



Ft. Bliss Legal Assistance Will Process

- I. Complete the attached Will Worksheet
 - II. Email the completed Will Worksheet to the Legal Assistance Office email (usarmy.bliss.hqda-otjag.mesg.bliss-legal-assistance-office@army.mil)
 - a. please include the following information:
 - i. Your Name and Rank;
 - ii. DOD ID #;
 - iii. Spouse's Full Name (if applicable);
 - iv. Spouse's DOD ID # (if applicable);
 - v. Your phone and email; and
 - vi. Description of your legal issue.
 - b. Or scan the QR Code for the email 
 - c. Or bring the completed worksheet to the office,
 - i. located at 1741 Marshall Ft. Bliss, Texas, 79916.
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- III. After receiving the email, Ft. Bliss LAO will schedule your first appointment, typically in 2-3 weeks' time after receiving the Will Worksheet.
 - IV. During the first appointment, typically on the phone, the Attorney will review the worksheet, ask questions, and draft the will and POAs using our will drafting software.
 - V. Following the first appointment, the attorney will make edits and corrections to the draft will and POAs, the attorney will email a draft for review. This typically takes 10 business days (possibly longer if will is complex).
 - VI. The client reviews the drafts of the will and POAs for errors and understanding, any corrections will be made at this time.
 - VII. The client notifies the attorney that the will is satisfactory, the attorney schedules an execution appointment.
 - VIII. The execution appointment takes place at the Legal Assistance Office, 1741 Marshall Ft. Bliss, Texas, 79916. The client leaves the appointment with an executed will and POAs.
 - a. Need to bring: CAC or military ID

CUI (when filled in)

WILL WORKSHEET

1. TESTATOR/TESTATRIX (YOUR FULL NAME - NO MIDDLE INITIALS)

NAME: _____ Male _____ Female _____
FIRST MIDDLE LAST (SR., JR., III, etc.)

ADDRESS: _____

STATE OF LEGAL RESIDENCE: _____

a. Military Status: Service Member Retired SM Dependent

b. U.S. Citizen? YES NO

c. Are you now: Single (Never Married) Married Divorced Widowed

d. Prior marriage? YES NO If yes, how many? _____

e. Are you an organ donor? YES NO

f. Do you want your body to be cremated? YES NO

g. Do you want military honors? (*only for service member or retiree*) YES NO

h. If you want military honors, who do you want to receive your American Flag? _____

2. SPOUSE (if applicable)

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

STATE OF LEGAL RESIDENCE: _____

U.S. Citizen? YES NO

a. If you and your spouse die in a common disaster, shall it be presumed that you survived your spouse? YES NO

3. CHILDREN (if applicable)

a. Do you have any Children? YES NO Number _____

b. Do you have any children from your present marriage? YES NO Number _____

c. Do you have any children from a former marriage? YES NO Number _____

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d. Children's Information:

Child's Full Name	DOB	Relationship (son/daughter/step or adopted)

e. Do you want stepchildren or adopted children treated equally with your natural children?
YES NO

f. Do you plan on having children, or additional children in the future? YES NO

4. Disinheritance (if applicable)

a. Do you want to disinherit anyone? YES NO

b. Reason for disinheritance: _____

c. NAME: _____
FIRST MIDDLE LAST

Relationship to you: _____

5. PRIMARY BENEFICIARY (*Person you want to receive your estate, normally your spouse if married or your children if you are not married*).

a. Do you want your spouse to receive everything? YES NO

b. If your spouse is unavailable, do you want your children to receive everything? YES NO

IF YES TO BOTH ABOVE, SKIP TO SECTION 6

c. If no, who do you want to be your primary beneficiary for real estate?

NAME: _____
FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

d. If no, who do you want to be your primary beneficiary for personal property? (cars, furniture, household goods, other tangible property)

NAME: _____
FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

CUI (when filled in)

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e. If no, who do you want to be your primary beneficiary for your residuary estate? (the rest and remainder of your estate to include stocks, bonds, bank accounts, etc.)

NAME: _____
 FIRST MIDDLE LAST
RELATIONSHIP TO YOU: _____

6. ALTERNATE BENEFICIARY *If your primary beneficiary predeceases you, then indicate below who or what person or legal entity is to receive your estate. Remember you can give to more than one person or legal entity (in shares). Use additional paper if you have more persons or legal entities to list.*

NAME of 1st ALTERNATE: _____
 FIRST MIDDLE LAST
RELATIONSHIP TO YOU: _____

NAME of 2nd ALTERNATE: _____
 FIRST MIDDLE LAST
RELATIONSHIP TO YOU: _____

7. PRIMARY EXECUTOR/EXECUTRIX *(Individual that will administer your will and estate, and take your will through the probate court system, normally your spouse if you are married)*

- a. Do you want your SPOUSE to be your Primary Executor? YES NO
- b. If you are not married or do not want your spouse to be your Primary Executor, who do you want to be your Primary Executor?

NAME: _____
 FIRST MIDDLE LAST
RELATIONSHIP TO YOU: _____

NAME of ALTERNATE: _____
 FIRST MIDDLE LAST
RELATIONSHIP TO YOU: _____

IF YOU DON'T HAVE MINOR CHILDREN, SKIP TO SECTION 10

8. GUARDIAN OR GUARDIAN(S) *(for your minor children, if your spouse predeceases you)*

NAME: _____
 FIRST MIDDLE LAST
RELATIONSHIP TO YOU: _____

NAME of ALTERNATE: _____
 FIRST MIDDLE LAST
RELATIONSHIP TO YOU: _____

THE FOLLOWING DOCUMENTS ARE SEPARATE FROM YOUR WILL

10. DECLARATION OF NATURAL DEATH/LIVING WILL: *A Living Will is a document that indicates you do not want to be kept alive on life support if you are considered terminally ill.*

- a. Do you want a Declaration of Natural Death/Living Will? YES NO
- b. If you have a terminal condition, do you wish to continue to receive life-sustaining procedures?
YES NO
- c. If you have an irreversible condition and cannot make choices, do you wish to continue to receive life-sustaining procedures? YES NO

11. DURABLE POWER OF ATTORNEY FOR HEALTH CARE PROVIDERS:

This allows you to appoint person(s) to make healthcare decisions for you if you are incapacitated:

- a. Do you want a Durable Power of Attorney for Health Care Providers? YES NO
- b. If YES, who do you want to make health care decisions for you?

NAME: _____ RELATIONSHIP: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

- a. Do you have an alternate in the event the previous person listed cannot act? YES NO
- b. If yes, who?

ALTERNATE NAME: _____ RELATIONSHIP: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

12. GENERAL POWER OF ATTORNEY: YES NO

- a. If yes, to who?

NAME: _____ RELATIONSHIP: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

- b. Do you have an alternate in the event the previous person listed cannot act? YES NO
- c. If yes, who?

ALTERNATE: NAME _____ RELATIONSHIP: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

- d. Should the Power of Attorney become effective only upon your incapacitation? YES NO