

**U.S. ARMY CYBER CENTER OF EXCELLENCE & FORT GORDON  
OFFICE OF THE STAFF JUDGE ADVOCATE – LEGAL ASSISTANCE OFFICE  
WILL WORKSHEET**

**BY APPOINTMENT ONLY – (706) 791-7812 / 7813**

**WILL EXECUTIONS: THURSDAY 1300 – 1500**

Welcome to the Cyber Center of Excellence and Fort Gordon Legal Assistance Office. This worksheet will answer common questions concerning Wills. It will prepare you to discuss your needs and desires with an attorney, and provide a convenient form on which to record important information. This worksheet starts the Will preparation process. After you complete it, you will discuss your Will with an attorney. **IF YOU HAVE ANY QUESTIONS WHICH ARE NOT ANSWERED BY THIS WORKSHEET, PLEASE DISCUSS THEM WITH AN ATTORNEY.** Our services are intended to provide basic Wills; if you have complex estate needs (i.e. inter vivos trusts, Medicaid estate planning, estate tax planning, etc.) we recommend you consult with a private estate planning attorney.

**WHAT IS A WILL?** A Will is a legal document which states your desires concerning what will happen to your property after your death. A Will also contains specific directions from you concerning who is to implement your instructions and perhaps who will care for any minor children you may leave behind.

**WHY SHOULD I HAVE A WILL?** If you should die without a valid Will, the distribution of your property will be governed by the laws of your state of permanent residence/domicile, and perhaps by the laws of the state in which you live at the time of your death. Your wishes usually won't be considered if you don't have a Will.

**DOES MY WILL CONTROL ALL OF MY PROPERTY WHEN I DIE?** No. For example, proceeds of insurance policies are distributed as you have designated in the insurance policy, and accounts or personal property that you own jointly with another person may go to the other joint owner.

**PART A: PERSONAL DATA**

**TODAY'S DATE:** \_\_\_\_\_

PRINT YOUR FULL NAME (FIRST, MIDDLE, LAST): (Please include any suffixes, e.g., Jr., Sr., III, etc.)

\_\_\_\_\_

ADDRESS WHERE YOU PHYSICALLY RESIDE: (No P.O. Box)

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BEST TELEPHONE NUMBER TO CONTACT YOU: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN (Last 4): \_\_\_\_\_ DOD ID NUMBER: \_\_\_\_\_

MILITARY STATUS:	ACTIVE DUTY	RETIRED
	FAMILY MEMBER OF ACTIVE DUTY	FAMILY MEMBER OF RETIREE
	OTHER	

BRANCH OF SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_

STATE OF PERMANENT RESIDENCE/DOMICILE: \_\_\_\_\_

MARITAL STATUS:	NEVER MARRIED	DIVORCED
	MARRIED (If so, # of years married: _____)	WIDOWED

SPOUSE'S NAME: \_\_\_\_\_ Is your spouse a US Citizen?    Yes    No

IF YOU HAVE CHILDREN, PLEASE LIST THEIR INFORMATION BELOW:

**CHILD'S FULL NAME**    **AGE**    **M/F**    **STATUS (Natural Child, Stepchild, Adopted, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B: DISTRIBUTING YOUR BELONGINGS**

**HOW DO I GIVE MY BELONGINGS AWAY?** Generally speaking, you may state in your Will that you are leaving your property to anyone you wish, although there are laws in some states which may give your spouse and/or your minor children a right to a portion of your property despite what you write in your Will. Many married couples leave all their property to their spouse, and, if their spouse does not outlive them, then to their children.

**CAN I GIVE SPECIFIC GIFTS TO PEOPLE?** Yes, these are called Specific Bequests and you may make them by fully describing what you want to give and the person who is to receive it. You should be careful about Specific Bequests. If you dispose of property that you describe, or if there is any doubt about the exact property that you described in your Will, you may be creating difficulties for your Personal Representative.

1. HOW DO YOU WANT TO LEAVE YOUR PROPERTY WHEN YOU DIE?  
ALL TO SPOUSE  
OTHER: (FULL NAME(S) AND RELATIONSHIP TO YOU)

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2. IF THE PERSON(S) NAMED IN # 1 DOES NOT OUTLIVE YOU, THEN WHO DO YOU WANT TO HAVE YOUR PROPERTY?  
YOUR CHILDREN  
OTHER: (FULL NAME(S) AND RELATIONSHIP TO YOU)

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3. IF THE PERSON(S) NAMED IN # 2 DOES NOT OUTLIVE YOU, THEN WHO DO YOU WANT TO HAVE YOUR PROPERTY?  
YOUR GRANDCHILDREN  
OTHER: (FULL NAME(S) AND RELATIONSHIP TO YOU)

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4. DO YOU WANT TO PLACE SPECIFIC BEQUESTS IN YOUR WILL?                      YES                      NO

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(List Specific Bequests)

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5. DO YOU WISH TO DISINHERIT ANYONE? (FULL NAME(S) AND RELATIONSHIP TO YOU)

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**PART C: PERSONAL REPRESENTATIVE / EXECUTOR**

**WHAT IS A PERSONAL REPRESENTATIVE / EXECUTOR?** A Personal Representative or Executor, is a person that you name in your Will who will distribute your belongings in accordance with what you write in your Will. Their job is to "settle" your estate. This also includes paying any taxes or debts which you still owe when you die.

**WHO SHOULD I PICK AS MY PERSONAL REPRESENTATIVE?** Make sure that you pick someone who has good business and financial judgment. It should be someone who you trust to make good decisions about your estate and who will not be overwhelmed by the process. Many people name their spouse as Personal Representative. Others name relatives or close friends.

PRIMARY REPRESENTATIVE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ALTERNATE REPRESENTATIVE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**PART D: CARING FOR YOUR CHILDREN AFTER YOU ARE GONE**  
**(IF YOU HAVE MINOR OR DISABLED CHILDREN, COMPLETE PART D. IF NOT, CONTINUE TO PART E)**

**WHAT IS A GUARDIAN?** A legal guardian is the person who will act as a parent for any of your children who are minors or disabled at the time of your death. Normally, if you are survived by your spouse, he or she becomes the minor children's guardian if he or she is the biological or adoptive parent of the children. However, it is recommended that you name a guardian and an alternate guardian in the event that both you and your spouse die. If you or your spouse have children not born of your current marriage, you should discuss the situation in detail with an attorney to determine the most appropriate way to provide for the children. If you wish to appoint a guardian of your children, list the guardian's name and their relationship to you.

PRIMARY GUARDIAN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ALTERNATE GUARDIAN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**WHAT IS A TRUSTEE?** A Trustee is the person who oversees and manages the property which you pass to your children/beneficiaries upon your death. Often, the Trustee and alternate Trustee (if you name an alternate) are the same individual(s) that you appointed as the Guardian and alternate Guardian, but can be someone different.

DO YOU WANT A TRUST?      YES      NO (IF NO, CONTINUE TO PART E)

IS ANY TRUST BENEFICIARY PERMANENTLY DISABLED?      ) YES      NO

PLEASE PROVIDE THE FULL NAME OF THE TRUSTEE AND THEIR RELATIONSHIP TO YOU.

PRIMARY TRUSTEE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ALTERNATE TRUSTEE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**CHOOSING AN AGE OF FINAL DISTRIBUTION:** At a certain age, your children/beneficiaries will be entitled to manage their inheritance on their own; this is when the trust "vests" or ends. You can determine at what age you consider the child/beneficiary to be ready for such a responsibility (i.e. at age eighteen (18), twenty-one (21), twenty-five (25), etc.)

WHAT AGE WOULD YOU LIKE TO SET FOR YOUR CHILD/BENEFICIARY'S TRUST TO VEST, OR END? \_\_\_\_\_

**PART E: OTHER DOCUMENTS TO CONSIDER**

**LIVING WILL:** A Living Will is a document which expresses your desire whether extraordinary measures shall be taken to prolong your life. It is a document used only when a person is determined to be in a state from which they are unlikely to recover, such as a persistent vegetative state.

DO YOU WANT A LIVING WILL?      YES      NO

**HEALTHCARE POWER OF ATTORNEY:** A Healthcare Power of Attorney gives full legal power to the person named in the document to make healthcare decisions for you when you are no longer capable of making them for yourself.

DO YOU WANT A HEALTHCARE POWER OF ATTORNEY?      YES      NO

PLEASE PROVIDE THE AGENT(S) NAME, ADDRESS, PHONE NUMBER, AND THEIR RELATIONSHIP TO YOU.

PRIMARY AGENT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS & PHONE: \_\_\_\_\_

**(If desired)**

1ST ALTERNATE AGENT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS & PHONE: \_\_\_\_\_

2ND ALTERNATE AGENT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS & PHONE: \_\_\_\_\_

**IF YOU DESIRE A LIVING WILL OR HEALTH CARE POWER OF ATTORNEY, PLEASE COMPLETE A THRU C.**

A. DO YOU WISH TO AUTHORIZE THE DONATION OF ORGANS AND TISSUES FOR TRANSPLANT?  
YES NO

B. DO YOU ALSO WISH TO AUTHORIZE THE DONATION OF ORGANS AND TISSUES FOR MEDICAL,  
SCIENTIFIC, AND OTHER SIMILAR PURPOSES?  
YES NO

C. DO YOU WISH TO EXPRESS A DESIRE TO DIE IN YOUR HOME INSTEAD OF A HOSPITAL?  
YES NO

**POWER OF ATTORNEY:** A Power of Attorney (POA) gives legal power to the person named in the document to make decisions on your behalf. That means they can manage and conduct affairs and act in matters in your name and on your behalf. You will be held legally responsible for those things that you have authorized your agent to do for you. We strongly recommend that you only give such a document to someone you trust completely and that you have a good reason for doing so. There are two types of POAs – (1) "General," which authorizes your agent to do all things in your name and behalf, and (2) "Special," which authorizes your agent to do only those certain things that you specify.

DO YOU WANT A POWER OF ATTORNEY? YES NO

IF "YES," PLEASE INDICATE WHAT TYPE AND WHETHER YOU WANT THE POA TO EXPIRE.

GENERAL (Complete Paragraph A below) EXPIRE: YES (If yes, exp. date \_\_\_\_\_) NO

SPECIAL (Complete Paragraphs A & B below) EXPIRE: YES (If yes, exp. date \_\_\_\_\_) NO

DO YOU WANT THE POA TO BEGIN IMMEDIATELY OR ONLY IF YOU ARE INCAPACITATED

IF APPLICABLE, DO YOU WANT TO REVOKE ALL PRIOR GENERAL POAs? YES NO

A. AGENT(S) FOR POWER OF ATTORNEY:

SPOUSE (Please provide telephone number if different from yours) \_\_\_\_\_  
OTHER

PRIMARY AGENT: \_\_\_\_\_ ADDRESS & PHONE: \_\_\_\_\_

ALTERNATE AGENT: \_\_\_\_\_ ADDRESS & PHONE: \_\_\_\_\_

B. LIST THE THINGS THAT YOU WANT YOUR AGENT TO DO (**FOR SPECIAL POWERS OF ATTORNEY ONLY**):

**FUNERAL ARRANGEMENTS:** Many people decide to prepay for funeral arrangements prior to their death. It is important that your family members are aware that you have prepaid for any aspect of your funeral. Any arrangements that have already been made can be addressed in your last will and testament. Also, as a military member or retiree you may be entitled to certain ceremonial and other benefits.

HAVE YOU PAID FOR ANY FUNERAL ARRANGEMENTS: YES NO

I DESIRE THE FOLLOWING: (Check all that apply)

CREMATION

BURIAL

SPECIFIC GRAVESITE/LOCATION: \_\_\_\_\_

VETERANS – DO YOU WANT MILITARY HONORS AT YOUR FUNERAL? YES NO

LIST ANY OTHER SPECIFIC ARRANGEMENTS YOU DESIRE: \_\_\_\_\_

1. NAME (Last, First MI.)				2. CLIENT CATEGORY* (see * below) SM FM RET RETFM CIV CIVFM OTH				3. SPECIAL STATUS WW WWFM KIA SV DVV																												
4. MILITARY GRADE OF CLIENT OR SPONSOR				5. CLIENT OR SPONSOR'S MILITARY UNIT OF ASSIGNMENT				6. CLIENT OR SPONSOR'S BRANCH OF SERVICE																												
7. CLIENT'S DOD ID				8. DATE ID EXPIRES			9. CLIENT'S SSN			10. DAYTIME PHONE																										
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			MM	DD	YYYY			(Last 4)																												
11. CLIENT'S LOCAL MAILING ADDRESS (Include Zip Code)								12. EVENING PHONE																												
13. CLIENT'S EMAIL ADDRESS <i>(If authorizing email communication)</i>						14. MARITAL STATUS		15. SPOUSE'S NAME <i>(If applicable)</i>																												
* CLIENT CATEGORY CODES		SM = Service Member FM = Family Member RET = Retired SM RETFM = Retired SM's Family Member CIV = Civilian CIVFM = Civilian Family Member OTH = Other																																		
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>																																				
<b>AUTHORITY</b>		Title 10, USC, Section 3013																																		
<b>PRINCIPAL PURPOSE</b>		The purpose of this form is to assist the attorney in preparing legal documents for the client, and to prepare statistical reports on legal assistance services provided during the year. The information on this form is protected by the attorney-client privilege and may be released only in accordance with law or with approval of the client.																																		
<b>ROUTINE USES</b>		Information on this form will be used to provide legal advice and to prepare legal correspondence and documents for the client, and to prepare statistical reports.																																		
<b>DISCLOSURE</b>		Voluntary. However, nondisclosure may preclude the legal assistance desired by the client.																																		
<b>(DO NOT WRITE BELOW THIS LINE)</b>																																				
DATE	ATTORNEY	MODE	CASE TYPE	SERVICE TYPE	REMARKS																															



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**CASE INTAKE INFORMATION**

Please provide your attorney with a narrative description of your legal issue in the space provided below. Please write legibly and provide as much information as possible in the space provided. The information you provide is confidential and will not be shared with anyone unrelated to the OSJA Legal Assistance Division (LAD) without your express permission.

Nature of Today's Issue: \_\_\_\_\_

Brief Description of Today's Legal Issue:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you seen a legal assistance attorney in this office previously?    Yes                      No  
If yes, which attorney did you see? \_\_\_\_\_

Have you hired a private attorney related to today's appointment?    Yes                      No

**\*\*\*Rules of Professional Conduct prohibit the attorneys in this office from advising you if you already have representation. If your civilian attorney needs our assistance with your case, please have your attorney contact this office. We will be happy to speak with him/her.\*\*\***

**CONFLICTS OF INTEREST:** A lawyer cannot represent competing interests of two or more parties. We do our best to avoid conflicts prior to any discussion between you and the attorney. Please provide information on any other individuals/parties related to your case so that we may be able to determine if a conflict of interest exists.

OTHER INDIVIDUAL(S)/PARTIES INVOLVED: \_\_\_\_\_

OTHER INDIVIDUAL(S) SEEN BY OUR OFFICE?    Yes                      No                      Don't Know

**TERMINATION OF REPRESENTATION AND MAINTAINING CLIENT FILES:** The attorney-client relationship between you and LAD will terminate once the above legal issue is resolved or LAD's ability to reasonably assist in resolving the above issue has been exhausted. If there is no clear date of resolution/termination, then the relationship will terminate six months after the last communication between you and LAD about the above legal issue. If you wish to re-engage LAD's services thereafter, you will need to re-apply for representation. Generally, LAD will retain your file for six years after your representation is terminated. After six years, any documents remaining in your file will be shredded without further notice to you. If you wish to retain any documents in your file, please alert LAD during your initial appointment so that copies can be made at that time, and the originals returned to you.

CLIENT SIGNATURE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_