

# WILL WORKSHEET

**Please call Lt Col Nicole Navin, USU BDE/SJA, at (301) 295-9699 for an appointment**

**AUTHORITY:** 10 U.S.C. 8037, Judge Advocate General: Appointments and duties; and E.O. 9397 (SSN). **PURPOSE:** Records kept rendering proper advice for continuing assistance in final preparation of your Last Will and Testament. Used by attorney and client with attorney-client relationship to assist in personal legal problems. **ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein, may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The 'Blanket Routine Uses' published at the beginning of the Air Force's compilation of systems of records notices (at: <http://www.defenselink.mil/privacy/notices/blanket-uses.html>) apply to this system. **DISCLOSURE:** Providing your personal information is voluntary; however, if not provided your application for delegation, preparation, and execution of your "Will" cannot not be processed. Privacy Act Systems Notice F051 AF JA C - Legal Assistance Administration, at: <http://www.defenselink.mil/privacy/notices/usaf/F051AFJAG.shtml>) applies.

## Please note the following:

1. Your will is a very important document. This questionnaire is designed to collect important information to minimize the time you have to spend in the legal office.
2. Please bring names, addresses, and phone numbers of anyone you desire to appoint as a personal representative or executor, guardian of minor children, or beneficiaries of any special gifts of cash or property.
3. If you desire to make any charitable gifts upon your death, in advance of your appointment please contact the agency you wish to designate for appropriate charitable donation information and requirements, and bring this information to your appointment.
4. You must bring your DoD Identification Card with you to your appointment.
5. I desire the following (*Check all that apply*):

- Will
- Living Will (*specifying whether or not to extend certain life support measures in the event of a terminal condition*)
- Durable Power of Attorney for Health Care (*appointing an agent to make health care decisions in case of incapacity*)
- General Power of Attorney (*Please choose one or both options below.*)
  - In the Event of Incapacity (*to deal with your affairs in the event of your temporary incapacity due to injury*)
  - Effective Immediately
- Other Powers of Attorney

## Please Print Legibly

### **SECTION A: PERSONAL INFORMATION**

Last Name, First, MI	
Full Address	Home Phone: _____
State of Legal Residence	Cell Phone: _____
	Duty Phone: _____
	Spouse's Phone: _____

#### 1. MARITAL STATUS

- Single, never married
- Now married, no previous marriages
- Divorced or Widowed, not remarried
- Now married, and previously married to another person

2. **IF MARRIED, NAME OF CURRENT SPOUSE:** \_\_\_\_\_  
 Do you and your spouse live at the same address? \_\_\_\_ Yes \_\_\_\_ No  
 If you answered no, please provide spouse's address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Is your spouse a U.S. citizen? \_\_\_\_ Yes \_\_\_\_ No

3. **VALUE OF ESTATE:** Do your current assets exceed \$1 million? \_\_\_\_ Yes \_\_\_\_ No

4. Do you have **CHILDREN**? \_\_\_\_ Yes \_\_\_\_ No

a. Name and age of all biological and adopted children with your current spouse.

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

b. Name and age of all biological and adopted children from previous relationships:

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

c. Do you have any step-children with your current spouse? \_\_\_\_ Yes \_\_\_\_ No

If yes:

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

d. If you have any stepchildren, do you want them to receive an equal share of your assets with your natural or adopted children at your death? \_\_\_\_ Yes \_\_\_\_ No

5. **DISINHERITING INDIVIDUALS.** Do you specifically want to disinherit (prevent them from receiving anything) your spouse, children, or anyone else to the maximum extent by law in your will?

If yes:

\_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**SECTION B. DISPOSITION OF YOUR ESTATE**

1. Do you wish to make any specific gifts of cash or personal property? \_\_\_\_ Yes \_\_\_\_ No  
*(If yes, note that these bequests will be distributed first and may deplete your estate. If you have requests, please list them at the bottom of this page, or on a separate page.)*

2. Do you wish to transfer any real estate under your will to a particular beneficiary? \_\_\_\_ Yes \_\_\_\_ No  
 Beneficiary and description of property (subdivision, lot, block): \_\_\_\_\_

*If you currently own a home with your spouse, both of your names are on the title, and you are in a state with joint tenancy with right of survivorship (such as ID), you do not need to specify that your residence go to your spouse. Upon your death, it will pass outside the will to your spouse. (Your mortgage should specify the type of title.)*

3. To whom do you wish to leave your **residuary estate** (everything not specifically bequeathed above)?  
**Primary Beneficiary** \_\_\_\_ Spouse \_\_\_\_ My children \_\_\_\_ Other (name) \_\_\_\_\_  
**First Alternate (recommended)** \_\_\_\_ My children \_\_\_\_ Other (name) \_\_\_\_\_  
 \_\_\_\_ My parent(s) \_\_\_\_\_, \_\_\_\_\_  
**Second Alternate (if any)** \_\_\_\_\_ Relationship \_\_\_\_\_

a. If one of your children were to die before you and leave children of their own, do you want your deceased child's share to pass to \_\_\_\_ his/her children (your grandchildren), or \_\_\_\_ to be shared by your remaining children?

5. **AGE OF BENEFICIARY.** If you have children under the age of 18 (or if you plan to leave any assets to children under the age of 18), at what age do you want them to be able to take whatever you have left for them?

\_\_\_ 18 \_\_\_ 21 \_\_\_ 25 \_\_\_ Other (please specify):  
(Selection of an age over 21 will force the creation of an express trust.)

a. If you have children under the age of 18, and you are giving them something, what do you want to have happen with your gift to them until they reach the age you have identified?

\_\_\_ Held by my executor

\_\_\_ Held by separate individual (Guardian of the Property)

(Both of these options by law allow for the use of the assets for the child's maintenance and education, as well as for the ability to make an early distribution before the child reaches majority at the Guardian's/Executor's discretion.)

\_\_\_ Held by a trustee

\_\_\_ Trustee may use the assets for the child's maintenance and education.

\_\_\_ Trustee may make an early distribution of the assets at his/her discretion.

**SPECIFIC GIFTS OF CASH OR PERSONAL PROPERTY:** Please include name, address, phone number, and specific description of items/cash to be given. Example: I desire my 1965 yellow gold Air Force Academy class ring to go to my son (name), at address X, phone number Y. You may make as many as you need, or include on a separate sheet if you desire. Include charitable gifts here as well with appropriate information.

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**SECTION C: PERSONAL REPRESENTATIVE OR EXECUTOR**

A personal representative or executor is the person you desire to be responsible for collecting all your assets and disposing of them according to your desires. This should be someone you trust.

**Personal Representative** \_\_\_ My Spouse \_\_\_ Other (please specify) \_\_\_\_\_

**Co-Representative** \_\_\_\_\_ Relationship \_\_\_\_\_

(Only assign a co-representative if you wish to require your personal representative to make decisions only with the approval/agreement of this second person.)

**Alternate (to act if your first choice cannot)** \_\_\_\_\_ Relationship \_\_\_\_\_

**Co-Alternate Representative** \_\_\_\_\_ Relationship \_\_\_\_\_

(Only assign a co-representative if you wish to require your alternate personal representative to make decisions only with the approval/agreement of this second person.)

**SECTION D: DISPOSITION OF REMAINS**

a. Do you desire to be buried or cremated? \_\_\_ Buried \_\_\_ Cremated

b. Do you desire Full Military Honors (if applicable) at your ceremony? \_\_\_ Yes \_\_\_ No

c. Do you have any special requests for burial location or disposition of ashes? \_\_\_ Yes \_\_\_ No

If yes, please specify. (Example: I want to be buried in my hometown of "X" or my ashes interred at "Y".)

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Information about Arlington National Cemetery:

Eligibility for interment (ground burial), inurnment (ashes kept in urn), or scattering of ashes:

- Active duty member of Armed Forces
- Any veteran who is retired from active military service with the Armed Forces
- Any veteran who is retired from the Reserves is eligible upon reaching age 60 and drawing retired pay; and who served a period of active duty (other than for training).
- Any former member of the Armed Forces who has been awarded one of the following decorations: Medal of Honor, Distinguished Service Cross (Navy Cross or Air Force Cross), Distinguished Service Medal, Silver Star, or Purple Heart
- Spouses and minor children of those eligible

Visit [http://www.arlingtoncemetery.org/funeral\\_information/guide.eligibility.html](http://www.arlingtoncemetery.org/funeral_information/guide.eligibility.html) for more details.

**SECTION E: GUARDIANSHIP OF MINOR (UNDER 18) CHILDREN**

This is the person(s) you want to be responsible for the welfare of your child(ren) if no parent survives. We recommend specifying someone if there is a possibility you will have another child in your lifetime. Co-guardianship works the same as for your personal representative. If you want a second person (such as Aunt and Uncle) to be responsible, specify a co-guardian.

**Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_  
**Co-Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_  
**Alternate (if any)** \_\_\_\_\_ Relationship \_\_\_\_\_  
**Co-Alternate (if any)** \_\_\_\_\_ Relationship \_\_\_\_\_

**OTHER LEGAL DOCUMENTS:**

**SECTION F: LIVING WILL**

If you have a terminal, incurable medical condition and your life is only being prolonged by life support, this document "speaks for you" to inform the doctors of your wish to terminate life support.

- a. Would you prefer to live out your last days at home rather than at the hospital? \_\_\_Yes \_\_\_No
- b. Do you wish to donate tissue and organs? \_\_\_Yes \_\_\_No  
If yes, do you want to limit your donation to transplants only rather than for any medical, educational, or scientific purposes? \_\_\_Yes, limit to transplant only \_\_\_No, do not place a limit on tissue and organ donation  
Are there any organs you specifically wish to exclude? If so, please list: \_\_\_\_\_

**SECTION G: DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

This power of attorney appoints an agent to make health care decisions for you in the event you become incapacitated. If you elect to appoint an agent for health care decisions but do not wish to have a living will, you must specifically give your agent the power to end life support. If you do have a living will, this agent will be responsible for carrying out your wishes as communicated by that document. This agent should be someone you trust.

- a. Name of **Primary** appointee: \_\_\_\_\_ **Secondary** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (include area code) \_\_\_\_\_
- b. Do you wish to authorize your attorney-in-fact to donate tissue and organs? \_\_\_Yes \_\_\_No  
If yes, \_\_\_limit to transplant only \_\_\_do not place a limit on tissue and organ donation
- c. Do you want the same person you appointed as your agent for health care decisions to be the same person who is authorized to take care of your remains after your death?  
\_\_\_Yes \_\_\_No (If no, please specify who, and his or her address and phone number.) \_\_\_\_\_

**SECTION H: GENERAL POWER OF ATTORNEY**

\_\_\_ IN THE EVENT OF INCAPACITY *If you are in the hospital undergoing treatment and are temporarily incapacitated for a period of time, this document appoints an agent who will have the ability to act in your place, especially to deal with financial matters. This agent's power only comes into existence upon your incapacity.*

\_\_\_ EFFECTIVE IMMEDIATELY

- a. Would you like to appoint the same agent(s) as you designated in your Durable Power of Attorney for Health Care?  
\_\_\_Yes \_\_\_No
- b. If not, please list your agent(s) here:  
Name of **Primary** appointee: \_\_\_\_\_ **Secondary** \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (include area code) \_\_\_\_\_
- c. Would you like to specifically give your agent any of the following powers:  
\_\_\_ Sale / Maintenance of Real Estate. If yes, address: \_\_\_\_\_  
\_\_\_ Ability to carry out a business (access accounts, pay bills, collect debts, etc.) If yes, name of business and address: \_\_\_\_\_  
\_\_\_ Ability to pay taxes and file returns  
\_\_\_ Ability to make decisions regarding retirement benefit plans and/or IRAs  
\_\_\_ Other: \_\_\_\_\_