

LAST WILL AND TESTAMENT QUESTIONNAIRE

Privacy Act Notice: AUTHORITY: 10 U.S.C. § 8012, EO 9397; PRINCIPAL PURPOSE: To collect data on you to assist your lawyer in drafting your will. It will not be disseminated outside the legal office and is considered confidential. ROUTINE USES: See principal purpose; DISCLOSURE IS VOLUNTARY: You are not required to complete this form; however, your failure to do so may mean the legal office cannot provide you with a will.

Date of appointment with attorney: _____

Personal Data:

1. **Full Name:** _____ **Male** ___/ **Female** ___
 First Middle Name Last

Address: _____

Are you a U.S. Citizen? ___ Yes ___ No

Do your assets, including Life Insurance, total more than \$500,000? ___ Y ___ N

Do your assets, including Life Insurance, total more than \$1,000,000? ___ Y ___ N

Note: If your assets, including life insurance policies, now exceed or are soon expected to exceed \$1,000,000, you may advised to discuss your estate-planning options with a civilian attorney who specializes in that field.

2. **State of Legal Residence:** _____. *This is the state listed on your leave and earning statement (LES).*

3. **Military Status:** ___ Active/ ___ Retiree/ ___ Dependent/ ___ Guard/Reserve

4. **Marital Status:** ___ single/ ___ married/ ___ divorced/ ___ pending divorce/ ___ divorced & remarried/ ___ widow(er)

If married, spouse's full name: _____ Is spouse a U.S. Citizen? ___ Yes ___ No

Were you previously married? _____ Yes _____ No

5. **Children:** Do you have children? ___ Y ___ N If yes, use the following codes to indicate status of children: N=natural; S=stepchild; A=adopted. Do you wish to treat adopted/stepchildren the same as natural children? ___ Y ___ N

<u>FULL NAME</u> (Including full middle name)	<u>Sex</u>	<u>Age</u>	<u>Status</u>
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Spouse and Child Beneficiaries:

6. If married, do you want all of your real estate and personal property to go to your spouse? ___ yes ___ no

7. If you are not married **or** your spouse does not survive you, do you want all of your real estate and personal property to go to your children? ___ yes ___ no

8. If any child is under the age of 18, at what age do you want them to receive their share of the estate: _____

9. Do you want to give your Executor to have control/discretion on when and how to distribute a minor child's inheritance? ___ Yes ___ No **By answering no, you may create a Trust that can have additional requirements and expenses.**

10. If no, who do you wish to exercise that control? _____ Relationship: _____

11. If any of your children do not survive you, do you want his or her potential share of your inheritance to pass to his or her children (your grandchildren)? ___ yes ___ no

12. Do any of your children or other beneficiaries have either a physical or mental disability? ___ yes ___ no

Contingent Beneficiaries:

13. If your spouse and children die before you die, or you are unmarried or have no children, or you want your property distributed in a way different from that described above, you may designate other or additional beneficiaries below: IF YOU NEED MORE ROOM ATTACH AN ADDITIONAL SHEET

<u>FULL NAME</u>			<u>Relationship</u>	<u>City & State</u>	<u>Distribution</u>
First	Middle	Last			All or share (%)

Other Property:

14. Do you have a farm or family-owned business? ___Y___N

15. Are you the beneficiary of any Trust? ____ Do you hold any powers of appointment? ____ Not sure? ____

16. Do you own real estate that will be distributed by this will? ___Y___N

17. Do you wish to make a specific cash bequest? ___Y___N (If yes, please list:)

Name	Relationship	City/State	Amount

18. **Executor/Personal Representative:** Whom do you wish to serve as executor of your estate? Your Executor is the person who will be responsible for gathering and distributing your assets and filing your will in probate after your death. This person has administrative duties only and must distribute your estate in accordance with your will. *A surviving spouse is not automatically appointed.*

Primary: _____

Full Name	City/State of Current Residence	Relationship

Alternate: _____

Full Name	City/State of Current Residence	Relationship

19. **Guardian:** Do you wish to appoint a guardian of your minor child(ren) if the other natural parent is not alive or for any reason cannot act as guardian? ___Y___N A guardian must be 18 years of age or older. This person will have actual physical custody and control of the minor children until they reach age 18.

Primary Guardian: _____

Full Name	City/State of Current Residence	Relationship

Alternate Guardian: _____

Full Name	City/State of Current Residence	Relationship

20. **Trusts:** If you have minor children who may receive property under your will, you can set up a trust in your will to place the property under the control of a trustee, for the benefit of your child(ren) until they have reached an age you designate.

Primary: _____

Full Name	City/State of Current Residence	Relationship

Alternate: _____

Full Name	City/State of Current Residence	Relationship

Age when property should be distributed to each child: ____ (At least 18 in most states)

21. Are you interested in a Living Will or Durable Health Care Power of Attorney (ask your attorney about these)? _____

22. Are you interested in a “springing” Durable General Power of Attorney (one which will survive incapacitation)? _____