

Dropoff Date	CONSOLIDATED LEGAL ASSISTANCE OFFICE,	Drafting Clerk's Init.
Intake Clerk Initials:	<u>WILL WORKSHEET</u>	Draft Index No.:
Pickup Date		Rev Atty

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records notice N05801-2 Legal Assistance Management Information System, (May 7, 1999, 64 FR 24619).

AUTHORITY: 5 U.S.C. 301, and 32 CFR part 727, Legal Assistance.

PRINCIPLE: Active duty military personnel, retirees, dependents, and authorized civilians who have been provided legal assistance.

PURPOSE: To Disclosure generally permitted under 5 U.S.C 552a (b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C 552a (b)(3).

DISCLOSURE: MANDATORY.

PERSONAL IDENTIFICATION INFORMATION

Full Name (First Middle Last) _____

Domicile/State of Legal Residence: _____ (For Example: North Carolina NC, Ohio OH, Hawaii HI, Michigan MI)

Status: ☐ Active Duty (**Rank** _____) ☐ Retired ☐ Dependent ☐ Male ☐ Female

Home Address:

Street Address, City, State, Zip Code _____ Home Phone # _____ Work Phone # _____

Primary Email: _____

Marital Status: ☐ Single ☐ Married, no previous marriage ☐ Married, previous marriage
☐ Divorced ☐ Widowed ☐ Married, pending divorce

Spouse's Full Name _____ ☐ Male ☐ Female

NET WORTH Including life insurance/SGLI, net worth over \$2,000,000.00 ☐ No ☐ Yes (if yes must see attorney)

CHILDREN

Children Full Name _____ **Age** _____ **Relationship** (son, daughter, step child, etc.) _____

Do you want **stepchildren** treated similarly to your natural children? ☐ No ☐ Yes

Primary Guardian: Name _____ Relationship _____ State _____

Alternate (optional): Name _____ Relationship _____ State _____

☐ **NO** guardian is to be named in my will.

Are any of your children special needs: ☐ No ☐ Yes If so, which child(ren): _____

Is there anyone you would like to DISINHERIT? If so list NAME and RELATIONSHIP: _____

Under the standard UGMA/UTMA provision, if a child is a minor at the time of my death, I prefer distribution of gifts when the child is (choose one): ☐ 18 ☐ 19 (min for NE, AL) ☐ 20 ☐ 21

WILL EXECUTOR / PERSONAL REPRESENTATIVE INFORMATION

Primary Executor: Name _____ Relationship _____ ☐ Male ☐ Female State _____

Alternate (optional): Name _____ Relationship _____ ☐ Male ☐ Female State _____

FUNERAL ARRANGMENTS (optional):

☐ I have an inter vivos, revocable or living trust (see attorney after brief)

☐ I wish to be cremated

☐ I wish to be buried at sea

☐ I wish to be buried with military honors

☐ Other specific burial instructions: _____

Have you paid for any funeral arrangements: ☐ No ☐ Yes

BENEFICIARY INFORMATION

Note: Within each category, shares will be equal; see attorney if you prefer different percentages.

Primary: First choice to inherit your property.

☐ Check here for your spouse to be your primary beneficiary then after your spouse to the children you have now and/or those you may have in the future. ☐ If No Spouse and/or Children:

Name _____	Relationship _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name _____	Relationship _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Alternate (optional): If primary beneficiaries predecease you.

Name _____	Relationship _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name _____	Relationship _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Second Alternate (optional): If primary and alternate beneficiaries predecease you.

Name _____	Relationship _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name _____	Relationship _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

SPECIFIC BEQUEST (optional): (This does not include SGLI or any other Life Insurance)***** Full

Name (First, Middle, Last) of Beneficiary	Relationship	Detailed description of Item:
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ADDITIONAL DOCUMENTS

Initial next to the following additional documents you DO want prepared:

☐ **LIVING WILL** (I do **NOT** desire to be kept alive by artificial means if terminally ill),

- ☐ I wish to die at home as opposed to a hospital or nursing home
- ☐ I wish to have my body donated for medical or scientific purposes.
- ☐ I wish to be able to donate my organs for transplants only
- ☐ In the case that I am pregnant do not take me off life support

☐ **HEALTHCARE DURABLE POWER OF ATTORNEY**

(effective upon your mental/medical incapacity) permits agent to make **ONLY** healthcare decisions on your behalf

☐ **GENERAL DURABLE POWER OF ATTORNEY** (VERY powerful document that allows agent to make ALL personnel finance and business related decisions on your behalf)

Springing Power of Attorney (Takes effect when you become mentally/medically incapacitated)

Agent's Full Name	Street Address, City, State, Zip Code	Relationship	Phone Number
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(OPTIONAL) Alternate Agent's Full Name	Street Address, City, State, Zip Code	Relationship	Phone Number
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This second agent will be a successor agent (the second agent can only act if the first is incapacitated)

CLIENT'S ACKNOWLEDGMENT OF RECEIPT OF SERVICES

- ☐ I have been briefed by counsel and I completely understand this worksheet
- ☐ I certify that the information provided by me in this worksheet is correct. I understand that providing incorrect information may result in will which is not in my best interests.
- ☐ I have been counseled that life insurance proceeds and retirement plans such as IRA/401K pass according to the contracts and election thereon.
- ☐ I understand that property held jointly with right of survivorship will pass to the survivor.
- ☐ I have been counseled concerning special bequests, including the need to accurately describe the gift, gifting property subject to liens or creditors, and the selling or otherwise disposing of bequest property prior to death.