# ♦♦WILL WORKSHEET♦♦
# This document is NOT a Will

**Full Name (First, Middle, Last):** _____ **SSN:** _____

**US Citizen?** ☐ **Yes** ☐ **No** **Do you currently have a Will?** ☐ **Yes** ☐ **No**

**State of Legal Residence:** _____ **Current Duty Station:**_____

**Military Status:** ☐ **Active Duty** ☐ **Retired** ☐ **Spouse of Servicemember** ☐ **Former Servicemember** ☐ **Other**

**Marital Status:** ☐ **Never Married** ☐ **Divorced** ☐ **Widowed** ☐ **Currently Married**

**Current Spouse's Full Name:**_____

**♦YOUR CHILDREN**

| Full Name (First, Middle, Last) | Age | T=From this Marriage<br>P=Previous Marriage<br>If P, whose? H or W | Child Married?<br>Y or N | Number of Grandchildren |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

If you have step-children or adopted children, do you want your Will to state that they are to be treated under your Will like natural born children? ☐ Yes ☐ No

If children from a previous marriage, do you want to guarantee they receive an inheritance from you? ☐ Yes ☐ No

**♦PERSONAL REPRESENTATIVE/EXECUTOR (Takes care of your affairs after your death)**

| **Primary Personal Representative/Executor:** | **Alternate Personal Representative/Executor:** |
|---|---|
| Full Name: | Full Name: |
| Relationship: | Relationship: |
| City & State: | City & State: |

**♦YOUR PLAN OF DISTRIBUTION♦**

Do you own a **farm** or **business**? ☐ No ☐ Yes Location: _____ Beneficiary: _____

Do you own any **real estate**? ☐ No ☐ Yes Location:_____ Beneficiary: _____

**♦SPECIFIC BEQUESTS?** ☐ No ☐ Yes If yes, designate bequest(s) below.

| Name of Person & Relationship | Dollar Amount or Accurate Description of Gift | Alternate Beneficiary (if any) |
|---|---|---|
| | | |
| | | |

**DISTRIBUTING THE REST**

**♦PRIMARY BENEFICIARIES**: After specific bequests above, if any, who receives the rest of the estate? (Check A or B).

**A. ☐ I want my spouse to get everything, and if my spouse dies, then equally to my children.**
**[NOTE: You may select this option even if you don't currently have children but expect to have children].**

1. **If one of my children dies, I want that child's share to go to that child's children--my grandchildren (*Per Stirpes*) ☐, *OR***

2. **I want that child's share to be divided among my remaining living children, with *nothing* going to a grandchild whose parent died (*Per Capita*) ☐.**

**B. ☐ I did NOT check box A above, and want the following to receive the rest of my estate:**

| Full Name | Relationship | Percentage (must = 100%) | Alternate |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**♦ALTERNATE BENEFICIARIES: If none of the beneficiaries in A or B survive me, I want my estate to go to:**

| Full Name | Relationship | Percentage (must = 100%) |
|---|---|---|
| | | |
| | | |

**♦DISINHERITING:** Are there any relatives that you specifically do not want to receive *anything* from your estate?

If yes, list name(s) and relationship: _____

## LEAVING PROPERTY FOR MINOR CHILDREN

Minor children cannot take possession of property outright. If you leave money to minor children, you have two choices:

A. Money will be held by the Guardian of the child--or a different custodian called "Guardian of the Property"--under the Uniform Gift (or Transfer) to Minors Act (UGMA/UTMA) until the child reaches the age of majority. All of the money will be paid to the child in a lump sum at age 18 or 21, depending on your state.

B. Money can be held in a trust until the child reaches any age you choose (many choose 25). The person managing the money (trustee) has more flexibility in deciding how to invest the money and can use the money for the child's health, education, or other needs. However, a trust is more expensive to administer.

Do you want to:

**☐ A. Leave money to minor child(ren) under UGMA/UTMA? If so, designate Guardian of Property below.**

**☐ B. Establish a trust for the minor child(ren)? If so, continue below.**

☐ **One trust** for all beneficiaries ("pooled" trust) **OR** ☐ **Individual trusts** for each beneficiary
(Choose one)
☐ **Give remaining money to my children in one lump sum at age** _____
☐ **Give remaining money to my children in installments as follows (choose one):**
☐1/2 at 21 and 1/2 at 25; **or** ☐1/3 at 21;1/3 at 25; and 1/3 at 30, **or** ☐1/3 at 25; 1/3 at 30; 1/3 at 35
☐ Customized installments as I describe here: _____

**♦TRUSTEE/GUARDIAN OF THE PROPERTY:**

| Primary Trustee or Guardian of the Property | Alternate Trustee or Guardian of the Property |
|---|---|
| Full Name: | Full Name: |
| Relationship: | Relationship: |
| City & State: | City & State: |

**♦GUARDIAN OF THE PERSON:** This person will raise your children if *both* you *and* your spouse die. The guardian with whom the child lives is called the *guardian of the person,* and does not have to be the same person that manages the child's money.

| Primary Guardian of the Person | Alternate Guardian of the Person |
|---|---|
| Full Name: | Full Name: |
| Relationship: | Relationship: |
| City & State: | City & State: |

♦ **BONDING:** Must the trustee and executor be bonded or insured to protect your beneficiaries? (The insurance or bond will be paid with funds from your estate). ☐ Yes ☐ No

♦ **FUNERAL REQUESTS:** Full military honors if you qualify? ☐ Yes ☐ No Cremation? ☐ Yes ☐ No

**♦ATTORNEY'S NOTES:** _____

_____

_____

# ♦♦ADVANCED MEDICAL DIRECTIVES♦♦

## A LIVING WILL

A Living Will makes your wishes known to family and doctors regarding life support and other medical decisions in the event you become terminally ill or injured with no hope for recovery. It declares your desire for withdrawal of life-sustaining medical treatment, typically:

- Cardiopulmonary Resuscitation (CPR): Treatment to restore breathing and heartbeat. It may include pushing on the chest, electric shock, and the insertion of a breathing tube into your throat.
- Dialysis: Treatment to clean the blood with a machine when the kidneys are not functioning.
- Being placed on a ventilator or breathing machine.
- Hydration and nutrition.
- Administration of antibiotics.

**♦Do you want a Living Will?** ☐ **Yes** ☐ **No**

*If your State allows*, who do you wish to appoint to carry out the instructions set forth in your Living Will?

| **1st Choice:** | **2nd Choice:** |
|---|---|
| Full Name (First Middle Last) & Relationship | Full Name (First Middle Last) & Relationship |
| Address | Address |
| Phone Number | Phone Number |

## A DURABLE POWER OF ATTORNEY FOR HEALTH CARE

A Durable Power of Attorney for Health Care allows you to appoint someone (i.e., spouse, relative, friend) to make health care decisions for you when you are unable to do so, *but are not necessarily terminally ill*.

**♦Do you want a Durable Power of Attorney?** ☐ **Yes** ☐ **No**

☐ Check this box if you want the same people listed above. If not, complete below:

| **1st Choice:** | **2nd Choice:** |
|---|---|
| Full Name (First Middle Last) & Relationship | Full Name (First Middle Last) & Relationship |
| Address | Address |
| Phone Number | Phone Number |

Upon your death, do you wish to donate your organs? ☐ **Yes** ☐ **No**

For transplants? ☐ **Yes** ☐ **No** For science or medical research? ☐ **Yes** ☐ **No**

If there are any specific organs you do not wish to donate, **please list**: _____

_____

If it will not create an undue burden on your family or jeopardize your chance for recovery, do you prefer to die at home rather than in a hospital or nursing home? ☐ **Yes** ☐ **No**