out a general gift, and how to do a gift to multiple persons.

No lawyer hired should be paid based on a percentage of estate property or similar.

Any Guardian of any type, Conservator, Custodian, or other person managing a minor's property or money may use or invade the principal and sell property without court action.

If context permits the terms Executor and Personal Representative and Administrator are interchangeable, Guardian of the Estate and Conservator and Guardian of Property and Custodian are interchangeable, and residue and residuary are interchangeable. Any such person may stand in place and act and have all powers like the others.

The residue includes lapsed or failed gifts, insurance paid to the estate, digital assets, inheritances owed me, and all I had power of appointment or testamentary disposition over.

Any Executor, Personal Representative, Administrator, Guardian of any type like for a person or estate, Conservator, Custodian, and any other fiduciary under this Will or otherwise shall qualify and serve without bond, surety, security, surety bond, or similar.

If evidence does not show it likely a person survived me by 120 hours (5 days) then for this Will and my estate they shall be deemed in all ways as having died before me.

If part of this Will is by law invalid or unenforceable other provisions remain in effect.

Any Executor may at any time transfer money or property of a minor under age 18 to a Custodian to serve under the Rhode Island Uniform Transfers to Minors Act or a similar law anywhere, and they may pick the Custodian including themselves.

TESTATOR

IN WITNESS WHEREOF, I have signed this Will on the 8th day of June, 2022 .

Paul Samuel Maxwell
Testator's Signature

Paul Samuel Maxwell
Printed Name of Testator

WITNESSES

We the undersigned who are named below as Witnesses say the foregoing instrument was signed by the Testator in our presence and declared by the Testator to be the Testator's Will, and we the Witnesses do sign our names hereunto acting as witnesses at the request and in the presence of the Testator and in the presence of each other on the 8th day of June, 2022 .

Eve Mable Rogers
Witness Signature

Eve Mable Rogers, 14 2nd St., Providence, RI 02853
Printed Name and Residence of Witness

Mary Ann Moon
Witness Signature

Mary Ann Moon, 35 Buffalo Road, Denver, Colorado 84001
Printed Name and Residence of Witness

Sample Filled Out Form: Last Will and Testament (Guardian)
with Many Specific Gifts, Guardian Clause used, and Residue Given By Percentages

LAST WILL AND TESTAMENT

I, Paul Brian Baker, of Kent County, Rhode Island, do revoke all prior Wills and testamentary documents and do make, publish, and declare this as my Will. I am of sound mind and under no duress or undue influence and acting voluntarily.

1. LIST OF SPOUSE AND CHILDREN. To help show I am mentally competent and have sufficient memory to make a Will I wish to list any living spouse and living children I now have. I currently have the following living spouse and living children:

Ruth May Baker wife Oscar Elliot Baker young son
Karen Lisa Lundy daughter
Derek Rupert Baker son.

2. GIFTS. I give these gifts in this Will, but to get a gift in this section the recipient must survive me except as otherwise stated below.

I give big oak table to Anne J. Smith.

I give $5,000 and Ford Truck to Loretta Marsha Baxter.

I give buildings, land, and fixtures at 63 Wentworth Road, Pawtucket, Rhode Island to Kenneth Alan Ford.

I give all real property and fixtures I own in Washington County, Rhode Island to Amy Marie Fox and Pamela Sue Fox.

I give 903 Iceberg Road, Anchorage, Alaska to James Eric Hanson.

I give Irish jewelry and my wedding ring to Mary Natalie Swanson.

I give all jewelry not given above to Kay Baxter and Mary Baxter.

I give $781.35 to Mary Natalie Swanson and Kevin Kilby.

I give Wells Fargo acct ending in #8923 to Lawrence Deer a hunting buddy.

I give all spare tires and auto parts to Victor Perez my mechanic.

I give _____ to _____.

I give _____ to _____.

3. RESIDUE. I give the rest and residue and remainder of my estate, my money and property of any kind and nature, and anything I have an interest in so long as it was not transferred by other Will provisions (all of which is called the "residue"), as follows:

a) to Ruth May Baker my wife who survive me with persons just named who survive me taking the share of non-survivors, then

b) to 45% to Oscar Elliot Baker my son, and 45% to Karen Lisa Lundy my daughter, and 10% to Oscar Sanchez my friend and if any of those just named do not survive me their part goes to their lineal descendants, per stirpes.

4. ADMINISTRATION. I nominate and appoint Ruth May Baker my wife as Executor including for me, my Will, and my estate.

5. GUARDIAN. I name, nominate, and appoint Amanda Sue Brubaker my sister to be if needed the Guardian of any minor child of mine and to have care, authority, custody, and other control of them (including as Guardian of the Person of them). I also name this same person to be Guardian to have care, control, and power over all the property, money, and estate of any minor child of mine or other minor (including as Guardian of the Estate and, also, Conservator).

6. MISCELLANEOUS. The following applies to this Will and generally.

In this document no unfilled part is a mistake and residue spaces may be left blank.

The facts support and I want Rhode Island law to apply to this Will and my estate.

Priority of Will gifts of the same type is based on the order they are written.

If a gift or section in this Will reasonably mentions survival in any way then such survival is an absolute condition and anti-lapse laws or similar have no effect.

The words "give" and "gift" also means a devise, bequest, grant, legacy, or similar.

A gift of property no longer owned by me at death shall lapse and be of no effect including no payment of money shall be done in its place.

Unless a Will gift specifies otherwise if a Will gift goes to multiple recipients if any do not survive me their part to them lapses and instead goes to other surviving recipients.

I am intentionally not providing by Will or other ways for some family, including I am specifically not providing for children of a deceased child of mine.

No earlier transfer reduces a Will gift unless I usually called it a loan or advancement.

Unless another meaning is shown use of plural includes the singular and vice versa, "they" can mean 1 person, and masculine, feminine, and neuter words are interchangeable.

Unless a Will specifically says otherwise a) a secured debt including a mortgage or lien shall not be paid off including by an Executor or in probate, b) a recipient of a Will gift of property takes it subject to debts, and c) no recipient of property who later loses it or who pays to keep it may require others or the estate to pay or do exoneration.

I request and authorize any informal, summary, and quick probate or similar action. Any Executor may act independently with no supervision of any court, including

independent administration, and with no inventory, appraisal, or other action.

Any Executor has sole discretion how to divide a gift to several persons, how to carry out a general gift, and how to do a gift to multiple persons.

No lawyer hired should be paid based on a percentage of estate property or similar.

Any Guardian of any type, Conservator, Custodian, or other person managing a minor's property or money may use or invade the principal and sell property without court action.

The residue includes lapsed or failed gifts, insurance paid to the estate, digital assets, inheritances owed me, and all I had power of appointment or testamentary disposition over.

If evidence does not show it likely a person survived me by 120 hours (5 days) then for this Will and my estate they shall be deemed in all ways as having died before me.

If part of this Will is by law invalid or unenforceable other provisions remain in effect.

Any Executor may at any time transfer money or property of a minor under age 18 to a Custodian to serve under the Rhode Island Uniform Transfers to Minors Act or a similar law anywhere, and they may pick the Custodian including themselves.

TESTATOR

IN WITNESS WHEREOF, I have signed this Will on the 30th day of December, 20 21.

Paul Brian Baker

Testator's Signature

Paul Brian Baker

Printed Name of Testator

WITNESSES

We the undersigned who are named below as Witnesses say the foregoing instrument was signed by the Testator in our presence and declared by the Testator to be the Testator's Will, and we the Witnesses do sign our names hereunto acting as witnesses at the request and in the presence of the Testator and in the presence of each other on the 30th day of December, 2021.

Olivia Joy Pawlenty

Witness Signature

Olivia Joy Pawlenty, 82 Forest Road, Warwick, RI 02838

Printed Name and Residence of Witness

Roy Felix Pawlenty

Witness Signature

Roy Felix Pawlenty, 82 Forest Road, Warwick, RI 02838

Printed Name and Residence of Witness

Sample Filled Out Form: Last Will and Testament (Standard)
with Will modified to have a 1 Part Residue Clause

LAST WILL AND TESTAMENT

I, John David Smith, of Providence County, Rhode Island, do revoke all prior Wills and testamentary documents and do make, publish, and declare this as my Will. I am of sound mind and under no duress or undue influence and acting voluntarily.

1. LIST OF SPOUSE AND CHILDREN. To help show I am mentally competent and have sufficient memory to make a Will I wish to list any living spouse and living children I now have. I currently have the following living spouse and living children:

my good son Adam Michael Smith

2. GIFTS. I give these gifts in this Will, but to get a gift in this section the recipient must survive me except as otherwise stated below.

I give $100 to each one of cousins which will be about $1,400 in total.

I give $400 to Garner Food Shelf in Warwick, Rhode Island by the lake.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

3. RESIDUE. The rest and residue and remainder of my estate, my property of any kind and nature, and anything I have an interest in, I give to Adam Michael Smith and Judy Paula Ford who survive me and to lineal descendants per stirpes of a person just named who did not survive me.

4. ADMINISTRATION. I nominate and appoint Judy Paula Ford my sister as Executor including for me, my Will, and my estate.

5. MISCELLANEOUS. The following applies to this Will and generally.

In this document no unfilled part is a mistake and residue spaces may be left blank.

The facts support and I want Rhode Island law to apply to this Will and my estate.

Priority of Will gifts of the same type is based on the order they are written.

If a gift or section in this Will reasonably mentions survival in any way then such survival is an absolute condition and anti-lapse laws or similar have no effect.

The words "give" and "gift" also means a devise, bequest, grant, legacy, or similar.

A gift of property no longer owned by me at death shall lapse and be of no effect including no payment of money shall be done in its place.

Unless a Will gift specifies otherwise if a Will gift goes to multiple recipients if any do not survive me their part to them lapses and instead goes to other surviving recipients.

I am intentionally not providing by Will or other ways for some family, including I am specifically not providing for children of a deceased child of mine.

No earlier transfer reduces a Will gift unless I usually called it a loan or advancement.

Unless another meaning is shown use of plural includes the singular and vice versa, "they" can mean 1 person, and masculine, feminine, and neuter words are interchangeable.

Unless a Will specifically says otherwise a) a secured debt including a mortgage or lien shall not be paid off including by an Executor or in probate, b) a recipient of a Will gift of property takes it subject to debts, and c) no recipient of property who later loses it or who pays to keep it may require others or the estate to pay or do exoneration.

I request and authorize any informal, summary, and quick probate or similar action. Any Executor may act independently with no supervision of any court, including independent administration, and with no inventory, appraisal, or other action.

I give any Executor the a) fullest authority, discretion, and powers allowed by state law, b) power to lease, sell, mortgage, convey, or keep property including real property in a manner and time they deem helpful or proper, and c) authority to settle or pay claims or debts in the time and manner they in their sole discretion choose.

Any Executor has sole discretion how to divide a gift to several persons, how to carry out a general gift, and how to do a gift to multiple persons.

No lawyer hired should be paid based on a percentage of estate property or similar.

Any Guardian of any type, Conservator, Custodian, or other person managing a minor's property or money may use or invade the principal and sell property without court action.

If context permits the terms Executor and Personal Representative and Administrator are interchangeable, Guardian of the Estate and Conservator and Guardian of Property and Custodian are interchangeable, and residue and residuary are interchangeable. Any such person may stand in place and act and have all powers like the others.

The residue includes lapsed or failed gifts, insurance paid to the estate, digital assets,

inheritances owed me, and all I had power of appointment or testamentary disposition over.

Any Executor, Personal Representative, Administrator, Guardian of any type like for a person or estate, Conservator, Custodian, and any other fiduciary under this Will or otherwise shall qualify and serve without bond, surety, security, surety bond, or similar.

If evidence does not show it likely a person survived me by 120 hours (5 days) then for this Will and my estate they shall be deemed in all ways as having died before me.

If part of this Will is by law invalid or unenforceable other provisions remain in effect.

Any Executor may at any time transfer money or property of a minor under age 18 to a Custodian to serve under the Rhode Island Uniform Transfers to Minors Act or a similar law anywhere, and they may pick the Custodian including themselves.

TESTATOR

IN WITNESS WHEREOF, I have signed this Will on the 21st day of June, 2021.

John David Smith

Testator's Signature

John David Smith Printed Name of Testator

WITNESSES

We the undersigned who are named below as Witnesses say the foregoing instrument was signed by the Testator in our presence and declared by the Testator to be the Testator's Will, and we the Witnesses do sign our names hereunto acting as witnesses at the request and in the presence of the Testator and in the presence of each other on the 21st day of June, 2021.

John Elliot Potter

Witness Signature

John Elliot Potter, 2 Spruce St, Sherwood, RI 02850

Printed Name and Residence of Witness

Ann Paula Blom

Witness Signature

Ann Paula Blom, 70 Rocky Road, Clarksville, RI 02828

Printed Name and Residence of Witness

Sample Filled Out Form: Self-Proving Affidavit

SELF-PROVING AFFIDAVIT

STATE OF RHODE ISLAND

COUNTY OF PROVIDENCE

In the city of Smithfield, Rhode Island, on this 21st day of June, 2021, before me personally appeared the undersigned, who, being duly sworn, depose and say that:

they witnessed the execution of the Will of John David Smith;

that the signature to the Will is in the handwriting of the Testator or was made by some other person for the Testator, in the Testator's presence, and by the Testator's express direction;

that the Testator so subscribed the Will and declared the same to be Last Will of the Testator in their presence;

that they thereafter subscribed the same acting as witnesses in the presence of the Testator and in the presence of each other;

that at the time of execution of the Will the Testator appeared to be of sound mind and 18 years of age or over;

and that the signatures of the Witnesses on the Will are genuine.

John Elliot Potter
Witness Signature

Ann Paula Blom
Witness Signature

Subscribed and sworn to before me on the day and date first above written,

Anitzha Grafals
Notary public

ANITZHA GRAFALS
Notary Public
State of Rhode Island
My Commission Expires 03/22/2025