



WILL WORKSHEET



- Completion of your documents requires two appointments: (1) an appointment with an attorney, and (2) a document signing appointment. Call (478) 926-9276 (DSN 468-9276) to schedule an appointment.

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.					
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"/> Advance Directive for Health Care	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. 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. [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)	<ul style="list-style-type: none">• Advanced Directive for Health Care. 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. In addition, it allows you to make known your wishes regarding life sustaining or death-delaying procedures.• 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.				
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					
MILITARY STATUS:					
<input type="checkbox"/> In military service	<input type="checkbox"/> Retired	<input type="checkbox"/> Spouse of military member	<input type="checkbox"/> Spouse of retiree	<input type="checkbox"/> Dependent of military member	<input type="checkbox"/> Dependent of retiree
MARITAL STATUS:					
<input type="checkbox"/> Single; never married	<input type="checkbox"/> Widow/widower	<input type="checkbox"/> Divorced; not married now	<input type="checkbox"/> Married once; spouse alive	<input type="checkbox"/> 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.					

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"/> Biological	<input type="checkbox"/> Adopted	<input type="checkbox"/> Stepchild	<input type="checkbox"/> 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"/> Biological	<input type="checkbox"/> Adopted	<input type="checkbox"/> Stepchild	<input type="checkbox"/> 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"/> Biological	<input type="checkbox"/> Adopted	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Has Physical/Mental Disability: _____
Child #4:				
Full Legal Name of Child:				
Age:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Check any that apply:	<input type="checkbox"/> Biological	<input type="checkbox"/> Adopted	<input type="checkbox"/> Stepchild	<input type="checkbox"/> 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	
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):					
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):					
Item:		Recipient(s):			
If you would like to give your real estate in a different manner, please describe (or attach a separate sheet):					
Property:		Recipient(s):			
If you would like to make any cash bequests (cash gifts), please provide them below (or attach a separate sheet):					
Cash Amount:		Recipient(s):			
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:			State Where Individual Resides:		
Alternate: Your primary choice may be unable/unwilling to serve. Please name an alternate below:					
Full Legal Name of Executor:			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:			State Where Individual Resides:		
Alternate: Your primary choice may be unable/unwilling to serve. Please name an alternate below:					
Full Legal Name of Guardian:			State Where Individual Resides:		
Other Alternates: Are other alternates desired? If so, please attach a separate sheet with the information above.					
MINOR CHILDREN: INHERITING (TRUSTEE):					
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 <i>trust</i> . 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: Your primary choice may be unable/unwilling to serve. Please name an alternate below:

Full Legal Name of Trustee:

Relationship:

State Where Individual Resides:

ADVANCE DIRECTIVE FOR HEALTH CARE:

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

Full Legal Name of Agent:

Relationship:

Address:

Telephone No.:

Will your agent have the power to make decisions about the final disposition of your body?

☐ Yes

☐ No

Are you currently in a hospital or nursing facility?

☐ Yes

☐ No

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

In the event of an incurable, terminal medical condition, or persistent and irreversible unconsciousness, 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 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: Your primary choice may be unable/unwilling to serve. Please name an alternate below:

Full Legal Name of Agent:

Relationship:

Address:

Telephone No.:

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