

**WILL WORKSHEET**

- After filling out this form, completion of your documents requires an appointment with an attorney. Call (478) 926-9276 (DSN 468-9276), or visit Bldg 215 during working hours, to schedule an appointment. At the conclusion of your appointment, be prepared to schedule a will signing date. Will signings take place on **Wednesday mornings at 10am & afternoons 2pm**. Please arrive 15-30 min. early for your scheduled signing.
- To complete a similar worksheet online (with more detail), see: <https://aflegalassistance.law.af.mil/las/las.html>

BIOGRAPHICAL INFORMATION:						
Full Legal Name:						
DoD ID #:						
Sex:		<input type="checkbox"/> Male			<input type="checkbox"/> Female	
Address:						
Contact Phone No.:				Email:		
State of Legal Residence: _____						
Also known as "domicile," this is the state where you have maintained contacts, such as property or voter registration, & where you intend to return permanently. Generally, it should be the state listed on your LES & W-2. For military members, this may be your home of record if you maintained contacts with that state & did not take affirmative steps to change it.						
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No [See Below]						
Our office cannot prepare wills for non-citizens (or wills that leave property to non-citizens) due to tax considerations that exceed the scope of the Legal Assistance program. A list of local attorneys, who may assist, is available upon request.						
Are there any communication/language barriers, concerns re: capacity (e.g., Alzheimer's/dementia), or similar concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes. If "Yes," explain:						
SERVICES REQUESTED:						
<input type="checkbox"/> Will		A will is a legal document specifying how and to whom you desire your property to be distributed at your death. It may also name people to do important jobs, such as a personal representative or executor of your estate, a trustee (if you have established a trust), and guardians for minor children.				
<input type="checkbox"/> Living Will		A living will is a document that allows you to make known your wishes as to whether life sustaining or death-delaying procedures should be withheld/withdrawn in limited circumstances. A living will is effective only in the event that you suffer from one or more of the following specific conditions: a terminal illness; a coma with no reasonable expectation of recovery; or a persistent vegetative state with no reasonable expectation of regaining significant cognitive function.				
<input type="checkbox"/> Durable POA for Healthcare		<p>A power of attorney (POA) is a legal document that gives someone you choose the power to act in your place. In case you ever become mentally incapacitated, you'll need what are known as "durable" POAs for healthcare and finances. With a durable POA, the person you name will be legally permitted to take care of important matters for you (e.g., paying your bills, managing your investments, directing your medical care, etc.) if you are unable to do so yourself. If you don't have durable POAs and something happens to you, your loved ones may have to go to court to get the authority to handle your affairs. To cover all of the issues that matter to you, you will likely need two separate documents – one that addresses healthcare issues and another to take care of your finances.</p> <ul style="list-style-type: none"> • Durable POA for Healthcare (Medical POA). This document names a trusted person (agent) to oversee your medical care and make healthcare decisions for you if you are unable to do so on your own behalf. Your agent will work with doctors and other healthcare providers to make sure you get the kind of medical care you wish to receive. • Durable POA for Finances (Durable General POA). This document gives a trusted person (agent) the authority to handle different types of financial affairs (e.g., banking/business transactions, taxes, etc.) for you if you are unable to do so on your own behalf. [Note: If need be, these POAs may also be drafted to take effect <i>immediately</i>.] 				
<input type="checkbox"/> Durable POA for Finances (Durable General POA)						
A special POA grants limited authority to perform specific acts (e.g., selling a car). Worksheets for special POAs are available online: https://aflegalassistance.law.af.mil/las/las.html (& can also be accessed using the kiosk in Bldg 708)						
MILITARY STATUS:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In military service	Retired	Spouse of military member	Spouse of retiree	Dependent of military member	Dependent of retiree	

MARITAL STATUS:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single; never married	Widow/widower	Divorced; not married now	Married once; spouse alive	Married; had prior marriage
Full Legal Name of Spouse: _____				
Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No [See Below]				
The Legal Office cannot prepare wills for non-citizens (or wills that leave property to non-citizens) due to tax considerations that exceed the scope of the Legal Assistance program. A listing of local attorneys, who may assist, is available at the Front Desk upon request.				
CHILDREN:				
How many children do you have? _____				
Are any children from a previous marriage or relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Note: If you have children from a previous marriage/relationship, electing your current spouse as the primary beneficiary may prevent these children from receiving part of your estate. If you die before your spouse, your spouse can simply amend his/her will and choose to leave your children nothing.				
Child #1:				
Full Legal Name of Child: _____				
Age: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Check any that apply:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Biological	Adopted	Stepchild	Has Physical/Mental Disability: _____
Child #2:				
Full Legal Name of Child: _____				
Age: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Check any that apply:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Biological	Adopted	Stepchild	Has Physical/Mental Disability: _____
Child #3:				
Full Legal Name of Child: _____				
Age: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Check any that apply:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Biological	Adopted	Stepchild	Has Physical/Mental Disability: _____
Do you have a child or spouse not mentioned above? [Yes/No] If so, please attach a separate sheet to explain.				
DISINHERITANCE:				
Would you like to disinherit someone (spouse; a child)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
"Disinheriting" someone means that it is your desire that the individual receive nothing from your estate.				
Full Legal Name(s) of Individual(s) to Disinherit: _____		Relationship of Individual(s) to Disinherit: _____		
FUNERAL ARRANGEMENTS:				
Do you wish to express your desires regarding funeral arrangements?:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate your desires (e.g., burial/cremation w/ military honors, specific location, arrangements already made, etc.): _____				
ESTATE INFORMATION:				
Estimated Value of Your Estate (e.g., under \$500k; over \$1M; over \$10M; etc.):			\$ _____	
Do you own any real estate that you want to leave under your will?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address(es) of real estate owned: _____				
RESIDUARY ESTATE & SPECIFIC BEQUESTS:				
These questions cover who you want to inherit your estate. Your <i>estate</i> consists of real estate and personal property. Real estate includes land, houses, and other buildings. Personal property includes jewelry, furniture, vehicles, bank accounts, and financial instruments (stocks, etc.). You will see the phrase " Residuary Estate " in your will – this is everything you own at the time of death that is not specifically named and given to someone in the will or set aside in the will. There are several options for handling the inheritance of your estate. You can simply choose to give everything you own to named individuals, such as a spouse (frequently done), so that your entire estate is part of the residuary estate. Or, you can also carve out portions of your real estate or personal property and leave it to different people. You will also have the option to give specific gifts and cash to people (not frequently done).				

RESIDUARY ESTATE: To whom do you wish to leave your property? [If a beneficiary passes away before you, and you want his/her share to go to his/her children as his/her backup, then you want the beneficiary to take the bequest “ <i>per stirpes</i> ” or “by representation.” This is often done to ensure that children inherit in the place of a deceased parent.]					
Individual(s) to Receive All of My Property FIRST:					
Full Legal Name:					
Relationship:		Share (%):		Per Stirpes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Legal Name:					
Relationship:		Share (%):		Per Stirpes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual(s) to Receive All of My Property if Those Above Die Before I Do (Alternate #1):					
Full Legal Name:					
Relationship:		Share (%):		Per Stirpes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Legal Name:					
Relationship:		Share (%):		Per Stirpes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual(s) to Receive All of My Property if Those Above Die Before I Do (Alternate #2):					
Full Legal Name:					
Relationship:		Share (%):		Per Stirpes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Legal Name:					
Relationship:		Share (%):		Per Stirpes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIFIC BEQUESTS & OTHER BEQUESTS: A specific bequest is a gift of a specific item/asset to a specific individual. For example, if your Residuary Estate (all of your property) goes to your spouse, you can first set aside specific items to go to specific individuals (e.g., your wedding ring, or all jewelry, for a specific child). You can also give your real estate to a different beneficiary than your residuary estate or make cash bequests.					
Is there any property that you would like treated differently than your Residuary Estate?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you would like to make any specific bequests, please provide them below (or attach a separate sheet):					
<u>Item:</u>		<u>Recipient(s):</u>			
If you would like to give your real estate in a different manner, please describe (or attach a separate sheet):					
<u>Property:</u>		<u>Recipient(s):</u>			
If you would like to make any cash bequests (cash gifts), please provide them below (or attach a separate sheet):					
<u>Cash Amount:</u>		<u>Recipient(s):</u>			
EXECUTOR / PERSONAL REPRESENTATIVE:					
An executor or personal representative is an adult appointed by the court who handles the administrative matters of your estate such as settling your debts, closing your accounts, filing court paperwork, and distributing items and money to your beneficiaries. It is highly recommended that you select a primary and an alternate.					
Primary: Please provide the full legal name of your desired Executor to handle your affairs after death:					
Full Legal Name of Executor:					
Relationship:		State Where Individual Resides:			
Alternate #1: Your primary choice may be unable/unwilling to serve. Please name an alternate below:					
Full Legal Name of Executor:					
Relationship:		State Where Individual Resides:			
Other Alternates: Are other alternates desired? If so, please attach a separate sheet with the information above.					
MINOR CHILDREN: GUARDIAN:					
The guardian of a minor looks after the direct physical well-being of the minor in the event a biological parent is not alive. If so designated, the guardian may also control the assets of the minor's estate, and receive and maintain any money due the minor for his/her care or support.					
Primary: Please provide the full legal name of your desired Guardian for your minor children:					
Full Legal Name of Guardian:					
Relationship:		State Where Individual Resides:			
Alternate #1: Your primary choice may be unable/unwilling to serve. Please name an alternate below:					
Full Legal Name of Guardian:					
Relationship:		State Where Individual Resides:			
Other Alternates: Are other alternates desired? If so, please attach a separate sheet with the information above.					

MINOR CHILDREN: INHERITING:

Generally, state laws restrict distribution of your estate to a minor until he/she reaches the age of majority, which is typically either 18 or 21. Delaying distribution beyond the age of majority may require creation of a *trust*. There may be benefits to delaying distribution to an age of greater maturity. A legal assistance attorney can advise you on the creation of a simple testamentary trust for your children (single trust or multiple trusts) if you are interested.

At what age would you like for your children to receive their property distribution under your will?: _____

If you are interested in setting up a trust for minor children, you will need to nominate a *Trustee*. The duties of the Trustee include holding, managing, controlling, and distributing the assets transferred from the Testator's estate.

Primary: Please provide the full legal name of your desired Trustee for the trust for your minor children:

Full Legal Name of Trustee: _____

Relationship: _____

State Where Individual Resides: _____

Alternate #1: Your primary choice may be unable/unwilling to serve. Please name an alternate below:

Full Legal Name of Trustee: _____

Relationship: _____

State Where Individual Resides: _____

Other Alternates: Are other alternates desired? If so, please attach a separate sheet with the information above.

LIVING WILL:

In the event of an incurable, terminal medical condition, or persistent and irreversible unconsciousness, do you desire life-sustaining treatment such as breathing machines or CPR? Yes No

Do you desire life-sustaining treatment such as food and water through a tube if you can no longer chew or swallow on your own? Yes No

Do you wish to express a desire to die at home rather than in a hospital? Yes No

DURABLE POA FOR HEALTHCARE:

Primary: Who do you want to designate as your agent to make medical/healthcare decisions on your behalf?:

Full Legal Name of Agent: _____ Relationship: _____

Address: _____

Telephone No.: _____

Alternate #1: Your primary choice may be unable/unwilling to serve. Please name an alternate below:

Full Legal Name of Agent: _____ Relationship: _____

Address: _____

Telephone No.: _____

Other Alternates: Are other alternates desired? If so, please attach a separate sheet with the information above.

Upon your death, do you wish to donate your organs for transplant? Yes No

Do you authorize the donation of your organs for medical, educational, or scientific research (e.g., donation of your body to science for cadaver study, etc.)? Yes No

Are you currently in a hospital or nursing facility? Yes No

A separate POA can be created to appoint a person to determine where and how your body is buried/cremated. If you are currently separated or anticipating divorce, this document is recommended. Ask your attorney about it.

DURABLE POA FOR FINANCES (DURABLE GENERAL POA):

Would you like to name the same agents as your Durable POA for Healthcare?: Yes No

Primary: Who do you want to designate as your agent to make financial decisions on your behalf?:

Full Legal Name of Agent: _____ Relationship: _____

Address: _____

Telephone No.: _____

Alternate #1: Your primary choice may be unable/unwilling to serve. Please name an alternate below:

Full Legal Name of Agent: _____ Relationship: _____

Address: _____

Telephone No.: _____

Other Alternates: Are other alternates desired? If so, please attach a separate sheet with the information above.

** Final Note: Please update insurance beneficiary designations (e.g., SGLI) on a regular basis and after major life events! **