Will Worksheet

PRIVACY ACT NOTICE

AUTHORITY: 10 U.S.C. 1044 PRINCIPAL PURPOSES: To collect intake information for legal assistance appointments.
ROUTINE USES: DoD 'Blanket Routine Uses' apply: https://dpcld.defense.gov/Privacy/About-the-Office/DoD-Federal-Privacy-Rule/Appendix-C/
DISCLOSURE IS VOLUNTARY: You are not required to complete this form but failure to do so may result in a delay of legal assistance services

I. Personal Information:

1. First Name	2. Middle Name	3. Last Name

4. DoD ID Number:	5. Rank:	6. Date of Birth:	7. Sex: ☐ Male ☐ Female

8. Military Status:
☐ Active-Duty ☐ Military Dependent ☐ Other Authorized
☐ Retiree ☐ Retiree Dependent

9. Branch:
Army National Guard/Reserve Marines
Air Force Navy Space Force

10. City, County, and State of Residency:	11. Do you wish the information in block 10 be included in your will? ☐ Yes ☐ No

12. Mailing Address:	13. Citizen Of:

14. City:	15. State:	16. Zip Code:

II. Contact Information:

1. Primary Phone #:	2. Cell Phone #:	3. Email:

III. Services Requested

Check All That Apply:
- ☐ Will
- ☐ Advanced Directive (Appoints Health Care Agent)
- ☐ Durable Power of Attorney
- ☐ Living Will (No named Health Care Agent)

IV. Dependent Information

1. Are you married? ☐ Yes ☐ No	2. Spouse's Full Name:

3. Spouse Is A Citizen Of:	4. What is your spouse's status: ☐ Active-Duty Military ☐ Civilian ☐ Retired ☐ Other

5. Does your spouse want a will created for him/her on the same day?
☐ Yes ☐ No

6. Do you have any children (biological, adopted, or stepchildren)? ☐ Yes ☐ No	7. Number of Children?

8. Name of Child	Age	Date of Birth	Relation

9. Do you wish to make a declaration regarding your children (biological, adopted, or stepchildren)?
☐ Yes ☐ No ☐ Not Applicable

10. Do you wish to disinherit one or more of your children listed above?
☐ Yes ☐ No ☐ Not Applicable

11. Name of Child to be Disinherited	12. Reason for Disinheritance
	☐ For reasons deemed good and sufficient ☐ Because you have provided significantly during their lifetime ☐ Not for lack of love or affection ☐ No further information provided ☐ Other (Specify):_____

13. Do you wish to include language in your will that states the decision to disinherit your heir(s) was intentional and not made by mistake? ☐ Yes ☐ No ☐ Not Applicable

14. Do you wish to include in your will the reason for disinheritance? ☐ Yes ☐ No ☐ Not Applicable

V. Disposition of Remains

1. Do you desire burial with military honors? ☐ Yes ☐ No ☐ Not Applicable

2. If yes, do you wish to include instructions specifying who will receive an American Flag as a part of your military honors? ☐ Yes ☐ No

3. If yes, please provide the name(s) of the individual(s) you would like to receive an American Flag below:
Name (1):_____ Name (3):_____
Name (2):_____ Name (4):_____

4. Please select one of the following on how you would like to buried/cremated:

☐ I wish my body be cremated and the ashes scattered in or at_____
(Specific Location)

☐ I wish my body be cremated and the ashes given to_____
(Name of Individual)

☐ I wish my body be cremated and the ashes given to_____and scattered in or at _____
(Name of Individual) (Specific Location)

☐ I wish my body be buried at_____
(Specific Location)

☐ I wish my body be buried at a location chosen by the personal representative

☐ Other (specify):_____

5. Do you wish to include instructions regarding your preference for a religious or non-religious ceremony?
☐ Yes ☐ No

5a. If yes, please select one of the following:
☐ That my funeral include a non-religious memorial service
☐ That arrangements for your funeral may be made and carried out according to the custom and ceremony of
_____
(Religion or Other Denomination)
☐ Other (specify):_____

VI. Preresiduary Gifts and Devises

1. Do you wish to include an optional provision directing the payment of any generation-skipping transfer tax from the property generating the tax? ☐ Yes ☐ No

2. Select all that apply:
☐ I would like to make a specific gift of personal property
☐ I would like to make a devise of real property.
☐ I would like to make a cash gift.
☐ None of the Above

3. Description of Property (1):

3a. Beneficiary Name:	3b. Relationship:

3c. If the beneficiary listed above does not survive you, this gift shall:
☐ Lapse
☐ Go to a Contingent Beneficiary (Full Name: _____)
☐ Other _____

4. Description of Property (2):

4a. Beneficiary Name:	4b. Relationship:

4c. If the beneficiary listed above does not survive you, this gift shall:
☐ Lapse
☐ Go to a Contingent Beneficiary (Full Name: _____)
☐ Other _____

5. Description of Property (3):

5a. Beneficiary Name:	5b. Relationship:

5c. If the beneficiary listed above does not survive you, this gift shall:
☐ Lapse
☐ Go to a Contingent Beneficiary (Full Name: _____)
☐ Other _____

6. Description of Property (4):

6a. Beneficiary Name:	6b. Relationship:

6c. If the beneficiary listed above does not survive you, this gift shall:
☐ Lapse
☐ Go to a Contingent Beneficiary (Full Name: _____)
☐ Other _____

VII. Tangible Personal Property

1. Do you wish to make a declaration that if no tangible personal property note or memorandum is found within _____days, it shall be presumed that no such not or memorandum exists? ☐ Yes ☐ No

2. Who shall pay for administrative cost of preparing and delivering tangible personal property?
☐ Personal Representative, Paying as an Administration Expense
☐ Recipient of Tangible Personal Property

3. If your spouse does not survive, who would you like to give all of your tangible personal property to that is not otherwise disposed? (Please select one of the following)
☐ A class of beneficiaries (i.e., your children)
Beneficiary Class: _____
☐ Mutiple Beneficiaries
Beneficiary 1: _____
Beneficiary 2: _____
Beneficiary 3: _____
Beneficiary 4: _____
☐ A single Beneficiary
Beneficiary: _____

VIII. Devise of Real Property

1. Please select one of the following:
☐ I wish to devise one or more specific piece(s) of real property to one or more designated person
☐ I wish to devise all of my interests in real property

2. Property Street Address: (*optional*)	3. City: (*optional*)	4. State:

5. Legal Description of the Property: (*optional*)

6. Name of the Individual(s) to receive the property:

7. Any mortgage or other claim on the property is:
☐ To be discharged by the use of funds from my Residuary Estate so that no liability is borne by the devisee
☐ Not to be paid or discharged out of any other part of my estate, and the devisee shall take the devise subject to the encumbrance.

IX. All Real Property Not Otherwise Disposed Of

1. Name of the Individual(s) to receive all real property that is not otherwise disposed of:

2. Any mortgage or other claim on the property is:
☐ To be discharged by the use of funds from my Residuary Estate so that no liability is borne by the devisee
☐ Not to be paid or discharged out of any other part of my estate, and the devisee shall take the devise subject to the encumbrance.

X. Cash Gifts

1. Name(s) of Beneficiary:
1. _____ 3. _____
2. _____ 4. _____

2. Gift Type and Amount:
☐ Dollar Amount; $_____
☐ Percentages of Your Estate; _____%

3. If the beneficiary does not survive you, then:
☐ This gift shall lapse
☐ You will give this sum to a contingent beneficiary
Full Name: _____

4. If more than one beneficiary is named above, the amount should be distributed to the beneficiaries:
☐ In equal shares
☐ In proportions
List the desired proportions (i.e., 1/3 to beneficiary 1 and 2/3 to beneficiary 2):
_____

XI. Residuary Estate

1. Do you wish to dispose of your interest in community property to prevent issues with your spouse's interest in the same property? ☐ Yes ☐ No

2. Does your residual estate include property of any nature over which you may have any power of appointment or testamentary disposition, including any lapse disposition? ☐ Yes ☐ No

3. If your spouse passes away before you, how would you like your residuary estate to be dispose?
Please select one of the following:
☐ I wish to distribute the residuary estate outright to my children.
☐ Divided only among living children ☐ Divided among children and descendants of a deceased child
☐ I wish to dispose of my residuary estate to one beneficiary, or to two or more beneficiaries in equal shares
Beneficiary 1: _____
Beneficiary 2: _____
Beneficiary 3: _____
☐ I wish to dispose of my residuary estate to two or more beneficiaries in unequal shares.
Beneficiary 1: _____ Percent of Residuary Estate: _____%
Beneficiary 2: _____ Percent of Residuary Estate: _____%
Beneficiary 3: _____ Percent of Residuary Estate: _____%

4. If any of the Beneficiaries does not survive you by _____ (optional) days, the share of such Beneficiary shall be divided among the surviving Beneficiaries.

5. The predeceased beneficiary's share shall be divided:
☐ Equally
☐ In proportion to their respective shares in my Residuary Estate

XII. Common Disaster

If you and your spouse die in a common disaster (both die at the same time), shall it be presumed that you survived the spouse? ☐ Yes ☐ No

XIII. Residuary Estate: Intestate Heirs

1. In the event no person designated in this Will is living, so that the disposition of any portion of my estate is not provided for in this Will, such property shall be distributed:

___ To the persons to whom and in the shares and proportions in which your estate would have been distributed under state law.

____To the designated individuals and/or charity

Name of Individual or Charity 1: _____

Name of Individual or Charity 2: _____

Name of Individual or Charity 3: _____

Name of Individual or Charity 4: _____

2. Do you wish to provide for distribution to a charity of Trustee's choice if your designated charity ceases to function or to be exempt from taxation? ☐ Yes ☐ No

XIV. Designation of Personal Representative

1. Name of Appointed Personal Representative:	1a. Relationship:
2. Name of First Successor Personal Representative:	2a. Relationship:
3. Name of Second Successor Personal Representative:	3a. Relationship:

XV. Compensation and Bond

1. Should the individual personal representative be entitled to or receive any compensation for their services?

☐ Yes ☐ No

2. Would you like your will to state that the personal representative will not be required to give any bond or other security for the faithful performance of their duties as your personal representative, unless required by court?

☐ Yes ☐ No

XVI. Guardianship

1. Please select one of the following:

☐ I wish to appoint a guardian ☐ I wish to appoint a guardian and a custodian

☐ I wish to appoint a custodian ☐ I do not wish to appoint a guardian nor a custodian

2. Name of Guardian for a Person:	2a. First Alternate:	2b. Second Alternate:
3. Name of Guardian for Estate:	3a. First Alternate:	3b. Second Alternate:

XVII. Digital Assets

1. Do you wish to include all digital assets and devices encompassed by your Apple ID? ☐ Yes ☐ No

2. Do you wish to allow the personal representative to access the content of any electronic communication in additional to the catalogue of the communications? ☐ Yes ☐ No

XVII. No Contest

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

☐ Yes ☐ No

2. Should this clause include the contesting beneficiaries' issue as well?

☐ Yes ☐ No

XX. Appointment Information

Appointment Date Preferences:	Appointment Time Preferences:	Date Worksheet Was Completed:

Please answers the questions above to the best of your knowledge. Do not leave any portion of this worksheet incomplete. Failure to complete this document may result in a delay of services.

If you have questions or concerns, please visit our office during business hours.