

For Office Use Only:

Unit Name & Co: _____

Reviewed By: _____ Date Submitted: ____/____/____ Date Deploying: ____/____/____ or N/A

_____ Date executed _____

PRIVACY ACT STATEMENT: Individuals seeking legal assistance are asked to complete this worksheet. The information requested is voluntary. It will be used by the staff of the Joint Legal Assistance Office to assign counsel to you, to answer your questions, to prepare necessary documents for you, to monitor the progress of your case, and to prepare periodic statistical reports on the caseload of this office. The authority for requesting and maintaining this information is found in 5 U.S.C. 301 and 44 U.S.C. 3101. If you choose not to provide this information, the legal staff may not be able to assist you.

PRINT NEATLY

Please ensure that the following questionnaire is filled out completely and accurately. All information must be PRINTED NEATLY. If information is illegible, the document will not be drafted. Turn around time for wills is dependant upon the needs of the Marine Corps. Please call (760) 830-6111 to check the status of your will. Once drafted, the documents can be picked up, reviewed and executed on Friday mornings from 0800-1030. Individual appointments may also be scheduled Monday – Thursday by calling (760) 830-6111.

HEALTHCARE DIRECTIVES

1) Name: _____ Male Female

Address: _____

Telephone Number: W (_____) _____ - _____ C or H (_____) _____ - _____

State of Residence: _____

2) Are you a U.S. citizen? Yes No

3) Marital Status: Married, and never married previously
 Married, but was previously married to another person
 Widow(er)
 Divorced
 Single

4) Name of spouse: _____

5) Military Status: I do not wish to have my military status reflected in the will
 Active Duty Member (Rank _____)
 Spouse of Active Duty Member
 Retired
 Spouse of Retiree

LIVING WILL QUESTIONNAIRE

A Living Will is a declaration that if you were terminally ill or in vegetative state where your survival is not possible without the use of life support, certain medical treatment should NOT be given to prolong your life. A Living Will is often accompanied by a Durable Power of Attorney for Health Care (or Advanced Medical Directive), which permits you to appoint another person (or persons) to make health care decisions on your behalf when you can no longer make such decisions yourself. The scope of the health agent's powers may be very broad (e.g., changing doctors or hospitals, authorizing certain medical treatment, or terminating all medical treatment). Complete this Questionnaire if you would like a Living Will and a Durable Power of Attorney for Healthcare prepared for you. You should note that a Living Will, although oftentimes prepared in conjunction with a will, is a separate document and is NOT a part of your Last Will and Testament.

- 1) Do you want a living will? Yes No
- 2) Do you want a Durable Power of Attorney for health care?
 Yes No

****If no please skip to Question 8****

- 3) Who do you want to designate as your health care agent?
- My spouse
 - My spouse and a successor agent who is named below
 - Someone who is not my spouse, and who is named below

Name/ Relation: _____

Address: _____

Phone: _____

- 4) With regard to the appointment of a second agent to make health care decisions:
- A second agent is NOT to be designated
 - A second agent is to be designated, and either agent can act independently
 - A second agent is to be designated, and the agents must act jointly unless one is incapacitated
 - A second agent is to be designated, and the second agent is to act as a successor only in the event the first is incapacitated

If you wish to designate a secondary agent, indicate below the name of your second agent.

Name/ Relation: _____

Address: _____

Phone: _____

5) Is your agent authorized to donate your organs for transplant?

- Yes
- No

****If no, please skip to Question 7****

6) Is the authority to donate organs to **include** not just transplants but also the donation of organs and tissue for other medical, educational or scientific purposes?

- Yes
- No

7) Do you wish to express a preference to die at home rather than in a hospital (*only applicable for living will document*)?

- Yes
- No

8) Do you have a funeral preference?

- Cremated
- To be buried at a specific location: _____
- Burial at sea
- Other: _____
- No preference

9) Do you want to be buried with full military honors?

- Yes
- No

DURABLE POWER OF ATTORNEY-FINANCIAL

A durable power of attorney is a reliable way to arrange for someone to make your financial decisions should you become unable to do so yourself. The durable power of attorney does not go into effect unless a doctor certifies that you have become incapacitated (a vegetative state, for example if you are in a coma). This is called a “springing” durable power of attorney. This document will only come into effect if and when you are unable to make decisions for yourself. **This is important because most other powers of attorney cease to be effective if and when you become incapacitated.**

1) Do you want a Power of Attorney for Finances?

Yes

No (stop here)

2) **1st CHOICE** (person who has the powers when you become incapacitated):

Legal Name: _____

Address: _____

Phone Number: _____ Relationship to you: _____

3) **2nd CHOICE** (if the first choice is unwilling or unable to serve):

Legal Name: _____

Address: _____

Phone Number: _____ Relationship to you: _____

Below is a list of powers you can generally expect to see associated with a Durable Power of Attorney:

Real Property (acquire, transfer, change title)

Tangible Personal Property (acquire, transfer, maintain and sell)

Securities (stocks, bonds, mutual funds)

Commodity futures & options (commodity future contracts & put options)

Financial Institutions (open account, write checks, borrow \$, safe deposit boxes)

Business Operations (partnership, sole proprietorship, business ventures)

Resignation from Fiduciary positions (executor, trustee, attorney in fact, guardian)

Claims & Legal Proceedings (litigate, arbitrate, defend lawsuit, bankruptcy)

Tax Matters (IRS proceedings, tax returns, refunds)

Estate, Trust & Other Beneficiary Transactions

Government Benefits (social security, civil benefits, military benefits)