

FORT CAMPBELL LEGAL ASSISTANCE



WILL WORKSHEET

(2 pages, see reverse side)

Today's Date: ___/___/___

PERSONAL INFORMATION

State of Residency (This is determined by where you pay taxes, the state issuing your driver's license, where you intend to return following your military service): _____ Deploying: yes no Attorney: _____
 Appointment Time & Date: _____

Marital status (select all that apply): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated or about to divorce <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Full Name:	Contact Number:	DoD ID # & EXP:
Status: <input type="checkbox"/> Active duty - Rank: () <input type="checkbox"/> Retired <input type="checkbox"/> Family member - Active Duty <input type="checkbox"/> Family member - Retiree <input type="checkbox"/> Other		
Street Address:		City, State, Zip:
Full Name of Spouse:		Your Email Address:
Do you rent or own your residence? OWN <input type="checkbox"/> RENT <input type="checkbox"/> Do you own other real estate? <input type="checkbox"/> yes <input type="checkbox"/> no If Yes, what state?		

FOR CLIENTS WITH CHILDREN

Full name of child (first, middle, last)	Age	Relationship (select only one)	M/F
		This marriage <input type="checkbox"/> Previous marriage <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted <input type="checkbox"/>	
		This marriage <input type="checkbox"/> Previous marriage <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted <input type="checkbox"/>	
		This marriage <input type="checkbox"/> Previous marriage <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted <input type="checkbox"/>	
		This marriage <input type="checkbox"/> Previous marriage <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted <input type="checkbox"/>	

If adopted or step-children, should will provide they are to be treated in your will like natural born children? yes no

WHO DO YOU WANT TO RECEIVE YOUR PROPERTY AFTER YOUR DEATH?

Check here if you want your spouse to get everything, and if your spouse dies, then equally to your children. If you check this box ignore the sections below for **Primary Beneficiary** and **Alternate Beneficiary**. Complete the section(s) below only if you want to give your property to someone other than your spouse and/or children.

Primary Beneficiary or Beneficiaries

Name of person (first, middle, last)	Relationship	Percentage (must add up to 100%)

Alternate Beneficiary or Beneficiaries: receive your estate if the primary beneficiary or beneficiaries do not survive you

Name of person (first, middle, last)	Relationship	Percentage (must add up to 100%)

WHO DO YOU WANT TO TAKE CARE OF YOUR PERSONAL MATTERS AFTER YOUR DEATH?

Executor (also known as Personal Representative): This person is your first choice to settle your estate.

Full name and relationship:

Alternate Executor: This person is your second choice to settle your estate, if your first choice dies or is unwilling to serve.

Full name and relationship:

MISC./SPECIFIC BEQUESTS OR DISINHERITANCE

Is there specific property(s) or item(s) you want a specific person(s) to receive or is there a person(s) that you want to disinherit?
 If yes, complete below or use additional page if necessary:

Full name, relationship, describe action:

FUNERAL ARRANGEMENTS

There is no requirement to include language in your will regarding funeral arrangements and if you do not desire to have this in your will then leave this part blank, but if you wish to express your desires in the will then complete the following:

Burial or Cremation? _____ With full military honors? yes no If specific location, _____
list: _____

WHO DO YOU WANT TO TAKE CARE OF YOU IF YOU ARE INCAPACITATED?

A **living will** allows you to express your desires regarding withdrawal of life support. It generally states that if you have a terminal medical condition or are left in a vegetative state then you wish to have life support withdrawn.

Do you want a **living will**? yes no

A **special power of attorney for healthcare** allows you to appoint someone to make medical decisions for you if you are unable to do so. It also gives that person access to your medical records for the purposes of making those decisions.

Do you want a **special power of attorney for healthcare**? yes no

Healthcare Attorney-in-Fact: This person is your first choice to make healthcare decisions for you.

Full name and relationship: _____

Street address, city and state and zip code where the individual lives: _____

Telephone number of named individual: _____

Donate your organs for **transplant**? yes no Donate your organs for scientific **research**? yes no _____

LEAVING PROPERTY FOR MINOR CHILDREN

If you leave money to minor children without further instructions, the money will be placed in a guardianship *of the property*. You can decide who will become the guardian of the money. An adult (who need not be the same person as the *guardian of the person*) will hold the money for the children until they reach the age of majority under state law, which is usually age 18. Money is then given to the child in one lump sum.

Instead of a guardianship of the property, the money can instead be placed in a trust. This allows you to select an age of distribution that is older than the state's age of majority (18 in most states), or to distribute the money in more than one installment (e.g. you can require the child to be 21 or 25 years old before the child will get the money).

Under both systems, the adult can use the money throughout your children's lives for their health, education, and other needs.

Do you want to establish a **trust** for your children in your will? yes no

Money in the trust is to be distributed as follows (choose one):

give it to my children in one lump sum at age 18 21 25 other _____

OR

give it to my children in installments as follows (choose one):

1/2 at 21 and 1/2 at 25

1/3 at 21; 1/3 at 25; and 1/3 at 30

1/3 at 25; 1/3 at 30; 1/3 at 35

TRUSTEE: The Trustee is the person who manages the child's money while it is in the trust. The trustee should generally *not* be one of the older children or someone who may share in the property as this may cause conflict.

Trustee: This person is your first choice to serve as trustee.

Full name(s) and relationship: _____

Alternate Trustee: This person is your second choice to serve as trustee, if your first choice dies or is unwilling to serve.

Full name(s) and relationship: _____

WHO DO YOU WANT TO RAISE YOUR CHILDREN?

GUARDIAN OF THE PERSON: This person is your preference for who will raise your children in the event both parents die. This person is called the *guardian of the person*. This person does not have to be the same person who manages the child's money but it could be the same person if you elect to name the person to serve in both positions.

Primary Guardian: This person is your first choice to serve as guardian.

Full name(s) and relationship: _____

Alternate Guardian: This person is your second choice to serve as guardian, if your first choice dies or is unwilling to serve.

Full name(s) and relationship: _____