

FORT GORDON LEGAL ASSISTANCE OFFICE

ESTATE PLANNING WORKSHEET

Purpose of Estate Planning. Estate planning documents give you the ability to decide where your property and assets go when you die. It may also include the preparation of documents that permit others to make financial and medical decisions for you in the event you are unavailable or incapacitated. Every estate plan is different, but most include a Will, an Advance Medical Directive, and Powers of Attorney.

What happens if I die without a will? If you die without a will, your property will follow the laws of the state you were living in when you died OR the laws of the state where your property is located. The way the state distributes your property may be different than what you desire. Additionally, it will be left to the state to decide who will act as guardians and trustees for your minor children.

Life Insurance and certain other "Non-Probate" Assets. Your estate planning documents may mention life insurance (SGLI for current service members), government benefits (death gratuity), and other types of "non-probate" assets (such as retirement accounts, jointly-owned bank accounts and jointly-owned real estate) that pass directly to your designated beneficiaries or co-owner upon your death. However, these assets are **NOT** controlled by your Last Will and Testament. You should make sure that your SGLI and other paperwork is up to date. The Ft. Gordon Legal Assistance Office does not provide assistance in making these changes to your non-probate assets. It is your responsibility to ensure that you make any desired updates in order to carry out your wishes.

A. PERSONAL DATA

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: _____ PHONE NUMBER: _____

MILITARY STATUS: ☐ ACTIVE DUTY

☐ RETIRED

☐ FAMILY MEMBER OF ACTIVE DUTY

☐ FAMILY MEMBER OF RETIREE

☐ VETERAN

☐ OTHER _____

DATE OF BIRTH: _____ BRANCH OF SERVICE: _____ RANK: _____

STATE OF PERMANENT RESIDENCE/DOMICILE: _____

MARITAL STATUS: ☐ NEVER MARRIED

☐ DIVORCED

☐ MARRIED (If so, # of years married: _____)

☐ WIDOWED

B. DOCUMENTS YOU WANT PREPARED

_____ **WILL** – legal instrument that takes effect upon death which determines who inherits property, money, and other assets when you die. Your Will can also nominate guardians and trustees for minor children. (Complete Sections C – K).

_____ **DURABLE GENERAL POWER OF ATTORNEY** – a document in which you give an agent the power to make financial decisions for you, particularly if you become incapacitated. (Complete Section L).

_____ **LIVING WILL** – a document which expresses your desire regarding 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. **In some states, this is combined with a medical POA** (Complete Section M).

_____ **MEDICAL POWER OF ATTORNEY** – a document in which you give an agent power to make healthcare decisions if you become incapacitated. (Complete Section N).

C. INFORMATION ABOUT MY SPOUSE (IF APPLICABLE)

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

U.S. CITIZEN? ☐ YES ☐ NO STATE OF RESIDENCE: _____

SPOUSE MILITARY STATUS (Check one): ☐ ACTIVE DUTY ☐ RETIRED ☐ VETERAN ☐ NONE

D. CHILDREN

Please list ALL children of both you and your spouse, living and deceased, including biological, step, and adopted children (attach additional page if more space is needed).

FULL NAME (FIRST MIDDLE LAST)	GENDER	AGE	B – BIOLOGICAL S – STEPCHILD A – ADOPTED	LIVING? (Y/N)

E. FUNERAL ARRANGEMENTS

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 paid for 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: ☐ NO ☐ YES (With: _____)

I DESIRE THE FOLLOWING: (Check all that apply)

☐ CREMATION ☐ BURIAL ☐ SPECIFIC GRAVESITE/LOCATION: _____

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

OTHER INFORMATION: _____

F. REAL ESTATE (Optional – Skip if None)

DO YOU OWN REAL ESTATE? ☐ YES ☐ NO

DO YOU OWN REAL ESTATE JOINTLY WITH YOUR SPOUSE? ☐ YES ☐ NO

DO YOU OWN REAL ESTATE JOINTLY, BUT WITH SOMEONE OTHER THAN YOUR SPOUSE? ☐ YES ☐ NO

*Merely owning real estate jointly with a spouse (or other person) **does not mean** your spouse (or other person) automatically inherits it. To automatically inherit that property without having to go through probate, your real estate deed must have a right of survivorship clause. If you are not sure whether your deed has this clause, you may bring your most recent deed with you for an attorney to review.*

PLEASE LIST THE REAL ESTATE YOU OWN:

G. GIFTS OF SPECIFIC PROPERTY (Optional – Skip if None)

In your Will, you may give real estate, personal property, or cash to specific people or charities. If you make no specific gifts, your belongings will pass to your beneficiaries along with the “remainder” of your estate.
PLEASE LIST ANY SPECIFIC GIFTS BELOW:

****IF MARRIED (CHECK ONE):**

- ☐ Give the above gifts **EVEN IF** my spouse survives me (meaning the gifts listed above **WILL NOT** go to your spouse, even if your spouse survives you).
- ☐ Give the above gifts **ONLY IF** my spouse dies before me (meaning the gifts listed above would not go to the named beneficiaries at all if your spouse outlives you).

H. THE REMAINDER OF MY ESTATE (“Residuary Estate”)

1. WHO DO YOU WANT TO RECEIVE THE REST OF YOUR ESTATE (after payment of debts, expenses and any specific gifts listed above)?

- ☐ **ALL TO SPOUSE**
- ☐ **OTHER** (full name and relationship to you): _____
-

2. If the person(s) named above in #1 does not outlive you, who do you want to receive your property?

- ☐ **YOUR CHILDREN**
- ☐ **OTHER** (full name and relationship to you): _____
-

3. If the person(s) named above in #2 does not outlive you, who do you want to receive your property?

- ☐ **YOUR GRANDCHILDREN**
- ☐ **OTHER** (full name and relationship to you): _____
-

**For options 1 and 2 above, if one of my children dies before me, then my deceased child's share (check one):

- ☐ Goes to my deceased child's children (my grandchildren) (*called "per stirpes"*)
- ☐ Is to be re-distributed among only my living children with nothing going to my grandchildren; my grandchildren will only inherit if all my children have died first (*called "per capita"*)

I. EXECUTOR / PERSONAL REPRESENTATIVE

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. Your executor must be over the age of 18, and some states require the executor to be at least 21 years old. Some states also require executors to be United States citizens and to be free of any felony convictions.

I SELECT THE FOLLOWING TO BE MY EXECUTOR OR PERSONAL REPRESENTATIVE:

PRIMARY REPRESENTATIVE: _____ RELATIONSHIP: _____

ALTERNATE REPRESENTATIVE: _____ RELATIONSHIP: _____

J. DISINHERITING SOMEONE

Disinheriting beneficiaries is unusual. If you have questions about disinheriting someone, you should discuss this issue with your attorney. ***In most states, entirely disinheriting a spouse and/or minor children is not possible.***

DO YOU WISH TO DISINHERIT SOMEONE? ☐ YES ☐ NO

IF YES, WHO DO YOU WANT TO DISINHERIT?

NAME: _____ RELATIONSHIP TO YOU: _____

NAME: _____ RELATIONSHIP TO YOU: _____

**THE FOLLOWING SECTION IS ONLY FOR PEOPLE WHO HAVE MINOR/DISABLED CHILDREN.
PLEASE SKIP TO SECTION L IF YOU DO NOT HAVE ANY MINOR/DISABLED CHILDREN.**

K. MINOR/DISABLED CHILDREN

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 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 minor/disabled children/beneficiaries upon your death. Often, the Trustee and alternate Trustee (if you name an alternate) are the same individual(s) whom you appointed as the Guardian and alternate Guardian, but can be someone different. Since minors cannot inherit property outright, a trust is often the best way to leave property to minor children.

DO YOU WANT A TRUST FOR MINOR/DISABLED CHILDREN? ☐ YES ☐ NO (IF NO, SKIP TO SECTION L)

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? _____

THE FOLLOWING DOCUMENTS ARE OPTIONAL AND NOT REQUIRED AS PART OF DRAFTING A WILL. YOU SHOULD CONSIDER EACH DOCUMENT CAREFULLY BEFORE DECIDING TO HAVE ANY OF THEM DRAFTED FOR YOU.

L. DURABLE GENERAL POWER OF ATTORNEY

A General Power of Attorney (POA) gives legal power to the person named in the document to act on your behalf. That means they can manage and conduct all financial and property 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.

DO YOU WANT A DURABLE GENERAL POWER OF ATTORNEY? ☐ YES ☐ NO

DO YOU WANT YOUR POA TO EXPIRE? ☐ YES (Expiration date: _____) ☐ NO

DO YOU WANT YOUR POA TO BEGIN: ☐ IMMEDIATELY **or** ☐ ONLY IF INCAPACITATED

Primary Agent

Full Name	Relationship	Address and Phone Number
		Phone:
		Address:

Alternate Agent

Full Name	Relationship	Address and Phone Number
		Phone:
		Address:

M. LIVING WILL

A Living Will states, in the event you have a terminal or incurable medical condition and life is only being prolonged by means of artificially provided life support, whether you want life support to be sustained or withdrawn.

DO YOU WANT A LIVING WILL? ☐ YES ☐ NO

DO YOU WISH TO DONATE YOUR ORGANS OR TISSUE FOR TRANSPLANT? ☐ YES ☐ NO

DO YOU WISH TO DONATE YOUR ORGANS OR TISSUE FOR MEDICAL STUDY? ☐ YES ☐ NO

N. 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

Your healthcare agent/surrogate will have the legal authority to make treatment decisions should you become incapacitated. This includes authorizing the release of medical records, choosing who your healthcare providers are, what facility you will be located in, potentially authorizing end-of-life decision, etc. It is important you pick someone you trust to be your healthcare agent.

Primary Healthcare Agent

Full Name	Relationship	Address and Phone Number
		Phone:
		Address:

First Alternate Healthcare Agent

Full Name	Relationship	Address and Phone Number
		Phone:
		Address:

Second Alternate Healthcare Agent

Full Name	Relationship	Address and Phone Number
		Phone:
		Address:

NOTE: Some states, like Georgia and South Carolina, combine the Living Will and Healthcare Power of Attorney into one advance directive for healthcare.



**US ARMY CYBER CENTER OF EXCELLENCE
AND FORT GORDON
OFFICE OF THE STAFF JUDGE ADVOCATE
LEGAL ASSISTANCE DIVISION**



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: _____