# Will Worksheet

This information is subject attorney-client privilege and may not be released without your consent. Please be very careful to provide complete and correct spelling for each name provided.

### **CLIENT INFORMATION**

Full Name (First Middle Last):	Full Name (First Middle Last):			
Current Street Address:				
Rank:	Branch:	SSN (Last 4):		
US Citizen:  Yes  No	Do you have a prior will or estate plan?  Yes  No	What is your duty status?  Active Duty Retired Reserve National Guard Civilian		
Email:				

### **CURRENT TRUSTS**

Are there any trusts (NOT in any will), such as living trusts, already established for the benefit of yourself, any family members or other beneficiaries?
☐ Yes
□ No

<sup>\*\*\*</sup>If you already have established such a trust or are the beneficiary of an already-established trust, our office cannot draft a will for you as this is outside the scope of the Army Legal Assistance program. You will need to see an estate-planning attorney who can draft a will for you that incorporates these advanced estate-planning concepts.

## **MARITAL STATUS**

☐ Married once, and my spouse is alive				
	Married and spouse is alive, but was married before (prior spouse died or was divorced)			
☐ Widow/Widower	· ·	,		
☐ Previously married, but now o	divorced and single			
☐ Single, never married	•			
☐ Separated getting divorced				
☐ Party to a				
same-sex marriage				
domestic partnership				
civil union				
_				
Current spouse's information (IF	MARRIED):			
Name (First Middle Last):				
Current Address (if different):				
SSN (Last 4):	US Citizen:	Resident Alien:		
	☐ Yes	☐ Yes		
	□ No □ No			
	CHILDREN			
Do you have any children?  If yes, are any children under 18?  Are you expecting a child?				
☐ Yes ☐ Yes ☐ Yes				
□ No □ No				

# Please list your children:

Full Name (First Middle Last)	Age	Male/Female	Natural/Adopted/ Step
		<ul><li>☐ Male</li><li>☐ Female</li></ul>	<ul><li>□ Natural</li><li>□ Adopted</li><li>□ Step</li></ul>
		☐ Male ☐ Female	<ul><li>□ Natural</li><li>□ Adopted</li><li>□ Step</li></ul>
		<ul><li>☐ Male</li><li>☐ Female</li></ul>	<ul><li>□ Natural</li><li>□ Adopted</li><li>□ Step</li></ul>
		☐ Male ☐ Female	<ul><li>□ Natural</li><li>□ Adopted</li><li>□ Step</li></ul>
		☐ Male ☐ Female	<ul><li>□ Natural</li><li>□ Adopted</li><li>□ Step</li></ul>
		☐ Male ☐ Female	<ul><li>□ Natural</li><li>□ Adopted</li><li>□ Step</li></ul>

Is any biological child from a previous relationship?	Does any child have special needs?	If you have adopted children, are they treated the same as your natural children?	If you have step children, do you wish to treat them the same as your natural children?
☐ Yes	☐ Yes	☐ Yes	☐ Yes
□ No	□ No	□ No	□ No
To determine what type of For this purpose, include value of your spouse's pryour home), include only policies (SGLI, VGLI, etc., your will; it will go to the be	the value of all of the property. If any of your property in the property in the property below. Please note that is eneficiaries you designate.	u, we need an estimate of coperty you own in your reperty secures a debt (for erty. Also include the valuifie insurance ordinarily do d in the policy.	name, and if married, the example, a mortgage on ue of your life insurance
Approximate value of you	ur estate (not including life	e insurance): \$	
Value of life insurance (s	elf): \$		
Due to the unique nature singled out and treated se			eats it, real estate can be
Do you own a family farm/family owned business?	Do you own real estate?	Do you own real estate jointly with your spouse?	Do you own any other real estate?
☐ Yes	☐ Yes	☐ Yes	☐ Yes
□ No	□ No	□ No	□ No
Address:			
Names on Deed:			

Address:
Names on Deed:
Address:
Names on Deed:
If yes, how do you wish to give your real estate?
☐ All to my spouse.
<ul> <li>Just the home to my spouse with all other real estate passing as part of the residuary estate.</li> </ul>
Spouse is to have life estate.
□ To pass with the rest of my residuary estate.
<ul> <li>Different properties to different beneficiaries.</li> <li>Please list below each person, their relationship to you, and which property.</li> </ul>
CAUTION: Even when filled out this worksheet is not a valid legal document

If your spouse predeceases you, how do you wish to give your real estate?			
☐ To pass with my residuary estate			
<ul> <li>To alternate beneficiaries:</li> <li>Please list below each person, their relationship to you, and which property.</li> </ul>			

### **DISTRIBUTION OF PROPERTY**

#### WHAT CAN I DO WITH MY PROPERTY?

• You can give your property to anyone you wish, although there are laws in some states which may give your spouse and/or children a right to a portion of your property even if you do not mention them in the will.

#### CAN I GIVE SPECIFIC THINGS TO SPECIFIC PEOPLE?

Yes. You should discuss this with your Legal Assistance attorney. In order to make a specific bequest, you must fully describe what you want to give and the person who is to receive it. You should be careful about specific bequests. If, before your death, you dispose of the property which is subject to a specific bequest, or if there is any doubt about the exact property that you have described in your will, you may create difficulties for your personal representative. Also, keep in mind that if you make a specific bequest, and later decide that you would rather have the property go to another individual, your will would have to be updated unless your state offers a personal property memorandum. Some states, including Florida, allow use of a personal property memorandum to make changes to the disposition of personal property without having to formally execute a new will.

#### IS ALL OF MY PROPERTY CONTROLLED BY MY WILL WHEN I DIE?

No. For example, proceeds of life insurance policies (including SGLI) go to the person you name as
the beneficiary on the insurance policy. Additionally, property that is jointly owned with a right of
survivorship goes directly to the surviving joint owner. Property passed in this manner avoids the
probate process.

### **WILL WORKSHEET**

## **SPECIFIC PROPERTY (OPTIONAL)**

Specific gifts of cash or personal property to specific persons and/or charities. These items will be distributed first and may deplete your estate. If no specific gifts are made, all of your property will pass with the rest of your estate as you describe below.

Do you wish to pass specific property separately?

☐ Yes (Specify below)			
□ No			
Specific Person/Charity	Relationship	Description of Gift	

### **RESIDUARY ESTATE**

Your residuary estate is whatever remains after paying debts and expenses and bequeathing specific items.

l wa	ant to leave all my property to:
	My spouse. If my spouse does not outlive me then I want to leave all of my property to my children.
	One specific beneficiary. (Full name and relationship):
	Specific people to share equally. (List full name and relationships):
	A group of people described as a class (e.g. "my brothers and sisters"):
	Some other unequal division between the beneficiaries (e.g. 50% to one beneficiary and 25% each to two others):
	Other (please specify names and relationships):
	DISINHERITANCE
disin	have the right to completely disinherit individuals other than your spouse. Generally, one can only herit a spouse to a certain extent; otherwise, the spouse can elect to receive a certain minimum unt the spouse is entitled to under state law.
	here anyone whom you wish to disinherit (receive nothing from your probate estate under any cumstances)? Please list full name and relationship:

### **MINORS – Distribution**

If any of your beneficiaries are minors, how do you want their gifts distributed to them? (Note: Selecting

age greater than 21 will likely require a trust.)
a. I want to give my executor broad power and discretion to decide the best manner to distribute property to minor children.
My executor may establish accounts under the Uniform Gifts to Minors Act or Uniform Transfer to Minors Act; he/she mat establish a trust for the benefit of the children; he/she may distribute money and property to the guardian or custodian of the child for the benefit of the child; and he/she may do other acts as the law will allow to distribute property under my will for the benefit of the children. The child will have access to their portion of my estate upon their 21st birthday or younger, depending on my wishes.
b. I want to establish a TESTAMENTARY TRUST FOR MINOR CHILDREN.
A testamentary trust permits a person of your choosing, called the trustee, to control the property you give to your children in your will. A trust is similar to a bank account that you create for the use

trustee uses the property to benefit the health, welfare and education of your children. If you decide to include a trust, you must choose at least one trustee, but you should name an alternate. You must also choose an age of distribution, which is the age when the children are to receive what is left of the trust. It should be at least 21 years of age.

### **MINORS – Trustee**

of your children; the property you leave to your children automatically goes into the account. The

Complete the following questions only if you wish to include a testamentary trust for your minor children. Please indicate the relationship of the trustee/alternate trustee to you. You cannot name a minor to be either the trustee or alternate trustee. You may appoint different trustees for different children.

Minor's Name	Trustee	Co-Trustee (If desired)	Alternate Trustee (If desired)

# MINORS – Age of Distribution

_ 18
_ 21
☐ 1/2 at age 21 and 1/2 at age 25
☐ 1/3 at age 21, 1/3 at age 25, and 1/3 at age 30
Some other age (Please specify):
MINORS – More than one
If a trust is being established for more than one person (e.g., your children), you can designate whether the trust assets will be held in separate trust for each person or a single trust. One advantage of a single trust is that it can reduce the administrative costs and paperwork associated with managing a trust. However, placing all items in a single trust means that the oldest beneficiary will not receive his other share of the trust until the youngest beneficiary reaches the age of distribution.
Do you want the trust assets for more than one person to be held in separate trusts for each person, or a single trust?
☐ Single Trust
☐ Separate trusts for each person

### MINORS – Guardianship

A legal guardian is a person who will take custody of your minor children until they reach age 18. Normally, if the other biological or adoptive parent survives you, he or she becomes the children's guardian. However, it is recommended that you name a guardian and an alternate guardian in the event that both you and the other legal parent die. If you or your spouse has children not born of your current marriage, you should discuss the situation in detail with an attorney to determine the most appropriate way to provide for the children.

You may appoint different alternate guardians for different children.

Minor's Name	Guardian	Co-Guardian (If desired)	Alternate Guardian (If desired)

### PERSONAL REPRESENTATIVE/EXECUTOR

For Florida the personal representative must be a resident of Florida unless the person is a relative.

Who do you wish to appoint as your personal representative?
☐ Spouse
☐ Spouse and co-personal representative:
☐ Spouse and successor personal representative:
One personal representative other than spouse:
Two co-personal representatives neither of which is spouse:
One personal representative and a successor personal representative neither of which is
your spouse:
Jour opouso

### LIVING WILL/ADVANCED MEDICAL DIRECTIVE

A living will is a document that allows you to state when certain life sustaining medical procedures should be stopped or continued. Some examples include: respiratory support artificially administered nutrition and hydration, and cardiopulmonary resuscitation. A living will is sometimes referred to as a Do Not Resuscitate or DNR. Often a living will states that life sustaining medical treatment will be stopped if you are in a coma and not expected to recover (persistent vegetative state) or if you have a terminal condition. You may also make other specific wishes known. A living will is only effective if you can no longer communicate your wishes. If you can communicate your desires regarding treatment you are always able to do so no matter what you have said in your living will.

Do you want a living will valid in the United States?
☐ Yes
□ No
HEALTH CARE/MEDICAL POWER OF ATTORNEY
A Health Care Power of Attorney (HCPOA) designates an agent who you trust to make medical decisions for you when you are unable to communicate your wishes. An HCPOA covers a broader range of circumstances than a living will. Your health care agent will be the decision maker for all of your health care decisions, large or small. If you have a living will, your health care agent will be required to enforce your wishes. If you do not, your agent may be asked to make decisions regarding starting, continuing, or stopping medical treatment.
Do you want a Health Care Power of Attorney valid in the U.S.?
☐ Yes
□ No
Who would you want to make medical decisions for you if you were unable to make them for yourself?
Name:
Relationship:
Address:
Phono number:

Do you want a second agent?		
☐ No second agent.		
☐ A second agent and either ag	gent can act separate of the other.	
☐ A second agent and both mu	st act jointly unless one is incapaci	tated.
☐ A second agent solely to act	as a successor if the first agent is i	ncapacitated.
Name:		
Relationship:		
Address:		
Phone number:		
Do you want your agent to have the authority to donate your organs for transplants?  Yes No	Do you want to include a statement that you prefer to die at home rather than at a hospital?  Yes  No	Do you want your agent to also be authorized to handle the disposition of your remains?  Yes  No
You may have a strong desire reg matter, your funeral may have bee that the arrangements were contra	FUNERAL ARRANGEMENTS  arding your funeral (for example, been carried out by the time your will arry to your will may cause some distinction of the country o	ourial or cremation). As a practical is read. Finding out after the fact may for your survivors. Therefore,
	truction that accompanies your will.	
At my death I prefer:		
☐ To be cremated		
☐ To be buried at sea		
☐ To have my body given for m	edical/scientific purposes (this may	result in no body for burial)
☐ To be buried at a specified gr	ravesite location. (Please specify):	
CAUTION: Even who	en filled out this worksheet is not a	valid legal document

With full military honors?	
☐ Yes	
□ No	
DURABLE POWI	ER OF ATTORNEY
This power of attorney allows someone to make peattorney does not have an expiration date, and is g	ersonal and financial decisions for you. This power of lood for the long-term.
Do you want a Durable Power of Attorney?	Do you want the same people listed on the Healthcare Power of Attorney?
☐ Yes	☐ Yes
□ No	□ No
If you want someone other than the than the ag- complete the following information:	ents for your Healthcare Power of Attorney please
Who would you want to make medical decisions for yourself?	or you if you were unable to make them for
Name:	
Relationship:	
Address:	
Phone number:	
Do you want a second agent?	
□ No second agent.	
☐ A second agent and either agent can act sepa	arate of the other.
☐ A second agent and both must act jointly unle	ess one is incapacitated.
☐ A second agent solely to act as a successor in	f the first agent is incapacitated.
Name:	
Relationship:	
Address:	
Pnone number:	

# **OFFICE USE ONLY**

Attorney:
Date:
Services Provided:
☐ Legal Counseling
☐ Legal Research
Notarization
─ Will Execution
Advanced Medical Directive
Power of Attorney and Notary
─ Will Prepared with no trust
─ Will Prepared testamentary trust/guardianship