

# 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://dpcl.d.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. Unit:		7. Sex: ____ Male ____ Female
8. Military Status: ____ Active Duty      ____ Military Dependent ____ Retiree              ____ Retiree Dependent			9. Branch: ____ Air Force      ____ Marine      ____ Space Force ____ Army            ____ Navy		
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. DSN:	2. Cell Phone #:	3. Email:
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### III. Services Requested

Check All That Apply:

- ☐ Will  
☐ Duplicate Will Drafted For Your Spouse  
☐ Living Will  
☐ Durable Power of Attorney for Health Care

### 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		
5. Does your spouse want a will created for him/her using the answers you have provided in this worksheet? ____ Yes ____ No					
6. Do you have any children (biological, adopted, or step-children)? ____ 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 step-children)? ____ 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): _____		

14. Do you wish to include in your will the reason for disinheritance?	Yes	No	Not Applicable
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1. Do you desire burial with military honors? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable

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

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

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

Other (specify): \_\_\_\_\_

	Yes	No
1. The respondent is a resident of the United States		
2. The respondent is at least 18 years old		
3. The respondent is a U.S. citizen		
4. The respondent is a permanent resident of the United States		
5. The respondent is a U.S. resident for at least 12 months		
6. The respondent is a U.S. resident for at least 6 months		
7. The respondent is a U.S. resident for at least 3 months		
8. The respondent is a U.S. resident for at least 1 month		
9. The respondent is a U.S. resident for at least 1 week		
10. The respondent is a U.S. resident for at least 1 day		

Other (specify): \_\_\_\_\_

## None of the Above

	\$
Other	

4. Description of Property (2):

4a. Beneficiary Name:	4b. Relationship:	
4c. If the beneficiary listed above does not survive you, this gift shall: <input type="checkbox"/> Lapse <input type="checkbox"/> Go to a Contingent Beneficiary (Full Name: _____) <input type="checkbox"/> Other _____		
5. Description of Property (3):		
5a. Beneficiary Name:	5b. Relationship:	
5c. If the beneficiary listed above does not survive you, this gift shall: <input type="checkbox"/> Lapse <input type="checkbox"/> Go to a Contingent Beneficiary (Full Name: _____) <input type="checkbox"/> Other _____		
6. Description of Property (4):		
6a. Beneficiary Name:	6b. Relationship:	
6c. If the beneficiary listed above does not survive you, this gift shall: <input type="checkbox"/> Lapse <input type="checkbox"/> Go to a Contingent Beneficiary (Full Name: _____) <input type="checkbox"/> Other _____		
<b>VII. Tangible Personal Property</b>		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Who shall pay for administrative cost of preparing and delivering tangible personal property? <input type="checkbox"/> Personal Representative, Paying as an Administration Expense <input type="checkbox"/> 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) <input type="checkbox"/> A class of beneficiaries (i.e. your children) Beneficiary Class: _____ <input type="checkbox"/> Multiple Beneficiaries Beneficiary 1: _____ Beneficiary 2: _____ Beneficiary 3: _____ Beneficiary 4: _____ <input type="checkbox"/> A single Beneficiary Beneficiary: _____		
<b>VIII. Devise of Real Property</b>		
1. Please select one of the following: <input type="checkbox"/> I wish to devise one or more specific piece(s) of real property to one or more designated person <input type="checkbox"/> I wish to devise all of my interests in real property		
2. Property Street Address: <i>(optional)</i>	3. City: <i>(optional)</i>	4. State:
5. Legal Description of the Property: <i>(optional)</i>		
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 disposed?

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, shall it be presumed that you survived the spouse?

☐ Yes ☐ No

<b>XIII. Residuary Estate: Intestate Heirs</b>		
<p>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:</p> <p style="padding-left: 40px;">To the persons to whom and in the shares and proportions in which your estate would have been distributed under state law.</p> <p style="padding-left: 40px;">To the designated individuals and/or charity</p> <p style="padding-left: 80px;">Name of Individual or Charity 1: _____</p> <p style="padding-left: 80px;">Name of Individual or Charity 2: _____</p> <p style="padding-left: 80px;">Name of Individual or Charity 3: _____</p> <p style="padding-left: 80px;">Name of Individual or Charity 4: _____</p>		
<p>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?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<b>XIV. Designation of Personal Representative</b>		
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:	
<b>XV. Compensation and Bond</b>		
<p>1. Should the individual personal representative be entitled to or receive any compensation for their services?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<p>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?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<b>XVI. Guardianship</b>		
<p>1. Please select one of the following:</p> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> I wish to appoint a guardian</span> <span><input type="checkbox"/> I wish to appoint a guardian and a custodian</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> I wish to appoint a custodian</span> <span><input type="checkbox"/> I do not wish to appoint a guardian nor a custodian</span> </div>		
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:
<b>XVII. Digital Assets</b>		
<p>1. Do you wish to include all digital assets and devices encompassed by your Apple ID?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<p>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?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<b>XVIII. No Contest</b>		
<p>1. Do you wish to include a clause discouraging beneficiaries from contesting the probate and validity of the will?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<p>2. Should this clause include the contesting beneficiaries' issue as well?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<b>XIX. Health Care Power of Attorney and Living Will</b>		
1. Please provide the name of individual who you would like to appoint as your <b>primary</b> healthcare agent.		
1a. First Name:	1b. Middle Initial:	1c. Last Name:
1d. Mailing Address:		
2. Please provide the name of individual who you would like to appoint as your <b>alternate</b> healthcare agent.		

a. First Name	b. Middle Initial	c. Last Name
4. Mailing Address:		
5. With regard to life-sustaining treatment, please select one of the following: ____ I have no wish to prolong my life through medical intervention ____ That staying alive is more important than other concerns, and I wish my life be prolonged as much as possible.		
6. If you are pregnant, should all natural and artificial life-saving measures be employed and all effort be made to deliver the child safely, even if this may hasten your death? ____ Yes ____ No ____ Not Applicable		
7. Do you wish that your health care agent have the power to make decisions about the final disposition of your body? ____ Yes ____ No		
8. Do you authorize your agent to make decisions regarding your mental health treatment? ____ Yes ____ No		
XX. Appointment Information		
Date of Appointment:	Time of Appointment:	Date Worksheet Was Completed:
<i>Please answers the questions below 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.</i>		
To book an appointment, please give our office a call at (315) 634-3300 or email <a href="mailto:18wg.jagenerallaw@us.af.mil">18wg.jagenerallaw@us.af.mil</a> .		