

FORT CAMPBELL LEGAL ASSISTANCE WILL WORKSHEET

(2 pages, see reverse)



***** ADMIN USE ONLY – ATTORNEY _____ APPT. Date/Time _____ / _____ ADMIN USE ONLY *****

PERSONAL INFORMATION

Today's Date: ___/___/___		Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated or about to divorce <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
First Name:		Middle Name:		Last Name:	
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:		
Email Address:			Phone Number:		
Spouse First Name:		Spouse Middle Name:		Spouse Last Name:	
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?					
State of Residency (Determined by where you pay taxes, own property, register vehicle and vote) _____					

FOR CLIENTS WITH CHILDREN (include all, minor or adult)

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**.

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

There is no requirement to fill out this section, however if you have specific property(s) or item(s) you want to go to a specific person(s) at your death or if there a person(s) that you want to disinherit?

Full name, relationship, describe action: _____

FUNERAL ARRANGEMENTS

Do you want to express a desire to have your remains **buried** or **cremated**? YES NO (Circle choice if YES)

If so, do you want to request full military honors? YES NO

Do you desire to have your remains placed at a particular location, if so then state location _____

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 discontinue further medical intervention.

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 choice to make healthcare decisions for you.

Full name and relationship:

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 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 a portion of 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 the spouse since the trust only applies if both parents are deceased.

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.

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: