

**Last Will and Testament Questionnaire**

Office of the Staff Judge Advocate

Privacy Act Statement

**AUTHORITY:** 5 U.S.C. 301; 10 USC 3012

**PRINCIPAL PURPOSE:** To indicate a Legal Assistance Division client's desires in the disposition of his or her estate.

**ROUTINE USES:** Information provided in the questionnaire is used to aid the Legal Assistance Division, Office of the Staff Judge Advocate, in the preparation of wills. Upon completion of processing a will, this questionnaire is destroyed.

**EFFECT OF NON-DISCLOSURE:** Failure to provide the requested information will preclude the Legal Assistance Division from preparation of legal documents desired by the client.

**\*\*\*SECTION I – CLIENT’S INFORMATION\*\*\***

FULL NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
FIRST MIDDLE LAST (MAIDEN)

Permanent Residence: \_\_\_\_\_ (City, County/Parish and State only)

**LA residents must also complete the reverse side of this form**

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

Current Telephone Number: \_\_\_\_\_

Current Email Address: \_\_\_\_\_

Status: \_\_\_\_\_ AD/Family member Rank: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single  
\_\_\_\_\_ RET/Family member Rank: \_\_\_\_\_ \_\_\_\_\_ Divorced \_\_\_\_\_ Widow/er

UNIT: \_\_\_\_\_ Spouse’s name: \_\_\_\_\_  
First Middle Last

Full names of children:	Age	Child	Stepchild	Disabled (LA only)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\*\*\*SECTION II – PERSONAL REPRESENTATIVES\*\*\***

Whom do you wish to appoint as the Executor/Executrix of you estate and what is their relationship to you?  
(The person to carry out the terms and provisions of you Will) Relationship

Primary: \_\_\_\_\_  
Alternate: \_\_\_\_\_

Whom do you wish to appoint as the Guardian(s) of you minor children, if you should die with or after you spouse?

Primary: \_\_\_\_\_  
Alternate: \_\_\_\_\_

**\*\*\*PROPERTY DISPOSITION\*\*\***

When you die, to whom do you wish to leave your possessions and what is their relationship to you?

A. \_\_\_\_\_

If you die with or after the person in Line A above, to whom do you wish to leave your possessions?

B. \_\_\_\_\_

If you die with or after all of the persons in Line A or B above, to whom do you wish to leave your possessions?

C. \_\_\_\_\_

Do you have any specific bequests you would like to make? \_\_\_\_\_

\_\_\_\_\_

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Office of the Staff Judge Advocate  
Legal Assistance Office  
Fort Polk, Louisiana

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## \*\*\*SECTION IV – LOUISIANA RESIDENTS ONLY\*\*\*

Louisiana residents are required to provide additional information concerning their marital status. If you have ever been married, you must provide the requested information below. If you have never been married, check the “never married box and complete the front of the form.

Marital Status:  Married     Never Married     Married, now divorced/widow(er)

Date/Place of Marriage

Name of Spouse  
(include Maiden Name)

How terminated/Date

First Marriage: \_\_\_\_\_

Second Marriage: \_\_\_\_\_

Third Marriage: \_\_\_\_\_

Subsequent Marriages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_