

OKINAWA LAW CENTER WILL WORKSHEET

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C., and E.O. 9397 (SSN), as amended.
PURPOSE: To gather information to be included in your will. After your will is executed, this questionnaire is given to you or destroyed. No record of this information will be kept by this office or the United States
ROUTINE USES: See Principal Purpose above.
DISCLOSURE: Is voluntary. This information is privileged and cannot be disclosed without your consent.

DIRECTIONS: The following information is necessary in order to prepare your will. It is important that all information be complete and accurate, as it will be incorporated directly into your final will.

****Use your FULL Middle Name**

1. STATE OF LEGAL RESIDENCE ("HOME STATE"):															
2. NAME (First, Middle, Last):															
3. RANK:															
4. ADDRESS (Street, City, State, Zip):															
5. CELLPHONE:															
6. EMAIL ADDRESS:															
7. DOD ID NUMBER:															
8. YOUR UNIT:															
9. CITIZENSHIP: Are you a U.S. citizen? Yes No	Is your spouse a U.S. citizen? Yes No														
10. CURRENT MARITAL STATUS: Married Married but separated Single Widow(er) Divorced (Remarried) Divorced (Not Remarried)	MILITARY STATUS: Active Duty Retiree Dependent of Active Duty Dependent of Retiree National Guard (Active) Dependent of Reservist or Guard														
11. SPOUSE NAME: (First, Middle, Last):															
12. CHILDREN (Full Names and Date of birth)															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">NAME</th> <th style="width: 40%;">DATE OF BIRTH</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		NAME	DATE OF BIRTH												
NAME	DATE OF BIRTH														
Do any of your children have DISABILITIES? Yes If Yes, YOU MUST TELL ATTORNEY.															
13. STEP/ADOPTED CHILDREN: If you have stepchildren and/or adopted children, do you want to include them in your Will exactly the same as you would natural children? YES NO															
14. MINIMUM INHERITANCE AGE: At what age do you want your minor children (under age 18) to have full control of the money/property you leave them? 18 19 (in Nebraska) 21 Other (please specify)															
15. VALUE OF ESTATE: What is the approximate value of your estate? Include all cash, real estate, property, and life insurance benefits that you and your spouse own. Under \$ 10M Over \$10M If you assets total more than \$10 million, you need to discuss estate planning options with a civilian estate planning attorney who specialized in the field.															

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16. INDIVIDUAL BEQUESTS:

A. Do you want to leave any particular items of personal property to an individual?

YES (If yes, please ask the attorney for further information) NO

NOTE: If you are a resident of any of the following state, you can make and attach a personal property memorandum to dispose of your tangible personal property to individuals: AK, AR, AZ, CO, DL, FL, HI, IA, ID, KS, ME, MI, MN, MO, MT, ND, NE, NJ, NM, NV, SC, SD, UT, VA, WA, WY.

B. Do you wish to use the **personal property memorandum** to dispose of personal property?

YES (If yes, please ask the attorney for further information) NO

17. CASH GIFTS: Do you want to leave a lump sum of cash to a charity or individual?

YES Recipient's Name/Relationship to you:

Amount:

NO

18. REAL ESTATE: Do you own any real estate which is to be disposed of in this will?

YES Recipient's Name/ Relationship to you:

Property Description:

Property Location

NO

19. PRIMARY BENEFICIARIES: List the people to whom you want to leave a; of the personal property:

All to spouse if living; if spouse is not living, then to children equally

Minimal amount to spouse (disinherit to external permitted by law)

All to children

Other (specify name and relationship)

**If any of your children die before you, do you want his/her share to be given equally to his/her children (called "per stirpes")? YES NO

20. ALTERNATE BENEFICIARIES: List below the name, relationship, and percentage to be given of anything else you wish to receive your estate if all of the above named primary beneficiaries die before you:

NAME

RELATIONSHIP

% TO RECEIVE

21. EXECUTOR: The Executor is the person who handles all administrative and legal issues, as well as your funeral. This person must be over 18 years of age, and should be responsible. It is recommended, but not required, that married person put their spouse as their first choice. **NOTE: Residents of FL, KY and WV must choose an executor who is a legal resident of that state unless the executor is a close relative. IA and IN do not allow a non-resident unless a resident is appointed co-executor. NH & RI requires judicial approval of a non-resident executor. WI restrict appointment of a non-resident guardian.** Please list name and relationship below:

FIRST CHOICE:	RELATIONSHIP TO YOU:
SECOND CHOICE:	RELATIONSHIP TO YOU:

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22. **GUARDIAN:** The Guardian is the person who will take custody and care of your minor child(ren) if no parents are alive. **NOTE: Residents of FL, OK, and WV must choose a guardian who is a legal resident of that state *unless the guardian is a close relative*. IA, IN, and NV do not allow a non-resident to be guardian unless a resident is appointed co-guardian. OH and WI restrict appointment of a non-resident guardian. Please list name and relationship below:**

FIRST CHOICE:	RELATIONSHIP TO YOU:
SECOND CHOICE:	RELATIONSHIP TO YOU:

23. DO YOU WANT TO ALLOW YOUR EXECUTOR TO ACCESS THE CONTENT OF ANY ELECTRONIC COMMUNICATION IN ADDITION TO THE CATALOGUE (I.E., IDENTIFYING INFORMATION) OF THE COMMUNICATION? YES
NO

24. OTHER REQUESTS OR QUESTIONS FOR ATTORNEY:

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Burial Preferences

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1. STATE OF LEGAL RESIDENCE ("HOME STATE"):	
2. NAME (First, Middle, Last):	
3. DO YOU DESIRE BURIAL WITH MILITARY HONOR OR OTHER MILITARY TRADITIONS?	
YES (IF YES, GO TO Q4) NO (IF NO, GO TO Q5)	
4. DO YOU WISH TO INCLUDE INSTRUCTION TO DISTRIBUTE AMERICAN FLAG TO PEOPLE SPECIFIED BELOW AS PART OF THEIR MILITARY HONORS?	
NAME	DATE OF BIRTH

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Burial Preferences

5. YOUR BURIAL OR CREMATION PREFERENCE:	
THE BODY SHALL BE CREMATED AND THE ASHES SHALL BE SCATTERED IN OR AT A SPECIFIC LOCATION.	MY ASHES ARE TO BE SCATTERED:
THE BODY SHALL BE CREMATED AND THE ASHES SHALL BE GIVEN TO A SPECIFIC PERSON.	PERSON TO RECEIVE ASHES:
THE BODY SHALL BE CREMATED AND THE ASHES SHALL BE GIVEN TO A SPECIFIED PERSON AND SCATTERED IN OR AT A SPECIFIC LOCATION.	PERSON TO RECEIVE ASHES: MY ASHES ARE TO BE SCATTERED:
THE BODY SHALL BE BURIED AT A SPECIFIED LOCATION.	PLACE OF BURIAL:
THE BODY SHALL BE BURIED AT A LOCATION CHOSEN BY THE PERSONAL REPRESENTATIVE.	<div style="border-bottom: 1px solid black; height: 20px;"></div>
OTHER	SPECIFY:
6. DO YOU WITH TO INCLUDE FURTHER INSTRUCTIONS REGARDING YOUR PREFERENCE FOR A RELIGIOUS OR NON-RELIGIOUS CEREMONEY? YES NO	
If YES, YOU DIRECT:	
THAT ARRANGEMENTS FOR YOUR FUNERAL MAY BE MADE AND CARRIED OUT ACCORDING TO CUSTOM AND CEREMONY OF A SPECIFIED RELIGIOUS OR OTHER DENOMINATION.	YOU'RE RELIIOUS OR OTHER DEMONIMATION?
THAT YOUR FUNERAL INCLUDE A NON-RELIGIOUS MEMORIAL SERVICE.	<div style="border-bottom: 1px solid black; height: 20px;"></div>
OTHER	SPECIFY: