



WILL WORKSHEET

FORT IRWIN LEGAL ASSISTANCE OFFICE

PRIVACY ACT STATEMENT

1. AUTHORITY: 10 USC 8072
2. PRINCIPAL PURPOSE: To collect data to enable the preparation of your will and other documents.
3. ROUTINE USES: Used by the legal assistance attorney to prepare the documents.
4. DISCLOSURE: You are not required to use this worksheet. However, we cannot assist you without it.
5. You MUST fill out this Estate Planning Worksheet COMPLETELY.

This information is subject to attorney-client privilege and may not be released without your consent.

FOR OFFICIAL USE ONLY

Attorney _____ Appointment Date _____

Documents to be prepared: Single Will _____ Dual Will _____ Living Will _____

Health Care POA _____ Durable POA _____

NAMES. Please be very careful to provide complete and correct spelling for each name provided.

Careful preparation will increase the efficiency and accuracy of the legal services.

If there is insufficient space for any response, use an additional sheet and indicate Response Number.

1. FULL NAME: (First, Middle, Last)

2. CURRENT ADDRESS:

Street: _____ City: _____ State: _____ ZIP: _____
 Home Phone: _____ Work Phone: _____

3. STATE LAW TO APPLY (DOMICILE):

EMAIL ADDRESS:

4. CURRENT MILITARY STATUS: _____ Active Duty _____ Reserve _____ Retired

_____ Spouse of Active Duty _____ Spouse (or Former Spouse) of Retiree

_____ Spouse of Deceased _____ Status not to be stated

5. CURRENT MARITAL STATUS: _____ Single and never married _____ Married once and spouse is alive

_____ Married and spouse is alive, but previously married _____ Divorced

_____ Widow or Widower _____ Separated/Divorce Pending

6. SPOUSE'S FULL NAME: (First, Middle, Last)

Is spouse a U.S. Citizen? _____ Yes _____ No

7. CHILDREN:

FULL NAME (First, Middle, Last)	Age	Male/Female	Disability?	NATURAL/ADOPTED/STEP

For any child with a disability, will the disability impair the child's ability to care for themselves?

Yes No N/A

Adopted/Step-children are to be: expressly included expressly excluded
 the will is to be silent on the issue

8. ESTATE VALUE: Will your assets, including life insurance, investments, jointly held property and bank accounts, and anticipated inheritances exceed \$3,000,000? Yes No

If your estate is over \$3 million, it may not receive the full federal estate tax exclusion and may be beyond our expertise. You should consult a local attorney who specializes in estate planning.

9. REAL ESTATE: *Due to the unique nature of real estate and the way the law of most states treats it, real estate is usually singled out and treated separately in a will. If you own your real estate jointly it will automatically pass to the surviving joint owner on your death. Any attempt to transfer by will your interest in jointly owned property would not be effective.*

How is your real estate to be distributed?

I do not own any real estate

I own real estate and want it treated like the rest of my estate

I own real estate and want it treated separately as follows (include legal description or address):

10. Do you own or have an interest in a family business? Yes No

11. Do you own any stocks, bonds, or mutual funds (including company stock)? Yes No

12. SPECIFIC BEQUESTS (Specific gifts of cash, personal property, or real estate to specific persons and/or charities): *These bequests will be distributed first and may deplete your estate. If no specific bequests are made, all of your property will pass with your residuary estate. Do you wish to make any specific bequests?*

Yes (Specify below) No

PROPERTY OR CASH GIFT	BENEFICIARY	RELATIONSHIP

Florida residents (and residents of some other states) also may request a Personal Property Memorandum to give specific items of personal property to specific persons rather than listing them in the will. A Personal Property Memorandum is a separate document that is referenced in the will and can be done at a later time and changed without the assistance of an attorney.

I wish that a **Personal Property Memorandum** be prepared (if my state allows it).

I wish to make a declaration that if no tangible personal property note or memorandum is found within a certain number of days, it shall be presumed that no such note exists.

13. PRIMARY BENEFICIARIES:

Who do you want to receive the remainder of your estate?

My spouse or, if my spouse is not alive, then to my children (*per stirpes or per capita*)

Disinherit my spouse to the greatest extent permitted by law, and pass everything to my children

To my children in equal shares or if one isn't surviving, then to his or her children, my grandchildren (*per stirpes*)

To my children in equal shares or if one isn't surviving, then his or her portion is divided among the survivors equally (*per capita*)

To the following beneficiaries (below) who survive me in equal shares

To the following beneficiaries (below) in equal shares or if one isn't surviving, then his or her children (*per stirpes*)

To the following beneficiaries (below) in the portions stated or if one isn't surviving, then his or her

children (*per stirpes*)

_____ To the following beneficiaries (below) in the portions stated or if one isn't surviving, then his or her portion is divided among the survivors equally (*per capita*)

PRIMARY BENEFICIARIES (Other than spouse & children)

FULL NAME (First, Middle, Last)	= or %	RELATIONSHIP

If any named person in your will is under the age of 18 upon your death, at what age do you want them to receive your estate? _____18 years _____21 years _____over 21 years (state age) _____
Over 21 may require a Trust. For many people, a Trust is unnecessary because under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) language that we include in your will, gifts to beneficiaries under the age of 18 will be controlled by your Personal Representative without establishing a Trust. The Personal Representative can manage the minor's inheritance or give the minor's inheritance to the child's guardian or conservator to use for the minor's benefit.

14. ALTERNATE BENEFICIARIES: (Optional) Who do you want to receive the remainder of your estate in the event that your primary beneficiaries do NOT survive you?

FULL NAME (First, Middle, Last)	= or %	RELATIONSHIP

15. DISINHERITED PERSONS: *If you want to disinherit someone from receiving any property under your will, you need to do so specifically. However, in some cases, this may not be allowed under State law. Consult your legal assistance attorney for more details.*

_____ I wish to disinherit the following persons:

16. A REMINDER ABOUT LIFE INSURANCE: *Please remember that your will **cannot** deal with life insurance benefits, including SGLI and VGLI. Any life insurance benefits you hold will be distributed to whomever you named when you established the policy. If you wish for your life insurance to go to a specific person, please contact your insurance agent (or the MPF when dealing with SGLI) to update your beneficiary.*

17. PERSONAL REPRESENTATIVE (EXECUTOR): *Who do you want to manage your estate for you? Your personal representative will be your agent for winding up your business affairs upon your death and carrying out wishes for distribution of your property as stated in your will. This person should be capable of making important decisions on your behalf soon after your death. Therefore, you should take care to nominate a person who you are confident can think and act clearly under often stressful conditions. Most married couples name their spouse as the primary personal representative and then name an alternate.*

Check here if your spouse is to be your Personal Representative _____

FULL NAME (First, Middle, Last)	RELATIONSHIP
Primary (other than spouse)	
1 st Alternate	
2 nd Alternate	

18. GUARDIANSHIP OF MINOR CHILDREN: You may designate the person or persons who you would like to care for your children if both you and your spouse should die. You and your spouse should name the same Guardian. *Florida law requires the Guardian to be a Florida resident or a close relative.*

_____ I do not have any minor children _____ I nominate the following Guardian(s) for my children:

	NAME	RELATIONSHIP
Primary		
Co-Primary (optional)		
Alternate (optional)		
Co-Alternate (optional)		

19. CONSERVATOR OF THE PROPERTY OF MINOR CHILDREN: *There are two types of guardian: guardian of the person and guardian of the property, in some states called conservator. The guardian of the person is charged with the legal responsibility of raising your children. The conservator deals with the finances of the child, much in the manner of a trustee.*

_____ My personal representative will act as conservator.

_____ The guardian(s) listed above will serve as conservator.

_____ The person listed below will serve as conservator:

20. TRUSTS (OPTIONAL): Instead of giving your estate directly to a beneficiary you may give it to a Trustee IN TRUST, for the benefit of your beneficiaries until they reach the age you designate. The trustee will manage the trust under court supervision. Although the trustee's primary purpose is to safeguard the inheritance, the money can also be used for any beneficiary's health, education, welfare, and maintenance, at the trustee's discretion. A trust is also useful where you desire to protect the assets from third parties who may have claims against one of your beneficiaries.

For many people a trust is unnecessary because under the Uniform Gift to Minors Act language in your Will, gifts to beneficiaries under 18 (or 21) will be controlled by your executor initially, and guardian after probate, without establishing a trust. The executor and/or guardian can still use the child's inheritance for the benefit of the child, and this is ordinarily less complicated and less expensive than a trust.

Unless you have children from a prior marriage, disabled children, a large estate, or a former spouse who may gain guardianship over your child after you die, you might prefer not to use a trust. The Legal Assistance Attorney will discuss with you whether or not a trust is truly the best option in your situation.

Do you want a trust? _____ YES _____ NO

If YES, would this be:

_____ one trust for benefit of all beneficiaries

_____ individual trusts for each of the beneficiaries

_____ a trust for one or more pets (please speak with the Legal Assistance Attorney)

_____ a combination of the above (please speak with the Legal Assistance Attorney)

BENEFICIARIES: Whom do you want to establish a trust for? (Full Name, Relationship, Age, and Share)

21. TRUSTEE(S): Your trustee is a person you name in your Will to administer any assets or property that a minor child inherits. The trustee will act in accordance with the provisions about a trust contained in your Will. Your Trustee will have an important role; choose him or her with care, and discuss the matter with him or her. Be sure that the person you name is one you trust and have confidence in. It is important to choose an alternate in the event your primary choice is unable or unwilling to assume the task.

a) Whom would you like to act as trustee? (List full name and relationship to you):

First Choice: _____

Second Choice: _____

b) If you listed more than one trustee are they to:

_____ Act as co-trustees

_____ Second choice acts as trustee if first choice is unable to act as trustee

22. COMPENSATION AND BOND:

Do you want your executor and trustee to receive reasonable compensation for their services?

___ Yes ___ No

Do you want to waive the requirement of bond for the faithful performance of duties as trustee and executor, unless required by the court? ___ Yes ___ No

LIVING WILLS, DURABLE POWERS OF ATTORNEY FOR HEALTHCARE & GENERAL DURABLE POWERS OF ATTORNEY

NOTE: *Before filling out this part, please read the accompanying explanations. You have the option of choosing a Living Will, a Durable Power of Attorney for Health Care, or both. You also have the option of choosing a General Durable Power of Attorney. Unless specifically requested, the Living Will, Durable Power of Attorney for Health Care, and General Durable Power of Attorney will be drafted according to the laws of Montana.*

1. LIVING WILL: A Living Will is a directive to your physician to withhold and/or withdraw life sustaining treatment in the event you are incapacitated. For this document to come into effect, two circumstances must exist: 1) You must have an incurable condition that will result in death in a short period of time without life-sustaining treatment; and 2) you no longer have the capacity to make such decisions.

Do you want a Living Will? _____ **YES** _____ **NO** If yes, please answer the following questions:

a) If circumstance allow, do you prefer to die at home rather than a hospital? **YES** **NO**

b) Do you want to donate organs for transplant? _____ **YES** _____ **NO**

If yes, are there any organs you would like to exclude?

c) Do you want to donate organs for scientific research? _____ **YES** _____ **NO**

d) Do you have any special directions regarding who may/may not visit you during your admission to health care facilities?

e) Any health care services authorized/not authorized?

2. DURABLE POWER OF ATTORNEY FOR HEALTH CARE: A Durable Power of Attorney for Health Care (DPAHC) is a directive similar to a Living Will, but much broader in scope. This gives the person you designate the power to make medical decisions on your behalf when you are unable to do so. Unlike a Living Will, you do not have to be “knocking on Death’s door” for a DPAHC to become effective. **It becomes effective anytime you are unable to make health care decisions on your behalf.** This document can be tailored to reflect your wishes when certain events arise. If you do not have a Living Will, a DPAHC will permit your designated agent to make decisions regarding life-sustaining treatments in the event that you are unable to do so **unless you specifically state otherwise** in your DPAHC. If a Living Will and DPAHC conflict, the Living Will supersedes the provisions of the DPAHC that conflict.

a) Do you want a Durable Power of Attorney for Health Care?

YES NO

b) If “YES”, whom do you want to act as your attorney-in-fact?

First Choice: _____
(Full Name and Relationship)

Address: _____

Phone: _____

Second Choice: (Optional) _____
(Full Name and Relationship)

Address: _____

Phone: _____

c) If you listed more than one attorney-in-fact, are they to:

Act jointly

Second choice acts as attorney-in-fact if first choice is unable to act as attorney-in-fact.

d) Do you want to donate organs for transplant? YES NO

3. GENERAL DURABLE POWER OF ATTORNEY: By operation of law, a power of attorney ordinarily terminates when the grantor dies or becomes disabled. The explanation for this is found in the law of agency. Unless the principal has the legal capacity to appoint an agent, no transfer of authority can take place. If at any time the principal loses legal capacity or withdraws the grant of authority, the agency relationship terminates. Of course a power of attorney is most necessary at a time when it historically becomes ineffective: upon the disability or death of the principal. To remedy this situation, every state has enacted legislation creating a GDPA. A GDPA continues in effect even though the principal becomes legally incapacitated. That is the main difference between a regular general power of attorney and a general durable power of attorney. If you have questions, your legal assistance attorney can help you.

a) Do you want a general durable power of attorney?
_____ YES _____ NO

b) If "YES", whom do you want to act as your attorney-in-fact?

First Choice: _____
(Full Name and Relationship)

Address: _____

Phone: _____

Second Choice: (Optional) _____
(Full Name and Relationship)

Address: _____

Phone: _____

c) If you listed more than one attorney-in-fact are they to:

_____ Act jointly
_____ Second choice acts as attorney-in-fact if first choice is unable to act as attorney-in-fact.

d) Do you want the general durable power of attorney to be in effect immediately _____ or spring into effect upon your incapacitation _____?

e) Is the general durable power of attorney to last indefinitely _____ or is it to terminate on a specific date (specify date) _____?

f) If you are on active duty or deploying, do you want this Power of Attorney to become effective if you are declared "missing," "missing in action," or "prisoner of war"? ___ Yes ___ No

g) Do you want your agent (s) to receive reasonable compensation for their services? ___ Yes ___ No

h) Do you want your agent(s) to be able to make gifts? Yes No

i) If Yes, do you want your agent to make gifts to specific individuals/charities of any of the property. Yes No

Name(s): _____

Do you want your agent(s) to have access to digital assets (websites, email, etc.)? Yes No

If for any reason a court needed to appoint a guardian/conservator to handle your financial affairs, who would you like that person to be?

Same as First choice above.

Same as Second choice above.

Other. Name: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____