



Will Worksheet

Installation Legal Office
117 John Warren Ave, Fort Hamilton
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PRIVACY ACT STATEMENT: AUTHORITY: 10 USC Section 3013. **PRINCIPAL PURPOSE(S):** To assist a judge advocate prepare a client's will. The Installation Legal Office does not keep a file copy. **ROUTINE USE:** To provide a judge advocate with sufficient information to draft a client's will. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure is voluntary, but nondisclosure may prohibit preparation of will.

PERSONAL DATA

Full Name (As you want it on your Will): _____

Current Street Address (not PO Box): _____

City, State, Zip Code _____ **State of Legal Residence:** _____

Home Phone Number: _____ **Cell:** _____ **Work:** _____

Marital Status: ☐ Single ☐ Married (first marriage: Yes/No) ☐ Widow(er) ☐ Divorced

Full name of spouse: _____

Name, OTHER biological parent (if not your spouse), gender & age of each child. Check (B) biological, (A) adopted, (S) stepchild.

Parent's Name: _____ Gender: M / F Age _____ B A S

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REAL ESTATE / BUSINESS

Do you own: ☐ real estate *other than your home* ☐ personal business ☐ farm (Discuss options with Attorney)

BENEFICIARIES

To whom do you want to give your **personal property** (clothes, furniture, cars)? ☐ Spouse if he/she survives me, then to my children

☐ To pass with the rest of my estate ☐ Other: _____

Primary Beneficiaries: To whom do you want to leave your **residuary estate** (everything that's left over)?

☐ Spouse if he/she survives me, and if not, then to my children and to the issue of any child who predeceases me

☐ Other: If not spouse and/or then children, please list name, relationship and percentage that person will receive

Name: _____ Relationship: _____ % Share: _____

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Name: _____ Relationship: _____ % Share: _____

Alternative Beneficiaries: If ☐ **one** or ☐ **all** of the primary beneficiaries do not survive you, who do you want to receive that person's share of your estate? ☐ The remaining beneficiaries ☐ the children of the deceased beneficiary ☐ some one else:

Name: _____ Relationship: _____ % Share: _____

Name: _____ Relationship: _____ % Share: _____

EXECUTOR

Who do you want as your Executor (or in some states "personal representative") to gather the assets of your estate, pay off your bills, and distribute the remainder to your beneficiaries? You may choose your spouse and/or co-executors.

Primary: ☐ my spouse ☐ other _____ Relationship: _____

Alternate: _____ Relationship: _____

SGLI & LIFE INSURANCE

The proceeds from any SGLI or other life insurance policies you own ordinarily do **not** pass according to your Will. The proceeds go to the beneficiaries designated by you in your SGLI and life insurance policies. It is recommended you review and update your SGLI and any life insurance policies you own to ensure your designated beneficiaries reflect your current intentions. If leaving any insurance proceeds to a minor child or minor children, you may wish to establish a trust for SGLI or life insurance proceeds.

MONEY MANAGEMENT FOR CHILDREN

☐ I wish to establish a trust for any minor children. A Trust allows you to decide the age (18 or older) at which children will receive the property and determine who will look after the property until the children reach the age you establish.

At what age will the trust terminate? (check one) 18 21 25 Other _____ (possible increased costs after 21)

Primary Trustee: _____ Relationship: _____

Alternative Trustee: _____ Relationship: _____

GUARDIANS

If your children are minors when you die, and the other natural parent is not alive or cannot act as guardian, you may appoint someone to act as legal guardian of the child. You can appoint co-guardians.

Alternate: _____ Relationship: _____

Alternate: _____ Relationship: _____

SPECIAL OR GENERAL POWER OF ATTORNEY

A **regular special or general power of attorney** takes effect immediately and terminates on specific date, typically after your return home from military duty. You can designate specific duties that you wish the person you appoint to handle for you in your absence during that time period. This can include financial, banking, personal care or any other matters. You can appoint co-agents. Do you want a special or general power of attorney? ☐ Yes ☐ No

Name & Address of Person: _____ Relationship: _____

OPTIONAL MEDICAL DOCUMENTS

Living Will: a document that expresses your desire to be removed from life support machines if your condition is beyond hope of recovery and your doctors certify this. Do you want a living Will? ☐ Yes ☐ No

Durable Power of Attorney (POA) for Health Care Decisions: allows the person you appoint to make health care decisions on your behalf should you become incapacitated. You can appoint co-agents. Do you want a Durable Health Care POA? ☐ Yes ☐ No

Name & Address of Primary Person: _____ Relationship: _____

Phone No.: _____

Name & Address of Secondary/Alternate Person: _____ Relationship: _____

Phone No.: _____

Do you wish for your funeral desires to be listed in your will / advance medical directives? ☐ Yes ☐ No If yes, check whether you wish to be **buried** or **cremated**, **with** or **without** military honors. Explain any additional details with your attorney.

Do you wish to have your organs donated, if possible? ☐ Yes ☐ No

DURABLE GENERAL POWER OF ATTORNEY

A **durable general power of attorney** can take effect **only** when you become **incapacitated**. It allows your designated person(s) to handle your personal and financial affairs. Do you want a durable general power of attorney? ☐ Yes ☐ No

Name & Address of Primary Person: _____ Relationship: _____

Phone No.: _____

Name & Address of Secondary/Alternate Person: _____ Relationship: _____

Phone No.: _____