

ESTATE PLANNING QUESTIONNAIRE

(For use of this form see AR 27-3. The proponent of this form is the SJA.)

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC § 8072. **PRINCIPAL PURPOSE(S):** To assist a judge advocate in the preparation of a soldier's will. No file copy is maintained by the Office of the Staff Judge Advocate. **ROUTINE USE:** To provide a judge advocate with sufficient information upon which to draft the soldier's will. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure is voluntary, but nondisclosure prohibits preparation of a will.

CLIENT INFORMATION

Name (First, Middle, Last): _____ Gender: _____

Domicile: _____ US Citizen? (Yes) (No) Marital Status: _____ Military Status: _____

Occupation: _____ Spouse's Name (First, Middle, Last): _____

Is your spouse a US Citizen? (Yes) (No) Does your spouse live with you? (Yes) (No)

Your current address: _____

Your phone number(s): _____ Your spouse's phone number(s): _____

How many children do you have (including adopted and stepchildren)? _____ Is any child a minor? _____

Do you want to treat your current adopted children and/or stepchildren, if any, like your natural children? _____

Children's Names and ages: _____

Deceased Children: _____

Do you want to include any afterborn or subsequently adopted children in this will? _____

GUARDIANSHIP

Whom do you wish to name as guardian(s) for your minor children, if any? Please list name(s) and relationship(s). _____

Do you wish to name an alternate guardian or guardians? _____

VALUE OF ESTATE

Note about estate taxes: As of 2023, the federal estate tax exemption is \$12.92 million per person. The federal estate tax exemption is the amount an individual can leave to their heirs without having to pay federal estate tax.

Approximate value of your real estate: \$ _____

Value of life insurance (self and spouse, if applicable): \$ _____

Value of Stocks, Business Interests, and Investments: \$ _____

Total value of both your and your spouse's estate including life insurance: \$ _____

PROPERTY

Do you own real estate? _____ If so, do you own the real estate jointly with your spouse? _____

Real estate Encumbrance? Including mortgages, easements, property tax liens, etc.: _____

To whom do you wish to give your real estate? _____

To whom do you wish to give your personal property? _____

Please list any specific bequests here. Examples include Specific Property, Automobiles, Weapons, Family heirlooms:

To whom do you wish to give your residuary estate (whatever property remains after paying debts, expenses of administration, and any specific bequests)? _____

If the beneficiary or beneficiaries you named to receive your residuary estate do not survive you, to whom do you wish to give your residuary estate? _____

DISINHERITING SOMEONE

Do you wish to disinherit anyone (spouse, children, etc.)? _____

Do you wish to disinherit anyone who contests your will? _____

GIFTS TO MINORS

If any of your beneficiaries is a minor, at what age do you want him or her to receive your gift free of restrictions? _____

If any of your beneficiaries is a minor, do you want to leave his or her share in a custodial account under the Uniform Gifts (or Transfers) to Minors Act or in a Testamentary Trust? _____

For a trust, whom do you wish to be your trustee(s)? Please list name(s) and relationship(s). _____

Do you wish to name an alternate trustee? _____

For a trust, do you want each child to have a separate trust, or do you want one trust for all your minor children? _____

ADVANCE MEDICAL DIRECTIVE OR LIVING WILL

An advance medical directive ("living will") states your wishes regarding life support to your doctors if you cannot communicate your desires. Do you want an advance medical directive? _____

If permanently unconscious, do you want to be placed on life support? _____

If declared terminally ill by two separate doctors, do you want to be placed on life support? _____

What about receiving food and water through a tube or an IV? _____

SPECIAL POWER OF ATTORNEY FOR HEALTH CARE

The power of attorney for medical care gives the person you name as your agent the authority and access to your medical information and to make a wide range of medical decisions on your behalf.

Do you want a Health Care Proxy? _____

Do you want your Health Care Proxy to make decisions about food and water if you cannot communicate? _____

Do you want your Health Care Proxy to have the final decision about medical matters even if it goes against your living will instructions above? _____

Please provide the name, relationship, address, and phone number(s) of your agent: _____

If you have a second choice for an agent, please provide his or her information: _____

FUNERAL ARRANGEMENTS

Do you wish to address funeral arrangements in your will? _____ If yes, do you wish military honors? _____ If yes, who should receive flags? _____

Would you prefer burial or cremation? _____ Religious preference? _____

Specific instructions: _____

Do you wish to specify a location for disposition of your remains? _____

DIGITAL ASSETS

Does Testator wish to allow the Personal Representative to access the content (i.e., the substance of the communication) of any electronic communication in addition to the catalog (i.e., identifying information) of the communication? _____

PERSONAL REPRESENTATIVE OR EXECUTOR

Whom do you wish to have as your executor? _____

Bond Waived? (Yes) (No)

Alternate(s): _____

If you named more than one person, do you want them to be co-executors, or should one take precedence? _____