

PRIVACY ACT STATEMENT

AUTHORITY: United States Code, Title 10, Section 8072.

PRINCIPAL PURPOSE: To assist a judge advocate in the preparation of a client's will.

ROUTINE USES: To provide a judge advocate with sufficient information to draft a client's will. The Office of the Staff Judge Advocate maintains no file copy.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION: Disclosure is voluntary, but non-disclosure prohibits preparation of will.

CARLISLE BARRACKS
ESTATE PLANNING QUESTIONNAIRE

Full Name As You Would like it to Appear on your Documents:
Phone Number:
Email Address:
Current Street Address:
City, State and Zip:
State of Legal Residence:
DOD ID Number/Branch/Rank:

MILITARY STATUS

Service member Retiree Dependent of SM/Retiree Widow of SM/Retiree

MARITAL STATUS

Married and my spouse is alive Divorced and currently single
Single, never married Widow/Widower
If married, what is your spouse's full name?
If your spouse would like documents prepared, please have your spouse complete a separate questionnaire.
Spouse's address (if different than yours):
Are you a US citizen? If married, is your spouse a US citizen?

CHILDREN

Table with 5 columns: Child's Name, Age, Male/Female, Bio/Step/Adopted, This Relationship (T)/Prior Relationship (P)

If you currently have stepchildren, do you want them to inherit as your biological children?
Do any of your children have special medical needs so that they may be incapable of self care and may require state or federal medical benefits?
If so, list which child and his/her special needs:

GUARDIAN

If your children are minors and the other biological parent is not alive or cannot act, specify who you would like to raise your children.

<input type="checkbox"/> No guardian	<input type="checkbox"/> One guardian	<input type="checkbox"/> Guardian and successor	<input type="checkbox"/> Two co-guardians
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Name	Relationship	Guardian/Co-Guardian/ Successor Guardian

REAL ESTATE

If you own real estate **ONLY** in your name, who should receive your real estate?

<input type="checkbox"/> All to my spouse	<input type="checkbox"/> To pass with the rest of my estate
<input type="checkbox"/> My home to my spouse as long as my spouse lives there, then to pass with the rest of my estate	
<input type="checkbox"/> Different properties to different beneficiaries (list below):	

Name	Relationship	Complete Address of Property

HOW DO YOU WANT YOUR PERSONAL EFFECTS/PERSONAL PROPERTY TO PASS?

<input type="checkbox"/> To pass with the rest of my estate	<input type="checkbox"/> To give specific items to specific individuals (you <i>must</i> attach a list)
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HOW DO YOU WANT YOUR PROPERTY DISTRIBUTED?

Your residuary estate is whatever property remains after paying debts and expenses of administration.

<input type="checkbox"/> All to my spouse if he/she survives me, and if not, <i>then</i> to the beneficiaries listed below:
<input type="checkbox"/> All to one beneficiary. Name:
<input type="checkbox"/> To more than one beneficiary, listed below:

Name	Relationship	Share/Percentage

If any of the above beneficiaries die before you, do you want their share to pass:

<input type="checkbox"/> To the beneficiary's children	<input type="checkbox"/> Only to the beneficiaries named above
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Please designate who would take your property if *everyone* named above passes away before you:

Name	Relationship	Share/Percentage

DO YOU WANT TO DISINHERIT ANYONE?

<input type="checkbox"/> My spouse	<input type="checkbox"/> Anyone who contests my will	<input type="checkbox"/> The person(s) listed below:
Name	Relationship	

WHO DO WANT TO HANDLE YOUR AFFAIRS AFTER YOUR DEATH?

Please select an Executor to distribute your property according to your wishes upon your death.

PLEASE DO NOT SELECT AN EXECUTOR WHO IS UNDER THE AGE OF 18.

Please be aware that your Executor may receive up to 5% of your estate for his or her services.

Name:	Relationship:
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In case your primary executor listed above is unable to serve, please select an alternate executor:

Name:	Relationship:
<input type="checkbox"/> To act as Successor (if primary is unavailable)	<input type="checkbox"/> To act jointly as co-executor with the primary

DISTRIBUTION OF PROPERTY TO MINORS

If any of your property ends up in the hands of a minor, someone must manage it for the child. Prior to this age, the child's guardian or trustee will have full access to manage the money and spend it for the child's health, education, maintenance and support.

The money may be held by a trustee, *in trust*, until the minor beneficiary reaches the age you designate. If you do not set up a trust, any money that is left to a minor will be held by your executor and may be released to the child's guardian (under the Uniform Transfers to Minors Act). The guardian will manage the money for the child until the child reaches the age you designated. If you pick a distribution age over 21, you must set up a trust.

At what age should minors receive their gift?

<input type="checkbox"/> 18	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 30	<input type="checkbox"/> Some other age:
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Do you want the gift to be:

<input type="checkbox"/> Released to the child's guardian	<input type="checkbox"/> Held in trust by a trustee
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You must contact a civilian attorney to establish the Trust.

Who do you want to serve as trustee?

Name	Relationship	Trustee/Co-trustee/ Successor Trustee

ADVANCE MEDICAL DIRECTIVE / LIVING WILL

A living will states that if you are in a persistent vegetative state, and life support is only artificially prolonging your death, you want life support to be withheld and withdrawn. If you have a living will, *you* are telling the doctor to “pull the plug”—your spouse or loved one will not be able to make the decision for you. If you want your spouse or loved one to decide whether to keep you on life support, then you do *not* want a living will.

Do you want a Living Will? <input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTHCARE POWER OF ATTORNEY

A healthcare POA allows someone to make **medical decisions** for you if you are incapacitated and cannot make decisions for yourself. If you want a living will, a healthcare POA will allow the person you designate to make all of your medical decisions *except* withdrawing life support. If you do not want a living will, a healthcare POA will allow the person you designate to make every medical decision for you when you are incapacitated, *including* the ability to withdraw life support. **(PLEASE INCLUDE FULL ADDRESS AND PHONE NUMBER.)**

PLEASE DO NOT SELECT AN AGENT WHO IS UNDER THE AGE OF 18.

Do you want a Health Care Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you want your spouse to be your agent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse’s phone (<i>if yes</i>):

If someone other than your spouse:

First and Last Name:	Relationship:
Address:	Phone:

In case your primary agent listed above is unable to serve, please select an alternate agent:

First and Last Name:	Relationship:	
Address:	Phone:	
<input type="checkbox"/> Act as Successor	<input type="checkbox"/> Able to act separately from the primary	<input type="checkbox"/> Required to act jointly with the primary (not common)
Do you want to donate your organs for transplantation upon your death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, do you want them to also be used for medical, educational, or scientific purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SPRINGING DURABLE GENERAL POWER OF ATTORNEY

This POA allows someone to make **personal and financial decisions** for you *only* if you are incapacitated and cannot manage your own affairs. This POA does not have an expiration date, and is good for the long-term.

Do you want a Springing Durable General Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you want the same people listed on the Healthcare Power of Attorney to be your agents? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you want someone other than the agents listed on the Healthcare Power of Attorney, list them below:

First and Last Name:	Relationship:
Address:	Phone:

In case your primary agent listed above is unable to serve, please select an alternate agent:

First and Last Name:	Relationship:	
Address:	Phone:	
<input type="checkbox"/> Act as Successor	<input type="checkbox"/> Able to act separately from the primary	<input type="checkbox"/> Required to act jointly with the primary (not common)