

## 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? \_\_\_\_\_