

Will Worksheet

PRIVACY ACT NOTICE

AUTHORITY: 10 U.S.C. 1044 PRINCIPAL PURPOSES: To collect intake information for legal assistance appointments.

ROUTINE USES: DoD 'Blanket Routine Uses' apply: <https://dpcl.d.defense.gov/Privacy/About-the-Office/DoD-Federal-Privacy-Rule/Appendix-C/>

DISCLOSURE IS VOLUNTARY: You are not required to complete this form but failure to do so may result in a delay of legal assistance services

I. Personal Information:

1. First Name		2. Middle Name		3. Last Name	
4. DoD ID Number:	5. Rank:		6. Unit:		7. Sex: ___ Male ___ Female
8. Military Status: ___ Active Duty ___ Military Dependent ___ Retiree ___ Retiree Dependent			9. Branch: ___ Air Force ___ Marine ___ Space Force ___ Army ___ Navy		
10. City, County, and State of Residency:				11. Do you wish the information in block 10 be included in your will? ___ Yes ___ No	
12. Mailing Address:				13. Citizen Of:	
14. City:		15. State:		16. Zip Code:	

II. Contact Information:

1. DSN:	2. Cell Phone #:	3. Email:
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III. Services Requested

Check All That Apply:

- ☐ Will
☐ Living Will
☐ Durable Power of Attorney for Health Care
☐ Springing General Power of Attorney

IV. Dependent Information

1. Are you married? ___ Yes ___ No		2. Spouse's Full Name:			
3. Spouse Is A Citizen Of:		4. What is your spouse's status: ___ Active Duty Military ___ Civilian ___ Retired			
5. Does your spouse want a will created for him/her using the answers you have provided in this worksheet? ___ Yes ___ No					
6. Do you have any children (biological, adopted, or step-children)? ___ Yes ___ No				7. Number of Children?	
8. Name of Child		Age	Date of Birth	Relation	
9. Do you wish to make a declaration regarding your children (biological, adopted, or step-children)? ___ Yes ___ No ___ Not Applicable					
10. Do you wish to disinherit one or more of your children listed above? ___ Yes ___ No ___ Not Applicable					
11. Name of Child to be Disinherited		12. Reason For Disinheritance			
		___ For reasons deemed good and sufficient			
		___ Because you have provided significantly during their lifetime			
		___ No further information provided			
		___ Not for lack of love or affection			
		___ Other (Specify): _____			

14. Do you wish to include in your will the reason for disinheritance? ☐ Yes ☐ No ☐ Not Applicable

1. Do you desire burial with military honors? ☐ Yes ☐ No ☐ Not Applicable

3. If yes, please provide the name(s) of the individual(s) you would like to receive an American Flag below:

4. Please select one of the following on how you would like to buried/cremated:

____ I wish my body be buried at a location chosen by the personal representative

Other (specify): _____

_____ Yes _____ No

____ That arrangements for your funeral may be made and carried out according to the custom and ceremony of _____

(Religion or Other Denomination) _____ Other (specify): _____

1. Do you wish to include an optional provision directing the payment of any generation-skipping transfer tax from the property generating the tax? ☐ Yes ☐ No

☐ None of the Above

3a. Beneficiary Name:

3b. Relationship:

Go to a Contingent Beneficiary (Full Name: _____)

____ Other

4. Description of Property (2):

4a. Beneficiary Name:	4b. Relationship:	
4c. If the beneficiary listed above does not survive you, this gift shall: <input type="checkbox"/> Lapse <input type="checkbox"/> Go to a Contingent Beneficiary (Full Name: _____) <input type="checkbox"/> Other _____		
5. Description of Property (3):		
5a. Beneficiary Name:	5b. Relationship:	
5c. If the beneficiary listed above does not survive you, this gift shall: <input type="checkbox"/> Lapse <input type="checkbox"/> Go to a Contingent Beneficiary (Full Name: _____) <input type="checkbox"/> Other _____		
6. Description of Property (4):		
6a. Beneficiary Name:	6b. Relationship:	
6c. If the beneficiary listed above does not survive you, this gift shall: <input type="checkbox"/> Lapse <input type="checkbox"/> Go to a Contingent Beneficiary (Full Name: _____) <input type="checkbox"/> Other _____		
VII. Tangible Personal Property		
1. Do you wish to make a declaration that if no tangible personal property note or memorandum is found within _____ days, it shall be presumed that no such not or memorandum exists? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Who shall pay for administrative cost of preparing and delivering tangible personal property? <input type="checkbox"/> Personal Representative, Paying as an Administration Expense <input type="checkbox"/> Recipient of Tangible Personal Property		
3. If your spouse does not survive, who would you like to give all of your tangible personal property to that is not otherwise disposed? (Please select one of the following) <input type="checkbox"/> A class of beneficiaries (i.e. your children) Beneficiary Class: _____ <input type="checkbox"/> Multiple Beneficiaries Beneficiary 1: _____ Beneficiary 2: _____ Beneficiary 3: _____ Beneficiary 4: _____ <input type="checkbox"/> A single Beneficiary Beneficiary: _____		
VIII. Devise of Real Property		
1. Please select one of the following: <input type="checkbox"/> I wish to devise one or more specific piece(s) of real property to one or more designated person <input type="checkbox"/> I wish to devise all of my interests in real property		
2. Property Street Address: <i>(optional)</i>	3. City: <i>(optional)</i>	4. State:
5. Legal Description of the Property: <i>(optional)</i>		
6. Name of the Individual(s) to receive the property:		

7. Any mortgage or other claim on the property is:

☐ To be discharged by the use of funds from my Residuary Estate so that no liability is borne by the devisee

☐ Not to be paid or discharged out of any other part of my estate, and the devisee shall take the devise subject to the encumbrance.

IX. All Real Property Not Otherwise Disposed Of

1. Name of the Individual(s) to receive all real property that is not otherwise disposed of:

2. Any mortgage or other claim on the property is:

☐ To be discharged by the use of funds from my Residuary Estate so that no liability is borne by the devisee

☐ Not to be paid or discharged out of any other part of my estate, and the devisee shall take the devise subject to the encumbrance.

X. Cash Gifts

1. Name(s) of Beneficiary:

1. _____ 3. _____
2. _____ 4. _____

2. Gift Type and Amount:

☐ Dollar Amount; \$ _____
☐ Percentages of Your Estate; _____%

3. If the beneficiary does not survive you, then:

☐ This gift shall lapse

☐ You will give this sum to a contingent beneficiary

Full Name: _____

4. If more than one beneficiary is named above, the amount should be distributed to the beneficiaries:

☐ In equal shares

☐ In proportions

List the desired proportions (i.e. 1/3 to beneficiary 1 and 2/3 to beneficiary 2):

XI. Residuary Estate

1. Do you wish to dispose of your interest in community property to prevent issues with your spouse's interest in the same property? ☐ Yes ☐ No

2. Does your residual estate include property of any nature over which you may have any power of appointment or testamentary disposition, including any lapse disposition? ☐ Yes ☐ No

3. If your spouse passes away before you, how would you like your residuary estate to be dispose?

Please select one of the following:

☐ wish to distribute the residuary estate outright to my children

☐ Divided only among living children ☐ Divided among children and descendants of a deceased child

☐ I wish to dispose of my residuary estate to one beneficiary, or to two or more beneficiaries in equal shares

Beneficiary 1: _____

Beneficiary 2: _____

Beneficiary 3: _____

☐ I wish to dispose of my residuary estate to two or more beneficiaries in unequal shares

Beneficiary 1: _____ Percent of Residuary Estate: _____%

Beneficiary 2: _____ Percent of Residuary Estate: _____%

Beneficiary 3: _____ Percent of Residuary Estate: _____%

4. If any of the Beneficiaries does not survive you by _____ (optional) days, the share of such Beneficiary shall be divided among the surviving Beneficiaries.

5. The predeceased beneficiary's share shall be divided:

☐ Equally

☐ In proportion to their respective shares in my Residuary Estate

6. In the event that my children are still minors

when I pass I wish to leave my residuary estate in a

trust ☐ Yes ☐ No

Age of termination

☐ 18 ☐ 21 ☐ 25 ☐ Other

XII. Common Disaster

If you and your spouse die in a common disaster, shall it be presumed that you survived the spouse?

☐ Yes ☐ No

XIII. Residuary Estate: Intestate Heirs		
1. In the event no person designated in this Will is living, so that the disposition of any portion of my estate is not provided for in this Will, such property shall be distributed: <input type="checkbox"/> To the persons to whom and in the shares and proportions in which your estate would have been distributed under state law. <input type="checkbox"/> To the designated individuals and/or charity Name of Individual or Charity 1: _____ Name of Individual or Charity 2: _____ Name of Individual or Charity 3: _____ Name of Individual or Charity 4: _____		
2. Do you wish to provide for distribution to a charity of Trustee's choice if your designated charity ceases to function or to be exempt from taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
XIV. Designation of Personal Representative and Trustee		
1. Name of Appointed Personal Representative:	1a. Relationship:	4. Name of Appointed Trustee:
2. Name of First Successor Personal Representative:	2a. Relationship:	5. Name of First Successor Trustee:
3. Name of Second Successor Personal Representative:	3a. Relationship:	6. Name of Second Successor Trustee:
		4a. Relationship:
		5a. Relationship:
		6a. Relationship:
XV. Compensation and Bond		
1. Should the individual personal representative be entitled to or receive any compensation for their services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Would you like your will to state that the personal representative will not be required to give any bond or other security for the faithful performance of their duties as your personal representative, unless required by court? <input type="checkbox"/> Yes <input type="checkbox"/> No		
XVI. Guardianship		
1. Please select one of the following: <input type="checkbox"/> I wish to appoint a guardian <input type="checkbox"/> I wish to appoint a guardian and a custodian <input type="checkbox"/> I wish to appoint a custodian <input type="checkbox"/> I do not wish to appoint a guardian nor a custodian		
2. Name of Guardian for a Person:	2a. First Alternate:	2b. Second Alternate:
3. Name of Guardian for Estate:	3a. First Alternate:	3b. Second Alternate:
XVII. Digital Assets		
1. Do you wish to include all digital assets and devices encompassed by your Apple ID? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Do you wish to allow the personal representative to access the content of any electronic communication in additional to the catalogue of the communications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
XVIII. No Contest		
1. Do you wish to include a clause discouraging beneficiaries from contesting the probate and validity of the will? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Should this clause include the contesting beneficiaries' issue as well? <input type="checkbox"/> Yes <input type="checkbox"/> No		
XIX. Health Care Power of Attorney, Living will, and Springing Power of Attorney		
1. Please provide the name of individual who you would like to appoint as your primary healthcare agent.		
1a. First Name:	1b. Middle Initial:	1c. Last Name:
1d. Mailing Address:		
2. Please provide the name of individual who you would like to appoint as your alternate healthcare agent.		

a. First Name	b. Middle Initial	c. Last Name
4. Mailing Address:		
5. With regard to life-sustaining treatment, please select one of the following: <input type="checkbox"/> I have no wish to prolong my life through medical intervention <input type="checkbox"/> That staying alive is more important than other concerns, and I wish my life be prolonged as much as possible.		
6. If you are pregnant, should all natural and artificial life-saving measures be employed and all effort be made to deliver the child safely, even if this may hasten your death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
7. Do you wish that your health care agent have the power to make decisions about the final disposition of your body? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Do you authorize your agent to make decisions regarding your mental health treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Please provide the name of individual who you would like to appoint as your primary agent for POA		
9a. First Name:	9b. Middle Initial:	9c. Last Name:
9d. Mailing Address:		
10. Please provide the name of individual who you would like to appoint as your alternate agent for POA		
10a. First Name:	10b. Middle Initial:	10c. Last Name:
10d. Mailing Address:		
11. Special Instructions for POA:		
XX. Appointment Information		
Date of Appointment:	Time of Appointment:	Date Worksheet Was Completed:
<p><i>Please answers the questions to the best of your knowledge. Do not leave any portion of this worksheet incomplete. Failure to complete this document may result in a delay of services.</i></p>		
If you have any questions or concerns, please call DSN 314-597-4182 or Commercial +31(0) 45 534 0182 or email us at usarmy.benelux-brunssum.id-europe.mbx.netherlands-law-center@army.mil		