Will Worksheet

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This information is subject attorney-client privilege and may not be released without your consent. Please be very careful to provide complete and correct spelling for each name provided. CAUTION: Even when filled out this worksheet is not a valid legal document

Full Name (First Middle Last)

Current Street Address

Rank

Branch

SSN (Last 4)

US Citizen

- ◯ Yes
- ◯ No

Do you have a prior will or estate plan?

- ◯ Yes
- ◯ No

What is your duty status?

- ◯ Active Duty
- ◯ Retired
- ◯ Reserve
- ◯ National Guard
- ◯ Civilian

Email

Are there any trusts (NOT in any will), such as living trusts, already established for the benefit of yourself, any family members or other beneficiaries?

- ◯ Yes
- ◯ No

Marital Status

- [ ] Married once, and my spouse is alive
- [ ] Married and spouse is alive, but was married before (prior spouse died or was divorced)
- [ ] Widow/Widower
- [ ] Previously married, but now divorced and single
- [ ] Single, never married
- [ ] Separated getting divorced
- [ ] Party to a same-sex marriage
- [ ] domestic partnership
- [ ] civil union

Current spouse's name (First Middle Last)

Current Address (if different)

SSN (Last 4)

US Citizen

- ◯ Yes
- ◯ No

Resident Alien

- ◯ Yes
- ◯ No

Do you have any children?

- ◯ Yes
- ◯ No

If yes, are any children under 18?

- ◯ Yes
- ◯ No

Are you expecting a child?

- ◯ Yes
- ◯ No

Approximate value of your estate (not including life insurance)

Value of life insurance (self)

Do you own a family farm/family owned business?

- ◯ Yes
- ◯ No

Do you own real estate?

- ◯ Yes
- ◯ No

Do you own real estate jointly with your spouse?

- ◯ Yes
- ◯ No

Do you own any other real estate?

- ◯ Yes
- ◯ No

Do you wish to pass specific property separately?

- ◯ Yes
- ◯ No

I want to leave all my property to:

- [ ] My spouse. If my spouse does not outlive me then I want to leave all of my property to my children.
- [ ] One specific beneficiary
- [ ] Specific people to share equally
- [ ] A group of people described as a class
- [ ] Some other unequal division between the beneficiaries
- [ ] Other

Is there anyone whom you wish to disinherit (receive nothing from your probate estate under any circumstances)? Please list full name and relationship:

If any of your beneficiaries are minors, how do you want their gifts distributed to them?

- ◯ I want to give my executor broad power and discretion to decide the best manner to distribute property to minor children
- ◯ I want to establish a TESTAMENTARY TRUST FOR MINOR CHILDREN

Age of Distribution

- [ ] 18
- [ ] 21
- [ ] 1/2 at age 21 and 1/2 at age 25
- [ ] 1/3 at age 21, 1/3 at age 25, and 1/3 at age 30
- [ ] Some other age

Do you want the trust assets for more than one person to be held in separate trusts for each person, or a single trust?

- ◯ Single Trust
- ◯ Separate trusts for each person

Who do you wish to appoint as your personal representative?

- ☐ Spouse
- ☐ Spouse and co-personal representative
- ☐ Spouse and successor personal representative
- ☐ One personal representative other than spouse
- ☐ Two co-personal representatives neither of which is spouse
- ☐ One personal representative and a successor personal representative neither of which is your spouse

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Do you want a living will valid in the United States?

- ◯ Yes
- ◯ No

Do you want a Health Care Power of Attorney valid in the U.S.?

- ◯ Yes
- ◯ No

Who would you want to make medical decisions for you if you were unable to make them for yourself?
Name:

Relationship:

Address:

Phone number:

Do you want your agent to have the authority to donate your organs for transplants?

- ◯ Yes
- ◯ No

Do you want to include a statement that you prefer to die at home rather than at a hospital?

- ◯ Yes
- ◯ No

Do you want your agent to also be authorized to handle the disposition of your remains?

- ◯ Yes
- ◯ No

At my death I prefer:

- [ ] To be cremated
- [ ] To be buried at sea
- [ ] To have my body given for medical/scientific purposes
- [ ] To be buried at a specified gravesite location

With full military honors?

- ◯ Yes
- ◯ No

Do you want a Durable Power of Attorney?

- ◯ Yes
- ◯ No

Do you want the same people listed on the Healthcare Power of Attorney?

- ◯ Yes
- ◯ No
