

ESTATE PLANNING (Will, Advanced Medical Directive, Power of Attorney)

PERSONAL AND FINANCIAL QUESTIONNAIRE

Date/Time of Appt: _____ **If you need to cancel please call (301) 619-7508**

Directions to Post and gate hours: <http://www.detrick.army.mil/services/visitors.cfm>. We are located in Bldg. 1520, Freedman Drive, Suite 136. If entering the 7th Street Gate, take an immediate right turn onto Porter Street, then turn right onto Freedman just after you pass the Fitness Center. Enter through the "Community Service Center" entrance (as if going to the ID Card Section), turn RIGHT when reaching the first intersecting hallway. We are located in Suite 136.

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 DATA REQUIRED BY THE PRIVACY ACT OF 1974
 Privacy Act Statement

Authority: 10 USC 3012
 Principle Purposes: To prepare Will, Powers of Attorney and Medical Directives
 Routine Uses: Legal Assistance Only, attorney client privilege prohibits further release
 Disclosure: Voluntary; Failure to supply information may result in the above documents not being prepared.

PERSONAL INFORMATION

Are you being deployed? Yes No **Deployment Date:** _____

1. Marital Status								
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce <input type="checkbox"/> Married but previously married								
2. Sponsor's Status: Branch of Service: _____ Rank _____		Spouse's Status:						
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired		<input type="checkbox"/> Family Member <input type="checkbox"/> Retired Family Member						
3. 1st Client (hereafter, 1st Spouse) Full Name (First, Middle, Last)		Last 4 from SSN		Email Address				
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
4. 2nd Client (hereafter, 2nd Spouse) Full Name (First, Middle, Last)		Last 4 from SSN		Email Address				
5. Home Address (Number, Street)		City	State	Zip				
6. Home Phone	Your Work Phone	Your Cell Phone	Spouse's Work Phone	Spouse's Cell Phone				
()	()	()	()					
7. 1st Spouse's Command/Employer		Rank/Grade		Occupation				
8. 2nd Spouse's Command/Employer		Rank/Grade		Occupation				

INCLUDED EXTRA PAGES IF MORE SPACE IS NEEDED, BUT PLEASE CLEARLY IDENTIFY WHAT QUERY IS BEING ANSWERED ON THOSE ADD-ON PAGES.

List your children

Full Name (include middle name)	City, State	Age	T=This Marriage P= PreviousMarriage	Married? Y or N	Number of Grandchildren

Circle or fill in your answers	1st Spouse	2nd Spouse
1. Are you a U.S. citizen?	Yes No	Yes No
2. Do you have a will or trust now? Note: If you have a trust, we discuss will not draft or amend.	Yes No	Yes No
3. Are you expecting to receive property or money from (circle all that apply):..... If so, approximately how much?.....	Gift Inheritance Lawsuit - Other \$	Gift Inheritance Lawsuit - Other \$
4. How many living children do you have?.....		
5. Are all your children legally yours (natural or legally adopted)?	Yes No	Yes No
6. How many stepchildren do you have?		
7. In which state are you registered to vote?		
8. Which state issued your driver's license?		
9. In which state is your car registered?		
10. In which state(s) do you own real estate?.....		
11. To which state do you report your income on your LES/W2? [ACTIVE DUTY ONLY].....		
12. In which state do you plan to retire/live permanently? [ACTIVE DUTY ONLY]		
13. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI & PR)	Yes No	Yes No
14. Do you have a pre-nuptial or post-nuptial agreement?	Yes No	Yes No
15. Do you have a divorce decree affecting your pension or other property rights?.....	Yes No	Yes No
If "yes" to questions 2, 14 or 15, you should bring these documents to your appointment.		

FINANCIAL INFORMATION

1. Do you own a home or any other real estate? Indicate which is your residence/homestead.

Description and Location	Titled in whose name Indicate if Joint or Beneficiary and name	Purchase Price	Market Value	Mortgage Balance	Market Value - Mortgage Equity
Total Net Value					

2. List motor vehicles, boats, and other titled property for which your name appears as owner. Include items for which there is a lien holder.

Description	Titled in whose name Indicate if Joint or Beneficiary and name	Market Value	Less Loan balance	= Equity
Total Net Value				

3. Do you have any checking accounts?

Name of Bank	Titled in whose name If owned jointly, write "joint." If transfers at death to a beneficiary, provide name. Call bank to confirm.	Approx. Balance
Total Value		

4. Do you have any interest bearing accounts (savings, money market) and/or CD's?

Name of Bank	Titled in whose name If owned jointly, write "joint." If transfers at death to a beneficiary, provide name. Call bank to confirm.	Approx. Balance
Total Value		

5. Do you own any stocks, bonds or mutual funds (including company stock)?

Number Shares	Name of Security	Titled in Whose Name If jointly owned, write "JTROS" for joint tenants with right of survivorship. If TOD, name the beneficiary.	Purchase Price	Current Value
Total Value				

6. Do you have any profit sharing, IRAs or pension plans?

Provide employee's name with description.	Beneficiary	Current Value
Total Value		

7. Do you have any life insurance policies and/or annuities?

Name of Company	Insured	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit
Total Value					

8. Does anyone owe you money?

Description	Approx. Value
Total Net Value	

9. Do you have any special items of value such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value
Total Net Value	

10. What is the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate.....\$ _____

11. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Amount Owned
Total Debt	

12. Total value of everything you (and your spouse) own (add totals of line 1 thru line 10 above).....\$ _____

13. Total amount you (and your spouse) owe (total of line 11 above) \$ _____

14. Subtract line 13 from line 12.

TOTAL NET ESTATE VALUE \$ _____

15. Do you have a safe deposit box(es)?

Location	Titled in whose name

General information for completing our will questionnaire. The word "spouse" is inserted in certain places where a spouse is often the choice. If you are not married or do not want your spouse, just line through and insert your choice. Names requested are full names simply because it is best for identity purposes to insert the name that the person's uses on official documents to prove identity. The first page is asks for your fiduciaries. These are adults who have specific responsibilities to perform your behalf.

WILL QUESTIONNAIRE

[OFFICE USE: Software Answer File # _____ DCST _____ State of Residence _____ and _____]

FIRST SPOUSE COLUMN

SECOND SPOUSE COLUMN

1. **Personal Representative/Executor:** This person administers your estate. You may name your spouse, children age 21 or older, trusted friends, and/or a corporate fiduciary. (Mark out "spouse" if not applicable.)

Full Name: SPOUSE _____

Full Name: SPOUSE _____

2. **Successor Personal Representative:** Succeeds your primary personal representative if he or she dies/resigns. You may appoint your adult children, trusted friends, and/or a corporate fiduciary. *It is strongly recommended that you name at least one successor.*

1st Successor: Full Name: _____
Relationship: _____

Full Name: _____
Relationship: _____

2nd Successor: Full Name: _____
Relationship: _____

Full Name: _____
Relationship: _____

3. **Guardians For Minor Children:** This person will raise your children if both you and the other parent die. Since parents are "natural" guardians, you do not appoint the other parent of your children as guardian in your will. It is strongly recommended that you appoint **at least one** person as guardian. If you are not married, provide the name of the other parent: _____

#1 Successor: Full Name: _____
Relationship: _____

Full Name: _____
Relationship: _____

#2 Successor: Full Name: _____
Relationship: _____

Full Name: _____
Relationship: _____

4. **Split Guardianship:** If you have children from more than one marriage/relationship, you may want to appoint different guardians for the child or children of this prior marriage/relationship. If so, there will be a separate guardianship paragraph in your will for this second group. Provide the names of the children of a second group here: _____ Provide the name of the other parent of this child or children: _____ Use other back side to provide for a third group. Again, the persons named below take over if the other parent and then you die.

#1 Successor: Full Name: _____
Relationship: _____

Full Name: _____
Relationship: _____

#2 Successor: Full Name: _____
Relationship: _____

Full Name: _____
Relationship: _____

5. **Conservator/Guardian of Property:** This person manages the investments for your children under the supervision of a judge until age 18. The person can be the same as who you named above to raise the children. (This is the "guardian of the person.") If so, leave blank. But if you feel someone else is more financially responsible and better qualified to manage the money and property of your children, provide the person's name and a successor's name below.

#1 Successor: Full Name: _____
Relationship: _____

Full Name: _____
Relationship: _____

#2 Successor: Full Name: _____
Relationship: _____

Full Name: _____
Relationship: _____

6. **Trustee Minors' Trust:** If you want your child's estate managed until an age older than 21, your only option is to create a trust. The trustee will manage your child's investments and make important discretionary decisions with no court supervision unless there is a lawsuit. Therefore, the trustee must be someone who is very responsible and experienced on financial matters.

1st Choice: Full Name: _____
Relationship: _____

Full Name: _____
Relationship: _____

2nd Choice: Full Name: _____
Relationship: _____

Full Name: _____
Relationship: _____

You may provide that the Personal Representatives and/or Trustees be insured, or bonded, to protect the beneficiaries:
The Personal Representative should be bonded Yes No The Trustee should be bonded Yes No

BENEFICIARIES

1. Specific Gifts To Organizations

Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization? If so, provide its address.

Description of Gift	Name & Address of Organization	Alternate Beneficiary

2. Specific Gifts To Individuals

Do you want to give any specific real estate or tangible items or cash gifts to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.) CAUTION: Only provide for those gifts that MUST be enforced by the probate process.

Describe Property or Amount	Full Name of Person/Relationship	Alternate Beneficiary/Relationship

3. Primary and Secondary Beneficiaries

Who do you want to receive the "rest, residue and remainder" of your estate after these Specific gifts have been distributed? Circle "spouse" if the primary beneficiary is your spouse. If not, cross out. Circle "children" if they are the alternate beneficiary. If not, cross out.

CAUTION: If you and your spouse do not agree on the same primary and secondary beneficiaries, you should consider seeing separate attorneys.

Full Name of Primary Beneficiary(ies)	Percentage	Secondary Beneficiary(ies)	Percentage
[SPOUSE]		[CHILDREN]	

4. Third Alternative Beneficiaries Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above? Note: It is rarely a problem seeing the same attorney if you and your spouse do not agree on this third contingency (tertiary beneficiaries).

1st Spouse

Full Name of Person/Organization and Address/Relationship	Amount/Percentage

2nd Spouse

Full Name of Person/Organization and Address/Relationship	Amount/Percentage

5. Disinheriting

Are there any persons related to you by birth or adoption who you specifically do not want to receive anything from your estate (full name and relationship)?

SPECIAL INSTRUCTIONS FOR INCOMPETENCY FOR A HEALTH CARE DIRECTIVE (LIVING WILL)

An Advance Medical Directive, often still called a “living will” makes your wishes known to family and doctors regarding life support in the event you (1) become terminally ill or (2) suffer from a “persistent vegetative state” with no hope for recovery. Do you want a living will to record your end-of-life decisions?	1st Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please answer the following for your Advance Medical Directive (Living Will):

If you have a terminal condition, diagnosed by two (2) doctors, or are declared to be permanently unconscious (what the medical profession calls “persistent vegetative state”) do you want	1st Spouse	2nd Spouse
Your life artificially prolonged by machines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition and Hydration (Food and Water) by tube?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upon your death, do you wish to donate your organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For transplants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For science or medical research	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to die at home rather than in a hospital or nursing home?	<input type="checkbox"/> At home <input type="checkbox"/> Hosp / Nur Home	<input type="checkbox"/> At home <input type="checkbox"/> Hosp / Nur Home

Separate from a specific document that provides instructions in the event you suffer from a terminal illness or are declared to be in a persistent vegetative state (your end of life instructions), you should consider signing a **Durable Power of Attorney For Health Care**. This power of attorney allows you to appoint someone (spouse, parent, adult child, friend) to make any and all health care decisions for you when you are incapacitated and unable to answer the doctor’s questions yourself. If you do not sign an advance medical directive (living will), your medical agent will be the person to whom the health care providers turn for answers regarding your end of life decisions.

“Relationship” means: What is the relationship between the client granting the power to decide personal matters on their behalf to the person being appointed to make decisions for them in the event of incapacitation of the client?

1st Spouse	2nd Spouse
1st Choice: Full Name: _____	Full Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Tel: (H) _____ (W) _____	Tel: (H) _____ (W) _____
2nd Choice: Full Name: _____	Full Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Tel:(H) _____ (Cell) _____	Tel:(H) _____ (Cell) _____

The below statement can be inserted for women of childbearing age. Do you want this statement inserted _____?

If I am pregnant, my decisions concerning life-sustaining procedures shall be modified as follows [insert any desired modifications]: Example: *If there is a choice between saving my life and saving my unborn child’s life, I direct the use of all means necessary to save my life. Secondly, if there is no reasonable hope that I will live without support or life prolonging measures, I direct that I be kept alive using all possible means until my unborn child has reached full term or will survive outside of my womb. Then, after my child has been delivered, you may fulfill the “living will.”*

Durable General Power of Attorney

A **Durable General Power of Attorney** appoints an agent that can make any decision and do any act that you can, and it will continue to be in force even after you become incapacitated. It is a very powerful document and should only be granted with great care, and then only to a person that you have the utmost trust in. Signing a general power of attorney that takes effect in the event you are incapacitated prevents your family from having to petition a court to be named your guardian. If you have someone whom you trust to manage your financial affairs until you are well enough to take over, it is strongly recommended that you sign a "springing" general power of attorney.

A Power of Attorney may be revoked by you at any time, but you must destroy it to ensure that it is not misused. **A Power of Attorney terminates on your death.** No one is required to accept your Power of Attorney. It will be accepted in most places, if it is clear and current. You should check with the places where your Power of Attorney is likely to be used to make sure it will be accepted. Make your choices below:

_____ **GENERAL:** A General Power of Attorney gives your agent the power to do anything you could do. To give a General Power of attorney, you should have complete trust in your agent:

_____ To take effect now? (We recommend that a General Power of Attorney be given for no more than two years)

Termination Date: _____

OR

_____ To take effect **only upon disability** ("**Springing**" General Power of Attorney)? A Springing General Power of Attorney only becomes effective if you are disabled. It does not expire until the disability ends.

1st Spouse

2nd Spouse

1st Choice: **Full Name:** _____ **Full Name:** _____

Relationship: _____ **Relationship:** _____

Address: _____ Address: _____

2nd Choice: **Full Name:** _____ **Full Name:** _____

Relationship: _____ **Relationship:** _____

Address: _____ Address: _____

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