



ESTATE PLANNING QUESTIONNAIRE

For people with NO CHILDREN

If you have minor or adult children, do not use this questionnaire!

Privacy Act Statement: AUTHORITY: 10 USC § 3013. PRINCIPAL PURPOSE: To assist Fort Stewart Legal Services Center personnel who advise on and prepare estate planning documents. ROUTINE USES: To provide legal personnel with sufficient information to advise on and prepare estate planning documents. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION: Disclosure is voluntary. Nondisclosure prohibits effective estate planning assistance.

Read this questionnaire carefully, answer all questions completely, and print all information clearly. We must be able to read your handwriting!

Return this completed questionnaire to the Fort Stewart Legal Assistance Office for preparation of estate planning documents.

Contact the Fort Stewart Legal Assistance Office in Building 620, Fort Stewart, GA. usarmy.stewart.forscom.mbx.fsga-legal-assistance-office@army.mil

PERSONAL INFORMATION

Your full name: _____

DoD ID Number: _____ DOD Expiration Date: _____

Status (check all that apply):

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> Single | <input type="checkbox"/> Male |
| <input type="checkbox"/> Military Retiree | <input type="checkbox"/> Married | <input type="checkbox"/> Female |
| <input type="checkbox"/> Family member | <input type="checkbox"/> Separated or divorcing | |

U.S. Citizen Non-U.S. Citizen

Sponsor Unit or Employer: _____ Rank/PayGrade: _____

Current mailing address: _____

Telephone numbers: _____

Electronic mail address: _____

Spouse full name: _____

Your spouse is a: U.S. Citizen Non-U.S. Citizen

- | | YES/NO |
|---|---|
| Do you have a current Will or Trust? | <input type="checkbox"/> <input type="checkbox"/> |
| Do you have a pre-nuptial or post-nuptial agreement? | <input type="checkbox"/> <input type="checkbox"/> |
| Do you own a farm or family business? | <input type="checkbox"/> <input type="checkbox"/> |
| Do you have a power of appointment? (A power of appointment is NOT a power of attorney.) | <input type="checkbox"/> <input type="checkbox"/> |
| Are you named in a divorce decree that divides pension, insurance or other property rights? | <input type="checkbox"/> <input type="checkbox"/> |

Legal Residence. Your state of legal residence will govern disposition of your estate. Your answers to the following questions will help determine what state may consider you a resident for purposes of preparing estate planning documents. You should have only one state of residence. All residency and administrative ties should be with that state. If you list more than one state in this section, you risk future tax assessments by each state providing you services.

- What state do you consider your legal state of residence? _____
- In what state/country do you intend to retire and live permanently? _____
- In what states do you file state tax returns? _____
- What state issued your driving license? _____
- What state issued your vehicle titles? _____
- In what states or countries do you own real estate? _____
- In what state are you registered to vote? _____
- In what state did you last vote, personally or by absentee ballot? _____

YOUR EXECUTOR

Executor or Personal Representative: Your Executor ensures your estate is settled upon your death. Settling the estate ordinarily involves going through probate, a court-administered procedure for settling an estate as provided in a Will or under state law. Any adult may serve as your Executor, although many states require an Executor be a U.S. citizen or a legal resident of the state where probate is conducted. You should select family members or responsible friends who are residents of the same state as your legal residence.

Primary Executor:

- My spouse.
- Other. Complete the following:

Full name of person	Relationship to you

Alternate Executor: Identify the person to be your Executor if your Primary Executor fails to serve as Executor for any reason.

Full name of person	Relationship to you

Executors and Personal Representatives are often bonded or insured to protect against the misuse of your property. The bond will be purchased and paid for with funds from your estate. Do you want your Executor or personal representative to be bonded or insured to protect your beneficiaries?

- Yes No

Do you want to entitle your executors or trustees reasonable compensation for the duties performed in accordance of this instrument and any trusts created hereunder?

- Yes No

YOUR ESTATE ASSETS

Does the total value of your estate exceed \$1,000,000? This includes life insurance policies, real estate, personal property, business or farm, investment account, retirement accounts, etc.
 YES NO

Do you have a life insurance policy/ies? If so, do you want to your will to include language for the distribution of the policy/ies? If yes, please detail below:

Do you own any real estate? YES NO

Do you own a business? YES NO
If yes, please indicate the name of the business and if you are the sole owner or partnered with others. If you are not the sole owner, please state your percentage of ownership.

DIGITAL ASSETS

Do you wish to include all digital assets and devices encompassed by his or her Apple ID?
 YES NO

Do you wish to allow the Executor to access the content (i.e., the substance of the communication) of any electronic communication in addition to the catalogue (i.e., identifying information) of the communication? YES NO

SPECIFIC GIFTS

Do you desire to give any specific gifts of money, real estate, or personal property items? If so, please detail below by identifying the gift and name and relationship of the person who will receive the gift.

- 1. _____
- 2. _____
- 3. _____

YOUR BENEFICIARIES

Primary Beneficiaries: When you die, who is to receive the remainder of your property?
Check only one block.

- All to my spouse, if I die first.
- All to my spouse, if I die first, and to my *anticipated children* if my spouse dies before me.
- Other: Give names, relationships to you, and percentages (must add up to 100%).

Alternate Beneficiaries: In the event your Primary Beneficiary/ies die(s) before you die, you can name alternate beneficiaries to receive your property. Give names, relationships to you, and percentages (must add up to 100%).

Do you wish to include a clause discouraging beneficiaries from contesting the probate and validity of the will and associated trust?

YES NO

Disinheriting: List the name and relationship of relatives or others you specifically want to disinherit (you want them to receive nothing). Note that if you wish to disinherit your spouse, in most states a spouse has a "right of election" by which the spouse may elect to receive a statutory share instead of receiving an inheritance provided by a Will. In many states the statutory share is one-third or more of the augmented estate, which includes all assets, account, properties, and life insurance policies. For example, if you leave your spouse nothing or a small amount of property, your spouse may be able to receive one-third of the estate value instead of what you desired.

FUNERAL ARRANGEMENTS

You should immediately make known to your family members your preferences for funeral arrangements. Funeral arrangements are normally completed before a Will is located and read. You should communicate your desires to your next of kin now, either in writing or by verbal direction.

Soldiers who are unmarried with parents who do not live together should complete DA Form 7302, Disposition of Remains Statement, in which Soldiers identify the person authorized to direct disposition of remains. DA Form 7302 is processed by the unit personnel section.

- Put no burial preference statement in my Last Will and Testament
- Cremation (A)
- Donate my body for medical or scientific purposes (B)
- Buried with full military honors (available with other options) (C-D)
- Burial at a specified location: _____
- Other: _____

Does you wish to include instructions to distribute American flags to people specified as part of your military honors? If so, please state below:

Have you already made arrangements with regard to your funeral? If so, please state below:

Do you wish to include instructions regarding funeral arrangements being carried out according to the custom and ceremony of a religious/other denomination/non-religious memorial service? If so please state below:

ADVANCED MEDICAL DIRECTIVE AND LIVING WILL

An Advanced Medical Directive designates **someone** to make medical decisions for you if you are not able to make them for yourself and a Living Will designates your personal choices about procedures, medications, and/or end-of-life medical treatment, if you are not able to make them yourself.

Do you want to create an Advanced Medical Directive? YES

Do you want to create a Living Will? YES

Who would you like to appointment to make medical decision for you, if you are unable to make those decisions yourself?

PRIMARY DESIGNEE: Name: _____

Address: _____

Phone Number: _____

ALTERNATIVE DESIGNEE: Name: _____

Address: _____

Phone Number: _____